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: 15-1311	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/26/2023 7:55 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 5/26/2023 Time: 7:55 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH TIPTON HOSPITAL (15-1311) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1	Cara Breidster		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Cara Breidster			2
3	Signatory Title	CFO			3
4	Date	(Dated when report is electronica			4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-188,573	-185,237	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	-3,256	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	-191,829	-185,237	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 7:55 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1000 SOUTH MAIN STREET	PO Box:			1.00
2.00	City: TIPTON	State: IN	Zip Code: 46072	County: TIPTON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	IU HEALTH TIPTON HOSPITAL	151311	99915	1	11/12/2005	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	IU HEALTH TIPTON HOSPITAL	15Z311	29020		11/12/2005	N	O	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	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)	N	N		22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

		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.	0	0	0	0	0	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.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		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.	2		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	N	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 are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.				57.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/26/2023 7:55 am

		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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

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

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

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

		1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)		
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?	N	68.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
		1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		0	88.00

		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	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

		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	Y		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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	33,310	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
	Certified Transplant Center Information			
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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)	N	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		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)	Y	46	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part II | Date/Time Prepared: 5/26/2023 7:55 am

		Y/N	Date	
		1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE			
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2023	Y	04/04/2023	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-1311	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 7:55 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00

		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093	RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-1311	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 7:55 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2023 7:55 am

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	57,336.00	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)		25	9,125	57,336.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		25	9,125	57,336.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		25				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: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I Date/Time Prepared: 5/26/2023 7:55 am

	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)	1,133	7	2,389			1.00
2.00	HMO and other (see instructions)	746	174				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	11	0	11			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	6			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,144	7	2,406			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	1,144	7	2,406	0.00	165.52	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			2			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	26.25
27.00	Total (sum of lines 14-26)				0.00	165.52	27.00
28.00	Observation Bed Days		1	194			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	0	0			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: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I | Date/Time Prepared: 5/26/2023 7:55 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	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	313	1	642	1.00
2.00	HMO and other (see instructions)			190	48		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	313	1	642	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-10 | Date/Time Prepared: 5/26/2023 7:55 am

		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)	0.282401	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	3,991,482	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	30,360,389	6.00
7.00	Medicaid cost (line 1 times line 6)	8,573,804	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)	4,582,322	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)	19,738	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	55,186	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	15,585	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)	4,582,322	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)	2,243,088	58,330	2,301,418	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	633,450	58,330	691,780	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)	633,450	58,330	691,780	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)	1,865,438	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	234,821	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	361,263	27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,504,175	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	551,223	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,243,003	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,825,325	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	1,081,772	1,081,772	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES		0	0	563,111	563,111	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,311,204	1,311,204	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	17,182	17,182	2,227,217	2,244,399	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,378,240	9,190,596	10,568,836	-1,766,062	8,802,774	5.00
7.00	00700	OPERATION OF PLANT	695,272	3,594,786	4,290,058	-195,557	4,094,501	7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,256	86,043	87,299	0	87,299	8.00
9.00	00900	HOUSEKEEPING	539,715	443,721	983,436	-163,313	820,123	9.00
10.00	01000	DIETARY	394,568	447,080	841,648	-576,498	265,150	10.00
11.00	01100	CAFETERIA	0	0	0	468,132	468,132	11.00
13.00	01300	NURSING ADMINISTRATION	798,106	515,671	1,313,777	-554,728	759,049	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,977	10,977	348,697	359,674	14.00
15.00	01500	PHARMACY	809,109	6,373,204	7,182,313	-5,760,263	1,422,050	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,795,217	1,178,909	2,974,126	-202,110	2,772,016	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,117,898	4,210,744	5,328,642	-2,143,992	3,184,650	50.00
53.00	05300	ANESTHESIOLOGY	0	298,531	298,531	-8,988	289,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,160,401	800,931	1,961,332	-639,006	1,322,326	54.00
60.00	06000	LABORATORY	0	1,730,964	1,730,964	-27,602	1,703,362	60.00
65.00	06500	RESPIRATORY THERAPY	628,324	213,102	841,426	-90,686	750,740	65.00
66.00	06600	PHYSICAL THERAPY	806,480	493,675	1,300,155	-456,602	843,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	191,679	54,677	246,356	11,252	257,608	67.00
68.00	06800	SPEECH PATHOLOGY	39,010	10,531	49,541	960	50,501	68.00
69.00	06900	ELECTROCARDIOLOGY	555,091	278,952	834,043	-129,515	704,528	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	267,228	267,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,257,218	1,257,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,904,609	4,904,609	73.00
73.01	03480	ONCOLOGY	282,374	122,508	404,882	-71,355	333,527	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	876,923	876,923	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	131,934	82,467	214,401	-31,941	182,460	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,399,868	2,238,442	3,638,310	-162,072	3,476,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,724,542	32,393,693	45,118,235	338,033	45,456,268	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	108,384	351,168	459,552	-308,617	150,935	192.00
192.01	19201	OCCUPATIONAL MEDICINE	74,365	99,802	174,167	-29,416	144,751	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	12,907,291	32,844,663	45,751,954	0	45,751,954	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	790,107	1,871,879	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	-36,313	526,798	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	228,362	1,539,566	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-276,568	1,967,831	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-994,319	7,808,455	5.00
7.00	00700	OPERATION OF PLANT	177,343	4,271,844	7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	87,299	8.00
9.00	00900	HOUSEKEEPING	-47,280	772,843	9.00
10.00	01000	DIETARY	0	265,150	10.00
11.00	01100	CAFETERIA	0	468,132	11.00
13.00	01300	NURSING ADMINISTRATION	-81,015	678,034	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	359,674	14.00
15.00	01500	PHARMACY	-159,251	1,262,799	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-497,351	2,274,665	30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-363,627	2,821,023	50.00
53.00	05300	ANESTHESIOLOGY	-249,962	39,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,976	1,364,302	54.00
60.00	06000	LABORATORY	0	1,703,362	60.00
65.00	06500	RESPIRATORY THERAPY	0	750,740	65.00
66.00	06600	PHYSICAL THERAPY	0	843,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	257,608	67.00
68.00	06800	SPEECH PATHOLOGY	0	50,501	68.00
69.00	06900	ELECTROCARDIOLOGY	-87,045	617,483	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	267,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,257,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,904,609	73.00
73.01	03480	ONCOLOGY	0	333,527	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	876,923	73.02
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	182,460	76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	-4,736	3,471,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,559,679	43,896,589	118.00
		NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	150,935	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	144,751	192.01
192.02	19202	VACANT SPACE	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,559,679	44,192,275	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	588,248		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,308,440		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	0		0	1,896,688		
	B - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT - INTERES	1.01	0	563,111		1.00
2.00		0.00	0	0		2.00
	0		0	563,111		
	D - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,227,359		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
	0		0	2,227,359		
	E - CAFETERIA					
1.00	CAFETERIA	11.00	251,895	216,237		1.00
	0		251,895	216,237		
	F - MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00		349,172		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		267,228		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		1,257,218		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00		27,333		4.00
5.00	HOUSEKEEPING	9.00		209		5.00
6.00	DIETARY	10.00		9		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00		4,626		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00		310		8.00
9.00						9.00
10.00						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
	0		0	1,906,105		
	G - DRUGS					
1.00	PHARMACY	15.00		84,351		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		5,781,532		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		32		3.00
4.00						4.00
5.00						5.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00					6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	5,865,915	
	H - ORTHOPEDIC CLERICAL STAFF				
1.00	OCCUPATIONAL THERAPY	67.00	48,397	0	1.00
2.00	SPEECH PATHOLOGY	68.00	3,054	0	2.00
	0		51,451	0	
	J - MAINTENANCE & LEASE EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00		433,298	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		1,490	2.00
3.00	OPERATION OF PLANT	7.00		25,849	3.00
	0		0	460,637	
	L - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00		60,226	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		2,764	2.00
	0		0	62,990	
	N - INFUSION DRUGS				
1.00	BLOOD DISORDER DRUGS	73.02	0	876,923	1.00
	0		0	876,923	
	P - SURGE PREMIUM WAGES				
1.00	ADULTS & PEDIATRICS	30.00	86,654	6,911	1.00
2.00	OPERATING ROOM	50.00	11,229	895	2.00
3.00	RESPIRATORY THERAPY	65.00	2,926	233	3.00
4.00	EMERGENCY	91.00	94,608	7,544	4.00
	0		195,417	15,583	
	Q - RETENTION BONUS				
1.00	ADULTS & PEDIATRICS	30.00	87,000	6,656	1.00
2.00	OPERATING ROOM	50.00	129,000	9,869	2.00
3.00	RESPIRATORY THERAPY	65.00	49,000	3,749	3.00
4.00	ELECTROCARDIOLOGY	69.00	15,000	1,148	4.00
5.00	ONCOLOGY	73.01	16,000	1,224	5.00
6.00	CARDIAC REHABILITATION	76.97	22,000	1,683	6.00
7.00	EMERGENCY	91.00	79,000	6,044	7.00
	TOTALS		397,000	30,373	
500.00	Grand Total: Increases		895,763	14,121,921	500.00

