

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: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 11:35 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Date: 5/25/2023 Time: 11:35 am

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 COMMUNITY HOWARD REGIONAL HEALTH (15-0007) 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	Holly Millard	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	Holly Millard		2
3	Signatory Title	SVP OF FINANCE		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	95,968	-7,649	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	95,968	-7,649	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: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:35 am					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 3500 SOUTH LAFOUNTAIN			PO Box:							1.00		
2.00	City: KOKOMO			State: IN		Zip Code: 46902		County: HOWARD			2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:													
3.00	Hospital			COMMUNITY HOWARD REGIONAL HEALTH		150007	29020	1	07/01/1966	N	P	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												7.00
8.00	Swing Beds - NF												8.00
9.00	Hospital-Based SNF												9.00
10.00	Hospital-Based NF												10.00
11.00	Hospital-Based OLTC												11.00
12.00	Hospital-Based HHA												12.00
13.00	Separately Certified ASC												13.00
14.00	Hospital-Based Hospice												14.00
15.00	Hospital-Based Health Clinic - RHC												15.00
16.00	Hospital-Based Health Clinic - FQHC												16.00
17.00	Hospital-Based (CMHC) I												17.00
18.00	Renal Dialysis												18.00
19.00	Other												19.00
							From:		To:				
							1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2022		12/31/2022		20.00		
21.00	Type of Control (see instructions)						2				21.00		
							1.00		2.00		3.00		
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N			22.00		
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y			22.01		
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		N		N	22.03		
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										22.04		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)										22.04		
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:35 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	697	69	0	9	4,425	7	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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		V	XVIII	XIX			
		1.00	2.00	3