RECLASSIFICATIONS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/26/2023 7:55 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	652,993	9		1.00
2.00	OPERATION OF PLANT	7.00	0	51,748	9		2.00
3.00	DIETARY	10.00	0	13,315	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	213,941	0		4.00
5.00	PHARMACY	15.00	0	61,440	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	40,171	0		6.00
7.00	OPERATING ROOM	50.00	0	369,408	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	8,988	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	302,525	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	8,269	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	56,684	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	48,058	0		12.00
13.00	ONCOLOGY	73.01	0	676	0		13.00
14.00	CARDIAC REHABILITATION	76.97	0	14,177	0		14.00
15.00	EMERGENCY	91.00	0	27,641	0		15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,654	0		16.00
	0		0	1,896,688			
	B - INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	563,082	11		1.00
2.00	OPERATION OF PLANT	7.00	0	29	0		2.00
	0		0	563,111			
	D - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	88,447	0		1.00
2.00	OPERATION OF PLANT	7.00	0	132,128	0		2.00
3.00	HOUSEKEEPING	9.00	0	163,522	0		3.00
4.00	DIETARY	10.00	0	95,060	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	129,501	0		5.00
6.00	PHARMACY	15.00	0	135,444	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	278,080	0		7.00
8.00	OPERATING ROOM	50.00	0	180,014	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	260,501	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	103,685	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	163,275	0		11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	36,799	0		12.00
13.00	SPEECH PATHOLOGY	68.00	0	1,521	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	76,500	0		14.00
15.00	ONCOLOGY	73.01	0	69,326	0		15.00
16.00	CARDIAC REHABILITATION	76.97	0	38,793	0		16.00
17.00	EMERGENCY	91.00	0	216,190	0		17.00
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	35,942	0		18.00
19.00	OCCUPATIONAL MEDICINE	192.01	0	22,631	0		19.00
	0		0	2,227,359			
	E - CAFETERIA						
1.00	DIETARY	10.00	251,895	216,237	0		1.00
	0		251,895	216,237			
	F - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00		507	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		142	0		2.00
3.00	OPERATION OF PLANT	7.00		2,383	0		3.00
4.00	NURSING ADMINISTRATION	13.00		286	0		4.00
5.00	PHARMACY	15.00		2,512	0		5.00
6.00	ADULTS & PEDIATRICS	30.00		50,710	0		6.00
7.00	OPERATING ROOM	50.00		1,706,389	0		7.00
8.00	LABORATORY	60.00		27,602	0		8.00
9.00	RESPIRATORY THERAPY	65.00		34,265	0		9.00
10.00	PHYSICAL THERAPY	66.00		5,825	0		10.00
11.00	OCCUPATIONAL THERAPY	67.00		346	0		11.00
12.00	SPEECH PATHOLOGY	68.00		573	0		12.00
13.00	ELECTROCARDIOLOGY	69.00		4,199	0		13.00
14.00	ONCOLOGY	73.01		7,983	0		14.00
15.00	CARDIAC REHABILITATION	76.97		2,628	0		15.00
16.00	EMERGENCY	91.00		58,096	0		16.00
17.00	OCCUPATIONAL MEDICINE	192.01		1,659	0		17.00
	0		0	1,906,105			
	G - DRUGS						
1.00	PHARMACY	15.00		5,645,218	0		1.00
2.00	OPERATION OF PLANT	7.00		6	0		2.00
3.00	ADULTS & PEDIATRICS	30.00		20,370	0		3.00
4.00	OPERATING ROOM	50.00		39,174	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00		80,606	0		5.00
6.00	RESPIRATORY THERAPY	65.00		375	0		6.00
7.00	PHYSICAL THERAPY	66.00		173	0		7.00
8.00	ELECTROCARDIOLOGY	69.00		16,906	0		8.00

RECLASSIFICATIONS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/26/2023 7:55 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	ONCOLOGY	73.01		10,594	0	9.00
10.00	CARDIAC REHABILITATION	76.97		26	0	10.00
11.00	EMERGENCY	91.00		47,341	0	11.00
12.00	OCCUPATIONAL MEDICINE	192.01		5,126	0	12.00
	0		0	5,865,915		
	H - ORTHOPEDIC CLERICAL STAFF					
1.00	PHYSICAL THERAPY	66.00	51,451	0	0	1.00
2.00		0.00	0	0	0	2.00
	0		51,451	0		
	J - MAINTENANCE & LEASE EXPENSE					
1.00	PHYSICAL THERAPY	66.00		179,194	10	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00		246,331	0	2.00
3.00	OPERATION OF PLANT	7.00		35,112	0	3.00
	0		0	460,637		
	L - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62,990	12	1.00
2.00		0.00	0	0	12	2.00
	0		0	62,990		
	N - INFUSION DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	876,923	0	1.00
	0		0	876,923		
	P - SURGE PREMIUM WAGES					
1.00	NURSING ADMINISTRATION	13.00	195,417	15,583	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
	0		195,417	15,583		
	Q - RETENTION BONUS					
1.00	ADMINISTRATIVE & GENERAL	5.00	397,000	30,373	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
	TOTALS		397,000	30,373		
500.00	Grand Total: Decreases		895,763	14,121,921		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part I Date/Time Prepared: 5/26/2023 7:55 am

		Beginning Balances	Acquisitions Purchases	Acquisitions Donation	Acquisitions Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	3,139,179	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	11,254,784	4,120,123	0	4,120,123	1,363,741	6.00
7.00	HIT designated Assets	840,651	0	0	0	85,080	7.00
8.00	Subtotal (sum of lines 1-7)	15,234,614	4,120,123	0	4,120,123	1,448,821	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	15,234,614	4,120,123	0	4,120,123	1,448,821	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	0	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	0	0	3.00
4.00	Building Improvements	3,139,179	372,370	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	14,011,166	7,805,328	6.00
7.00	HIT designated Assets	755,571	755,571	7.00
8.00	Subtotal (sum of lines 1-7)	17,905,916	8,933,269	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	17,905,916	8,933,269	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part II | Date/Time Prepared: 5/26/2023 7:55 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part III | Date/Time Prepared: 5/26/2023 7:55 am

	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	3,894,750	0	3,894,750	0.217512	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	14,011,166	0	14,011,166	0.782488	0	2.00
3.00	Total (sum of lines 1-2)	17,905,916	0	17,905,916	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	1,378,355	433,298	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	0	0	0	-36,313	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,536,802	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,878,844	433,298	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	60,226	0	0	1,871,879	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTERES	563,111	0	0	0	526,798	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,764	0	0	1,539,566	2.00
3.00	Total (sum of lines 1-2)	563,111	62,990	0	0	3,938,243	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8 | Date/Time Prepared: 5/26/2023 7:55 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - INTERES (chapter 2)	B	-372,385	CAP REL COSTS-BLDG & FIXT - INTERES	1.01	9	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,178,161			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	3,442,836			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-272,407	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	782,497	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - INTERES		0	CAP REL COSTS-BLDG & FIXT - INTERES	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	63,220	CAP REL COSTS-MVBLE EQUIP	2.00	9	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

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8 | Date/Time Prepared: 5/26/2023 7:55 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-76,794	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	INVESTMENT FEES	A	11,298	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-47,280	HOUSEKEEPING	9.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-74,545	NURSING ADMINISTRATION	13.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-5	PHARMACY	15.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-947	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-19,542	ELECTROCARDIOLOGY	69.00	0	33.06
33.07	MEDICAID HOSPITAL ASSESSMENT FEE	B	-1,444,667	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	ASSISTED LIVING DEPRECIATION - BLDG	A	-125,777	CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09	PATIENT PHONES - SALARY	A	-3,165	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	PATIENT PHONES - BENEFITS	A	-487	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	EMPLOYEE BENEFITS	A	-2,227,359	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	LEASE DEPRECIATION - CARRY FORWARD A	A	284	CAP REL COSTS-BLDG & FIXT	1.00	9	33.12
33.13	EQUIPMENT DEPRECIATION - CARRY FORWA	A	12,967	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.13
33.14	RECRUITING	A	-5,000	OPERATING ROOM	50.00	0	33.14
33.15	RECRUITING	A	-23,775	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	MARKETING	A	-18	EMERGENCY	91.00	0	33.16
33.17	MARKETING	A	-467	NURSING ADMINISTRATION	13.00	0	33.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,559,679				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-1311	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8-1 Date/Time Prepared: 5/26/2023 7:55 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	345,919	212,816	1.00
2.00	1.01	CAP REL COSTS-BLDG & FIXT -	HOME OFFICE ALLOCATION	899,154	563,082	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	152,175	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	1,951,278	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	6,057,736	5,672,539	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	RELATED PARTY	285,714	128,127	4.02
4.03	7.00	OPERATION OF PLANT	RELATED PARTY	188,255	10,912	4.03
4.04	13.00	NURSING ADMINISTRATION	RELATED PARTY	5,737	11,740	4.04
4.05	15.00	PHARMACY	RELATED PARTY	240,190	127,029	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	52,462	9,539	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	4,368	4,368	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	143,658	143,658	4.08
4.09	7.00	OPERATION OF PLANT	SHARED EMPLOYEES	27,094	27,094	4.09
4.10	13.00	NURSING ADMINISTRATION	SHARED EMPLOYEES	46,292	46,292	4.10
4.11	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	493,094	493,094	4.11
4.12	50.00	OPERATING ROOM	SHARED EMPLOYEES	91,250	91,250	4.12
4.13	53.00	ANESTHESIOLOGY	SHARED EMPLOYEES	300,822	300,822	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	SHARED EMPLOYEES	16,292	16,292	4.14
4.15	60.00	LABORATORY	SHARED EMPLOYEES	1,570,655	1,570,655	4.15
4.16	69.00	ELECTROCARDIOLOGY	SHARED EMPLOYEES	261,938	261,938	4.16
4.17	91.00	EMERGENCY	SHARED EMPLOYEES	1,322,723	1,322,723	4.17
4.18	192.01	OCCUPATIONAL MEDICINE	SHARED EMPLOYEES	27,193	27,193	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,483,999	11,041,163	5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-1 | Date/Time Prepared: 5/26/2023 7:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:		
1.00	133,103	9	1.00
2.00	336,072	9	2.00
3.00	152,175	9	3.00
4.00	1,951,278	0	4.00
4.01	385,197	0	4.01
4.02	157,587	0	4.02
4.03	177,343	0	4.03
4.04	-6,003	0	4.04
4.05	113,161	0	4.05
4.06	42,923	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
5.00	3,442,836		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-2 | Date/Time Prepared: 5/26/2023 7:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	497,351	497,351	0	0	0	1.00
2.00	50.00	OPERATING ROOM	358,627	358,627	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	249,962	249,962	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	67,503	67,503	0	0	0	4.00
5.00	91.00	EMERGENCY	1,322,723	4,718	1,318,005	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,496,166	1,178,161	1,318,005		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	497,351		1.00
2.00	50.00	OPERATING ROOM	0	0	0	358,627		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	249,962		3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	67,503		4.00
5.00	91.00	EMERGENCY	0	0	0	4,718		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,178,161		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	BLDG & FIXT - INTERES	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,871,879	1,871,879				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	526,798	0	526,798			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,539,566			1,539,566		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,967,831	7,691	2,623	6,326	1,984,471	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,808,455	110,301	37,610	90,720	150,864	5.00
7.00	00700	OPERATION OF PLANT	4,271,844	436,064	130,620	358,648	106,897	7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	87,299	28,555	9,737	23,486	193	8.00
9.00	00900	HOUSEKEEPING	772,843	17,054	5,815	14,027	82,980	9.00
10.00	01000	DIETARY	265,150	26,847	9,154	22,081	21,936	10.00
11.00	01100	CAFETERIA	468,132	47,400	16,162	38,985	38,728	11.00
13.00	01300	NURSING ADMINISTRATION	678,034	39,626	13,512	32,591	92,662	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	359,674	36,639	12,493	30,135	0	14.00
15.00	01500	PHARMACY	1,262,799	20,288	6,918	16,686	124,399	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,274,665	174,792	59,600	143,761	302,712	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,821,023	213,322	72,738	175,451	193,435	50.00
53.00	05300	ANESTHESIOLOGY	39,581	4,028	1,374	3,313	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,364,302	110,548	37,695	90,922	178,409	54.00
60.00	06000	LABORATORY	1,703,362	45,308	15,449	37,265	0	60.00
65.00	06500	RESPIRATORY THERAPY	750,740	2,649	903	2,179	104,587	65.00
66.00	06600	PHYSICAL THERAPY	843,553	64,427	7,762	52,989	116,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	257,608	18,489	2,227	15,206	36,911	67.00
68.00	06800	SPEECH PATHOLOGY	50,501	1,169	140	962	6,467	68.00
69.00	06900	ELECTROCARDIOLOGY	617,483	29,039	9,902	23,884	87,650	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	267,228	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,257,218	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,609	0	0	0	0	73.00
73.01	03480	ONCOLOGY	333,527	17,557	5,987	14,440	45,874	73.01
73.02	07301	BLOOD DISORDER DRUGS	876,923	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	182,460	19,037	6,491	15,657	23,667	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,471,502	124,067	42,304	102,042	241,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,896,589	1,594,897	507,216	1,311,756	1,956,374	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	150,935	259,060	13,471	213,069	16,664	192.00
192.01	19201	OCCUPATIONAL MEDICINE	144,751	17,922	6,111	14,741	11,433	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
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)	44,192,275	1,871,879	526,798	1,539,566	1,984,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT - OFFSITE	LAUNDRY & LINEN SERVICE	
			4A	5.00	7.00	7.01	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,197,950	8,197,950				5.00
7.00	00700	OPERATION OF PLANT	5,304,073	1,208,030	6,512,103			7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	149,270	33,997	168,913	0	352,180	8.00
9.00	00900	HOUSEKEEPING	892,719	203,323	100,883	0	0	9.00
10.00	01000	DIETARY	345,168	78,614	158,808	0	0	10.00
11.00	01100	CAFETERIA	609,407	138,797	280,386	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	856,425	195,057	234,403	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	438,941	99,972	216,733	0	0	14.00
15.00	01500	PHARMACY	1,431,090	325,941	120,011	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,955,530	673,143	1,033,954	0	352,180	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,475,969	791,676	1,261,873	0	0	50.00
53.00	05300	ANESTHESIOLOGY	48,296	11,000	23,829	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,781,876	405,835	653,928	0	0	54.00
60.00	06000	LABORATORY	1,801,384	410,278	268,012	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	861,058	196,112	15,670	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,084,815	247,074	134,655	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	330,441	75,260	38,635	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	59,239	13,492	2,432	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	767,958	174,908	171,776	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	267,228	60,863	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,257,218	286,340	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,609	1,117,059	0	0	0	73.00
73.01	03480	ONCOLOGY	417,385	95,062	103,855	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	876,923	199,725	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	247,312	56,327	112,608	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,981,834	906,891	733,900	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,344,118	8,004,776	5,835,264	0	352,180	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	653,199	148,771	570,823	0	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	194,958	44,403	106,016	0	0	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
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)	44,192,275	8,197,950	6,512,103	0	352,180	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - OFFSITE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,196,925					9.00
10.00	01000	DIETARY	25,258	607,848				10.00
11.00	01100	CAFETERIA	44,595	0	1,073,185			11.00
13.00	01300	NURSING ADMINISTRATION	37,281	0	46,645	1,369,811		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,471	0	0	0	790,117	14.00
15.00	01500	PHARMACY	19,087	0	76,613	0	1,896	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	164,448	607,052	200,479	644,707	17,273	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	200,698	0	122,476	323,768	119,429	50.00
53.00	05300	ANESTHESIOLOGY	3,790	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,006	0	123,345	0	1,609	54.00
60.00	06000	LABORATORY	42,627	0	83,388	0	10,006	60.00
65.00	06500	RESPIRATORY THERAPY	2,492	0	59,240	0	13,630	65.00
66.00	06600	PHYSICAL THERAPY	60,614	0	84,517	0	1,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,394	0	27,883	0	32	67.00
68.00	06800	SPEECH PATHOLOGY	1,100	0	3,996	0	226	68.00
69.00	06900	ELECTROCARDIOLOGY	27,321	0	51,596	40,744	2,284	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	105,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	494,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	16,518	0	31,270	57,099	1,638	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,910	0	14,853	37,707	26	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	116,725	796	121,607	240,183	20,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	936,335	607,848	1,047,908	1,344,208	789,365	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	243,728	0	13,898	207	131	192.00
192.01	19201	OCCUPATIONAL MEDICINE	16,862	0	11,379	25,396	621	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,196,925	607,848	1,073,185	1,369,811	790,117	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			15.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - OFFSITE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,974,638					15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,093	6,653,859	0	6,653,859		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,097	6,300,986	0	6,300,986		50.00
53.00	05300	ANESTHESIOLOGY	0	86,915	0	86,915		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,533	3,072,132	0	3,072,132		54.00
60.00	06000	LABORATORY	0	2,615,695	0	2,615,695		60.00
65.00	06500	RESPIRATORY THERAPY	2	1,148,204	0	1,148,204		65.00
66.00	06600	PHYSICAL THERAPY	0	1,612,744	0	1,612,744		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	489,645	0	489,645		67.00
68.00	06800	SPEECH PATHOLOGY	0	80,485	0	80,485		68.00
69.00	06900	ELECTROCARDIOLOGY	276	1,236,863	0	1,236,863		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	433,265	0	433,265		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,038,367	0	2,038,367		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,651,025	7,672,693	0	7,672,693		73.00
73.01	03480	ONCOLOGY	2,924	725,751	0	725,751		73.01
73.02	07301	BLOOD DISORDER DRUGS	295,208	1,371,856	0	1,371,856		73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	5	486,748	0	486,748		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	13,475	6,135,675	0	6,135,675		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,974,638	42,161,883	0	42,161,883		118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,630,757	0	1,630,757		192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	399,635	0	399,635		192.01
192.02	19202	VACANT SPACE	0	0	0	0		192.02
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,974,638	44,192,275	0	44,192,275		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	BLDG & FIXT - INTERES	MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,691	2,623	6,326	16,640	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	110,301	37,610	90,720	238,631	5.00
7.00	00700	OPERATION OF PLANT	0	436,064	130,620	358,648	925,332	7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	28,555	9,737	23,486	61,778	8.00
9.00	00900	HOUSEKEEPING	0	17,054	5,815	14,027	36,896	9.00
10.00	01000	DIETARY	0	26,847	9,154	22,081	58,082	10.00
11.00	01100	CAFETERIA	0	47,400	16,162	38,985	102,547	11.00
13.00	01300	NURSING ADMINISTRATION	0	39,626	13,512	32,591	85,729	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36,639	12,493	30,135	79,267	14.00
15.00	01500	PHARMACY	0	20,288	6,918	16,686	43,892	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	174,792	59,600	143,761	378,153	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	213,322	72,738	175,451	461,511	50.00
53.00	05300	ANESTHESIOLOGY	0	4,028	1,374	3,313	8,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,548	37,695	90,922	239,165	54.00
60.00	06000	LABORATORY	0	45,308	15,449	37,265	98,022	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,649	903	2,179	5,731	65.00
66.00	06600	PHYSICAL THERAPY	0	64,427	7,762	52,989	125,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,489	2,227	15,206	35,922	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,169	140	962	2,271	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,039	9,902	23,884	62,825	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	17,557	5,987	14,440	37,984	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	19,037	6,491	15,657	41,185	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	124,067	42,304	102,042	268,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,594,897	507,216	1,311,756	3,413,869	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	259,060	13,471	213,069	485,600	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	17,922	6,111	14,741	38,774	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,871,879	526,798	1,539,566	3,938,243	202.00

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		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT - OFFSITE	LAUNDRY & LINEN SERVICE	
			4.00	5.00	7.00	7.01	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,640					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,265	239,896				5.00
7.00	00700	OPERATION OF PLANT	896	35,346	961,574			7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2	995	24,942	0	87,717	8.00
9.00	00900	HOUSEKEEPING	696	5,950	14,896	0	0	9.00
10.00	01000	DIETARY	184	2,301	23,450	0	0	10.00
11.00	01100	CAFETERIA	325	4,062	41,402	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	777	5,708	34,612	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,926	32,003	0	0	14.00
15.00	01500	PHARMACY	1,043	9,538	17,721	0	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,539	19,699	152,673	0	87,717	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,622	23,167	186,326	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	322	3,519	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,496	11,876	96,559	0	0	54.00
60.00	06000	LABORATORY	0	12,006	39,575	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	877	5,739	2,314	0	0	65.00
66.00	06600	PHYSICAL THERAPY	973	7,230	19,883	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	309	2,202	5,705	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	54	395	359	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	735	5,118	25,364	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,781	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,379	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,689	0	0	0	73.00
73.01	03480	ONCOLOGY	385	2,782	15,335	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	5,845	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	198	1,648	16,628	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,028	26,539	108,367	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,404	234,243	861,633	0	87,717	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	140	4,354	84,287	0	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	96	1,299	15,654	0	0	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
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)	16,640	239,896	961,574	0	87,717	202.00

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		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - OFFSITE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	58,438					9.00
10.00	01000	DIETARY	1,233	85,250				10.00
11.00	01100	CAFETERIA	2,177	0	150,513			11.00
13.00	01300	NURSING ADMINISTRATION	1,820	0	6,542	135,188		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,683	0	0	0	115,879	14.00
15.00	01500	PHARMACY	932	0	10,745	0	278	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,029	85,138	28,118	63,628	2,533	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,799	0	17,177	31,953	17,516	50.00
53.00	05300	ANESTHESIOLOGY	185	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,078	0	17,299	0	236	54.00
60.00	06000	LABORATORY	2,081	0	11,695	0	1,468	60.00
65.00	06500	RESPIRATORY THERAPY	122	0	8,308	0	1,999	65.00
66.00	06600	PHYSICAL THERAPY	2,959	0	11,853	0	157	66.00
67.00	06700	OCCUPATIONAL THERAPY	849	0	3,911	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	54	0	560	0	33	68.00
69.00	06900	ELECTROCARDIOLOGY	1,334	0	7,236	4,021	335	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	806	0	4,386	5,635	240	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	874	0	2,083	3,721	4	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	5,699	112	17,055	23,704	2,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,714	85,250	146,968	132,662	115,769	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,901	0	1,949	20	19	192.00
192.01	19201	OCCUPATIONAL MEDICINE	823	0	1,596	2,506	91	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
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)	58,438	85,250	150,513	135,188	115,879	202.00

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		Cost Center Description	PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			15.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - OFFSITE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	84,149					15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	217	828,444	0	828,444		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	217	749,288	0	749,288		50.00
53.00	05300	ANESTHESIOLOGY	0	12,741	0	12,741		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65	371,774	0	371,774		54.00
60.00	06000	LABORATORY	0	164,847	0	164,847		60.00
65.00	06500	RESPIRATORY THERAPY	0	25,090	0	25,090		65.00
66.00	06600	PHYSICAL THERAPY	0	168,233	0	168,233		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	48,903	0	48,903		67.00
68.00	06800	SPEECH PATHOLOGY	0	3,726	0	3,726		68.00
69.00	06900	ELECTROCARDIOLOGY	12	106,980	0	106,980		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,206	0	17,206		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,947	0	80,947		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,359	103,048	0	103,048		73.00
73.01	03480	ONCOLOGY	125	67,678	0	67,678		73.01
73.02	07301	BLOOD DISORDER DRUGS	12,580	18,425	0	18,425		73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	66,341	0	66,341		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	574	455,463	0	455,463		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,149	3,289,134	0	3,289,134		118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	588,270	0	588,270		192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	60,839	0	60,839		192.01
192.02	19202	VACANT SPACE	0	0	0	0		192.02
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	84,149	3,938,243	0	3,938,243		202.00

COST ALLOCATION - STATISTICAL BASIS

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		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - INTERES (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			1.00	1.01	2.00	4.00	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	204,920					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES	0	169,131				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			204,920			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	842	842	842	12,907,291		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,075	12,075	12,075	981,240	-8,197,950	5.00
7.00	00700	OPERATION OF PLANT	47,737	41,936	47,737	695,272	0	7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,126	3,126	3,126	1,256	0	8.00
9.00	00900	HOUSEKEEPING	1,867	1,867	1,867	539,715	0	9.00
10.00	01000	DIETARY	2,939	2,939	2,939	142,673	0	10.00
11.00	01100	CAFETERIA	5,189	5,189	5,189	251,895	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,338	4,338	4,338	602,689	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,011	4,011	4,011	0	0	14.00
15.00	01500	PHARMACY	2,221	2,221	2,221	809,109	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,135	19,135	19,135	1,968,871	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,353	23,353	23,353	1,258,127	0	50.00
53.00	05300	ANESTHESIOLOGY	441	441	441	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,102	12,102	12,102	1,160,401	0	54.00
60.00	06000	LABORATORY	4,960	4,960	4,960	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	290	290	290	680,250	0	65.00
66.00	06600	PHYSICAL THERAPY	7,053	2,492	7,053	755,029	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,024	715	2,024	240,076	0	67.00
68.00	06800	SPEECH PATHOLOGY	128	45	128	42,064	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,179	3,179	3,179	570,091	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	1,922	1,922	1,922	298,374	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,084	2,084	2,084	153,934	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	13,582	13,582	13,582	1,573,476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	174,598	162,844	174,598	12,724,542	-8,197,950	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,360	4,325	28,360	108,384	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	1,962	1,962	1,962	74,365	0	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,871,879	526,798	1,539,566	1,984,471		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.134682	3.114734	7.513010	0.153748		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				16,640		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001289		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: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - OFFSITE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
			5.00	7.00	7.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,994,325					5.00
7.00	00700	OPERATION OF PLANT	5,304,073	120,517				7.00
7.01	00701	OPERATION OF PLANT - OFFSITE	0	0	23,749			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	149,270	3,126	0	2,389		8.00
9.00	00900	HOUSEKEEPING	892,719	1,867	0	0	139,273	9.00
10.00	01000	DIETARY	345,168	2,939	0	0	2,939	10.00
11.00	01100	CAFETERIA	609,407	5,189	0	0	5,189	11.00
13.00	01300	NURSING ADMINISTRATION	856,425	4,338	0	0	4,338	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	438,941	4,011	0	0	4,011	14.00
15.00	01500	PHARMACY	1,431,090	2,221	0	0	2,221	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,955,530	19,135	0	2,389	19,135	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,475,969	23,353	0	0	23,353	50.00
53.00	05300	ANESTHESIOLOGY	48,296	441	0	0	441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,781,876	12,102	0	0	12,102	54.00
60.00	06000	LABORATORY	1,801,384	4,960	0	0	4,960	60.00
65.00	06500	RESPIRATORY THERAPY	861,058	290	0	0	290	65.00
66.00	06600	PHYSICAL THERAPY	1,084,815	2,492	4,561	0	7,053	66.00
67.00	06700	OCCUPATIONAL THERAPY	330,441	715	1,309	0	2,024	67.00
68.00	06800	SPEECH PATHOLOGY	59,239	45	83	0	128	68.00
69.00	06900	ELECTROCARDIOLOGY	767,958	3,179	0	0	3,179	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	267,228	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,257,218	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,609	0	0	0	0	73.00
73.01	03480	ONCOLOGY	417,385	1,922	0	0	1,922	73.01
73.02	07301	BLOOD DISORDER DRUGS	876,923	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	247,312	2,084	0	0	2,084	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,981,834	13,582	0	0	13,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,146,168	107,991	5,953	2,389	108,951	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	653,199	10,564	17,796	0	28,360	192.00
192.01	19201	OCCUPATIONAL MEDICINE	194,958	1,962	0	0	1,962	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
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)	8,197,950	6,512,103	0	352,180	1,196,925	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.227757	54.034725	0.000000	147.417329	8.594092	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	239,896	961,574	0	87,717	58,438	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006665	7.978742	0.000000	36.717036	0.419593	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: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/26/2023 7:55 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTERES						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - OFFSITE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	8,401					10.00
11.00	01100	CAFETERIA	0	12,355				11.00
13.00	01300	NURSING ADMINISTRATION	0	537	99,247			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,007,542		14.00
15.00	01500	PHARMACY	0	882	0	4,818	5,865,710	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,390	2,308	46,711	43,888	15,129	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,410	23,458	303,447	15,142	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,420	0	4,089	4,555	54.00
60.00	06000	LABORATORY	0	960	0	25,424	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	682	0	34,632	7	65.00
66.00	06600	PHYSICAL THERAPY	0	973	0	2,715	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	321	0	81	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	46	0	574	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	594	2,952	5,803	821	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	267,228	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,257,218	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,904,404	73.00
73.01	03480	ONCOLOGY	0	360	4,137	4,163	8,686	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	0	876,923	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	171	2,732	65	16	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	11	1,400	17,402	51,487	40,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,401	12,064	97,392	2,005,632	5,865,710	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	160	15	333	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	131	1,840	1,577	0	192.01
192.02	19202	VACANT SPACE	0	0	0	0	0	192.02
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)	607,848	1,073,185	1,369,811	790,117	1,974,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	72.354244	86.862404	13.802039	0.393574	0.336641	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	85,250	150,513	135,188	115,879	84,149	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.147601	12.182355	1.362137	0.057722	0.014346	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,653,859		6,653,859	0	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,300,986		6,300,986	0	0	50.00
53.00	05300	ANESTHESIOLOGY	86,915		86,915	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,072,132		3,072,132	0	0	54.00
60.00	06000	LABORATORY	2,615,695		2,615,695	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,148,204	0	1,148,204	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,612,744	0	1,612,744	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	489,645	0	489,645	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	80,485	0	80,485	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,236,863		1,236,863	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	433,265		433,265	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,038,367		2,038,367	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,672,693		7,672,693	0	0	73.00
73.01	03480	ONCOLOGY	725,751		725,751	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	1,371,856		1,371,856	0	0	73.02
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	486,748		486,748	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,135,675		6,135,675	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	497,517		497,517		0	92.00
200.00		Subtotal (see instructions)	42,659,400	0	42,659,400	0	0	200.00
201.00		Less Observation Beds	497,517		497,517		0	201.00
202.00		Total (see instructions)	42,161,883	0	42,161,883	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,224,867		8,224,867			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,982,841	28,166,162	30,149,003	0.208995	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	101,814	1,993,409	2,095,223	0.041482	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	831,678	12,071,029	12,902,707	0.238100	0.000000	54.00
60.00	06000	LABORATORY	1,371,385	6,042,030	7,413,415	0.352833	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	724,749	1,322,069	2,046,818	0.560970	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	578,691	2,256,876	2,835,567	0.568755	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	277,290	603,154	880,444	0.556134	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	67,469	86,027	153,496	0.524346	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	595,827	5,238,260	5,834,087	0.212006	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	367,332	3,981,154	4,348,486	0.099636	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,742,610	12,193,469	14,936,079	0.136473	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,190,032	21,266,410	23,456,442	0.327104	0.000000	73.00
73.01	03480	ONCOLOGY	1,230	2,977,977	2,979,207	0.243605	0.000000	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	10,929,004	10,929,004	0.125524	0.000000	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	835,168	835,168	0.582814	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	593,635	17,095,945	17,689,580	0.346852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,588,467	1,588,467	0.313206	0.000000	92.00
200.00		Subtotal (see instructions)	20,651,450	128,646,610	149,298,060			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	20,651,450	128,646,610	149,298,060			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
60.00	06000	LABORATORY	0.000000	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	03480	ONCOLOGY	0.000000	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.000000	73.02
76.00	03160	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
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: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I | Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	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	6,653,859		6,653,859	0	6,653,859	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,300,986		6,300,986	0	6,300,986	50.00
53.00	05300	ANESTHESIOLOGY	86,915		86,915	0	86,915	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,072,132		3,072,132	0	3,072,132	54.00
60.00	06000	LABORATORY	2,615,695		2,615,695	0	2,615,695	60.00
65.00	06500	RESPIRATORY THERAPY	1,148,204	0	1,148,204	0	1,148,204	65.00
66.00	06600	PHYSICAL THERAPY	1,612,744	0	1,612,744	0	1,612,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	489,645	0	489,645	0	489,645	67.00
68.00	06800	SPEECH PATHOLOGY	80,485	0	80,485	0	80,485	68.00
69.00	06900	ELECTROCARDIOLOGY	1,236,863		1,236,863	0	1,236,863	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	433,265		433,265	0	433,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,038,367		2,038,367	0	2,038,367	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,672,693		7,672,693	0	7,672,693	73.00
73.01	03480	ONCOLOGY	725,751		725,751	0	725,751	73.01
73.02	07301	BLOOD DISORDER DRUGS	1,371,856		1,371,856	0	1,371,856	73.02
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	486,748		486,748	0	486,748	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,135,675		6,135,675	0	6,135,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	497,517		497,517		497,517	92.00
200.00		Subtotal (see instructions)	42,659,400	0	42,659,400	0	42,659,400	200.00
201.00		Less Observation Beds	497,517		497,517		497,517	201.00
202.00		Total (see instructions)	42,161,883	0	42,161,883	0	42,161,883	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,224,867		8,224,867			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,982,841	28,166,162	30,149,003	0.208995	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	101,814	1,993,409	2,095,223	0.041482	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	831,678	12,071,029	12,902,707	0.238100	0.000000	54.00
60.00	06000	LABORATORY	1,371,385	6,042,030	7,413,415	0.352833	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	724,749	1,322,069	2,046,818	0.560970	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	578,691	2,256,876	2,835,567	0.568755	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	277,290	603,154	880,444	0.556134	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	67,469	86,027	153,496	0.524346	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	595,827	5,238,260	5,834,087	0.212006	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	367,332	3,981,154	4,348,486	0.099636	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,742,610	12,193,469	14,936,079	0.136473	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,190,032	21,266,410	23,456,442	0.327104	0.000000	73.00
73.01	03480	ONCOLOGY	1,230	2,977,977	2,979,207	0.243605	0.000000	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	10,929,004	10,929,004	0.125524	0.000000	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	835,168	835,168	0.582814	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	593,635	17,095,945	17,689,580	0.346852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,588,467	1,588,467	0.313206	0.000000	92.00
200.00		Subtotal (see instructions)	20,651,450	128,646,610	149,298,060			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	20,651,450	128,646,610	149,298,060			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
60.00	06000	LABORATORY	0.000000	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	03480	ONCOLOGY	0.000000	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.000000	73.02
76.00	03160	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part II Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		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	749,288	30,149,003	0.024853	1,389,894	34,543	50.00
53.00	05300	ANESTHESIOLOGY	12,741	2,095,223	0.006081	65,619	399	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	371,774	12,902,707	0.028814	260,952	7,519	54.00
60.00	06000	LABORATORY	164,847	7,413,415	0.022236	531,280	11,814	60.00
65.00	06500	RESPIRATORY THERAPY	25,090	2,046,818	0.012258	328,796	4,030	65.00
66.00	06600	PHYSICAL THERAPY	168,233	2,835,567	0.059330	308,818	18,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,903	880,444	0.055544	151,533	8,417	67.00
68.00	06800	SPEECH PATHOLOGY	3,726	153,496	0.024274	29,398	714	68.00
69.00	06900	ELECTROCARDIOLOGY	106,980	5,834,087	0.018337	267,700	4,909	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,206	4,348,486	0.003957	250,979	993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,947	14,936,079	0.005420	1,860,236	10,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,048	23,456,442	0.004393	930,557	4,088	73.00
73.01	03480	ONCOLOGY	67,678	2,979,207	0.022717	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	18,425	10,929,004	0.001686	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	66,341	835,168	0.079434	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	455,463	17,689,580	0.025748	37,650	969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	61,944	1,588,467	0.038996	0	0	92.00
200.00		Total (lines 50 through 199)	2,522,634	141,073,193		6,413,412	106,799	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		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	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	0	0	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1311

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

Worksheet D Part IV

Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	30,149,003	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,095,223	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	12,902,707	0.000000	54.00
60.00	06000	LABORATORY	0	0	0	7,413,415	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,046,818	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,835,567	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	880,444	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	153,496	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,834,087	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,348,486	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,936,079	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,456,442	0.000000	73.00
73.01	03480	ONCOLOGY	0	0	0	2,979,207	0.000000	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	0	10,929,004	0.000000	73.02
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	835,168	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	17,689,580	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,588,467	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	141,073,193		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		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	0.000000	1,389,894	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	65,619	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	260,952	0	0	0	54.00
60.00	06000	LABORATORY	0.000000	531,280	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	328,796	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	308,818	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	151,533	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	29,398	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	267,700	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	250,979	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,860,236	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	930,557	0	0	0	73.00
73.01	03480	ONCOLOGY	0.000000	0	0	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.000000	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000	37,650	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)		6,413,412	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.208995	0	4,218,551	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.041482	0	179,731	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238100	0	2,844,238	0	0	54.00
60.00	06000	LABORATORY	0.352833	0	1,313,007	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.560970	0	376,795	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.568755	0	725,880	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.556134	0	133,420	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.524346	0	10,183	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212006	0	1,632,892	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099636	0	964,688	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136473	0	3,517,884	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327104	0	9,563,043	1,886	0	73.00
73.01	03480	ONCOLOGY	0.243605	0	1,310,453	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.125524	0	633,564	0	0	73.02
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.582814	0	450,232	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.346852	0	3,712,293	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313206	0	184,272	1,818	0	92.00
200.00		Subtotal (see instructions)		0	31,771,126	3,704	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	31,771,126	3,704	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		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	881,656	0	50.00
53.00	05300	ANESTHESIOLOGY	7,456	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	677,213	0	54.00
60.00	06000	LABORATORY	463,272	0	60.00
65.00	06500	RESPIRATORY THERAPY	211,371	0	65.00
66.00	06600	PHYSICAL THERAPY	412,848	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,199	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,339	0	68.00
69.00	06900	ELECTROCARDIOLOGY	346,183	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,118	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	480,096	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,128,110	617	73.00
73.01	03480	ONCOLOGY	319,233	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	79,527	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	262,402	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	1,287,616	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	57,715	569	92.00
200.00		Subtotal (see instructions)	8,790,354	1,186	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	8,790,354	1,186	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.208995	0	877,849	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.041482	0	113,190	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238100	0	71,348	0	0	54.00
60.00	06000	LABORATORY	0.352833	0	48,447	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.560970	0	1,524	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.568755	0	12,856	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.556134	0	2,326	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.524346	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212006	0	21,625	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099636	0	1,672	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136473	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327104	0	379,765	0	0	73.00
73.01	03480	ONCOLOGY	0.243605	0	128,069	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.125524	0	0	0	0	73.02
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.582814	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.346852	0	205,499	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313206	0	8,067	0	0	92.00
200.00		Subtotal (see instructions)		0	1,872,237	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	1,872,237	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | Cost

		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	183,466	0	50.00
53.00	05300	ANESTHESIOLOGY	4,695	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,988	0	54.00
60.00	06000	LABORATORY	17,094	0	60.00
65.00	06500	RESPIRATORY THERAPY	855	0	65.00
66.00	06600	PHYSICAL THERAPY	7,312	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,294	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,585	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	167	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,223	0	73.00
73.01	03480	ONCOLOGY	31,198	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0	0	73.02
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	71,278	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,527	0	92.00
200.00		Subtotal (see instructions)	465,682	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	465,682	0	202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | 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)	2,600	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,583	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)	2,389	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	11	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	6	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)	1,133	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)	11	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	250.44	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)	6,653,859	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)	1,503	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)	29,713	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	6,624,146	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)	6,624,146	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)	2,564.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,905,601	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)	2,905,601	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	1,655,645	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)	4,561,246	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)	28,210	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	28,210	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)	194	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,564.52	88.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

	Cost Center Description	1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	497,517	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	828,444	6,653,859	0.124506	497,517	61,944	90.00
91.00	Nursing Program cost	0	6,653,859	0.000000	497,517	0	91.00
92.00	Allied health cost	0	6,653,859	0.000000	497,517	0	92.00
93.00	All other Medical Education	0	6,653,859	0.000000	497,517	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | 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)	2,600	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,583	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)	2,389	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	11	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	6	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)	7	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	250.44	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)	6,653,859	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)	1,503	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)	29,713	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	6,624,146	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)	6,624,146	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)	2,564.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	17,952	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)	17,952	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/26/2023 7:55 am

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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	11,489	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)	29,441	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
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)	194	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,564.52	88.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	497,517	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	828,444	6,653,859	0.124506	497,517	61,944	90.00
91.00	Nursing Program cost	0	6,653,859	0.000000	497,517	0	91.00
92.00	Allied health cost	0	6,653,859	0.000000	497,517	0	92.00
93.00	All other Medical Education	0	6,653,859	0.000000	497,517	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | 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		3,772,460		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.208995	1,389,894	290,481	50.00
53.00	05300	ANESTHESIOLOGY	0.041482	65,619	2,722	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238100	260,952	62,133	54.00
60.00	06000	LABORATORY	0.352833	531,280	187,453	60.00
65.00	06500	RESPIRATORY THERAPY	0.560970	328,796	184,445	65.00
66.00	06600	PHYSICAL THERAPY	0.568755	308,818	175,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.556134	151,533	84,273	67.00
68.00	06800	SPEECH PATHOLOGY	0.524346	29,398	15,415	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212006	267,700	56,754	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099636	250,979	25,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136473	1,860,236	253,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327104	930,557	304,389	73.00
73.01	03480	ONCOLOGY	0.243605	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.125524	0	0	73.02
76.00	03160	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.582814	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.346852	37,650	13,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313206	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,413,412	1,655,645	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)		6,413,412		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-1311 | Component CCN: 15-Z311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Swing Beds - SNF | 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
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.208995	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.041482	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238100	837	199	54.00
60.00	06000	LABORATORY	0.352833	2,020	713	60.00
65.00	06500	RESPIRATORY THERAPY	0.560970	204	114	65.00
66.00	06600	PHYSICAL THERAPY	0.568755	3,915	2,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.556134	1,279	711	67.00
68.00	06800	SPEECH PATHOLOGY	0.524346	1,554	815	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212006	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099636	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136473	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327104	3,555	1,163	73.00
73.01	03480	ONCOLOGY	0.243605	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.125524	0	0	73.02
76.00	03160	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.582814	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.346852	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313206	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,364	5,942	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)		13,364		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/26/2023 7:55 am

Title XIX | Hospital | 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		37,457		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.208995	9,092	1,900	50.00
53.00	05300	ANESTHESIOLOGY	0.041482	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.238100	2,598	619	54.00
60.00	06000	LABORATORY	0.352833	7,735	2,729	60.00
65.00	06500	RESPIRATORY THERAPY	0.560970	3,440	1,930	65.00
66.00	06600	PHYSICAL THERAPY	0.568755	1,609	915	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.556134	821	457	67.00
68.00	06800	SPEECH PATHOLOGY	0.524346	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212006	502	106	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.099636	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136473	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327104	2,698	883	73.00
73.01	03480	ONCOLOGY	0.243605	0	0	73.01
73.02	07301	BLOOD DISORDER DRUGS	0.125524	0	0	73.02
76.00	03160	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.582814	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.346852	5,622	1,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313206	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		34,117	11,489	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)		34,117		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E Part B Date/Time Prepared: 5/26/2023 7:55 am

		Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,791,540	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	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)	8,791,540	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 chargebasis 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)	8,879,455	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	39,543	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	5,925,732	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)	2,914,180	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)	2,914,180	30.00
31.00	Primary payer payments	1,823	31.00
32.00	Subtotal (line 30 minus line 31)	2,912,357	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)	327,041	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	212,577	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	133,075	36.00
37.00	Subtotal (see instructions)	3,124,934	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)	3,124,934	40.00
40.01	Sequestration adjustment (see instructions)	39,374	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	3,270,797	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)	-185,237	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	297,774	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: 15-1311	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 7:55 am
	Title XVIII	Hospital	Cost

		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-1311

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

Worksheet E-1 Part I
Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		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		4,386,431		3,270,797	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)		4,386,431		3,270,797	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		188,573		185,237	6.02
7.00	Total Medicare program liability (see instructions)		4,197,858		3,085,560	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: 15-1311 | Component CCN: 15-Z311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-1 Part I | Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Swing Beds - SNF | Cost

		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		37,315		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		37,315		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		3,256		0	6.02
7.00	Total Medicare program liability (see instructions)		34,059		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: 15-1311	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/26/2023 7:55 am
	Title XVIII	Hospital	Cost

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 15-1311 Component CCN: 15-Z311	Period: From 01/01/2022 To 12/31/2022	Worksheet E-2 Date/Time Prepared: 5/26/2023 7:55 am
	Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	28,492	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	6,001	0	3.00
3.01	Nursing and allied health payment-PARHM or CHART (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	11	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	34,493	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	34,493	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	34,493	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)	34,493	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	34,493	0	19.00
19.01	Sequestration adjustment (see instructions)	434	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
19.03	Sequestration adjustment-PARHM or CHART pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0	0	19.25
20.00	Interim payments	37,315	0	20.00
20.01	Interim payments-PARHM or CHART			20.01
21.00	Tentative settlement (for contractor use only)	0	0	21.00
21.01	Tentative settlement-PARHM or CHART (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	-3,256	0	22.00
22.01	Balance due provider/program-PARHM or CHART (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,112	0	23.00
	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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-3 Part V Date/Time Prepared: 5/26/2023 7:55 am

Title XVIII | Hospital | Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	4,561,246	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
3.01	Cellular therapy acquisition cost (see instructions)	0	3.01
4.00	Subtotal (sum of lines 1 through 3.01)	4,561,246	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	4,606,858	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	4,606,858	19.00
20.00	Deductibles (exclude professional component)	377,676	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	4,229,182	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	4,229,182	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	34,222	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	22,244	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	14,608	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	4,251,426	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.98	Recovery of accelerated depreciation.	0	29.98
29.99	Demonstration payment adjustment amount before sequestration	0	29.99
30.00	Subtotal (see instructions)	4,251,426	30.00
30.01	Sequestration adjustment (see instructions)	53,568	30.01
30.02	Demonstration payment adjustment amount after sequestration	0	30.02
30.03	Sequestration adjustment-PARHM or CHART		30.03
31.00	Interim payments	4,386,431	31.00
31.01	Interim payments-PARHM or CHART		31.01
32.00	Tentative settlement (for contractor use only)	0	32.00
32.01	Tentative settlement-PARHM or CHART (for contractor use only)		32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)	-188,573	33.00
33.01	Balance due provider/program-PARHM or CHART (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)		33.01
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	149,757	34.00

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

Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G | Date/Time Prepared: 5/26/2023 7:55 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	44,523,864	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	4,416,079	0	0	0	4.00
5.00	Other receivable	1,679,542	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,209,512	0	0	0	7.00
8.00	Prepaid expenses	117,675	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	51,946,672	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	3,139,179	0	0	0	17.00
18.00	Accumulated depreciation	-1,787,765	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	2,738	0	0	0	21.00
22.00	Accumulated depreciation	-2,738	0	0	0	22.00
23.00	Major movable equipment	15,395,326	0	0	0	23.00
24.00	Accumulated depreciation	-10,860,699	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)	5,886,041	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	25,907,611	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,907,611	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	83,740,324	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,719,761	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,023,929	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,131,060	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,874,750	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	10,785,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	202,801	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,987,801	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,862,551	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	64,877,773				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	64,877,773	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	83,740,324	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-1 | Date/Time Prepared: 5/26/2023 7:55 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		60,715,607		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,830,778				2.00
3.00	Total (sum of line 1 and line 2)		64,546,385		0		3.00
4.00	DONATED PROP., PLANT, EQUIP.	109,348		0		0	4.00
5.00	TEMP RESTRICTED	222,041		0		0	5.00
6.00	PERM RESTRICTED	1		0		0	6.00
7.00	ROUNDING	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)		331,390		0		10.00
11.00	Subtotal (line 3 plus line 10)		64,877,775		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	2		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)		2		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		64,877,773		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	DONATED PROP., PLANT, EQUIP.		0		4.00
5.00	TEMP RESTRICTED		0		5.00
6.00	PERM RESTRICTED		0		6.00
7.00	ROUNDING		0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00	ROUNDING		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: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/26/2023 7:55 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	8,181,151		8,181,151	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	43,716		43,716	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)	8,224,867		8,224,867	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	8,224,867		8,224,867	17.00
18.00	Ancillary services	11,832,948	109,962,198	121,795,146	18.00
19.00	Outpatient services	593,635	18,684,412	19,278,047	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NONALLOWABLE REVENUE	0	90,116	90,116	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	20,651,450	128,736,726	149,388,176	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		45,751,954		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)		45,751,954		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-1311 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-3 | Date/Time Prepared: 5/26/2023 7:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	149,388,176	1.00
2.00	Less contractual allowances and discounts on patients' accounts	100,234,199	2.00
3.00	Net patient revenues (line 1 minus line 2)	49,153,977	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	45,751,954	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,402,023	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	428,755	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	428,755	25.00
26.00	Total (line 5 plus line 25)	3,830,778	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,830,778	29.00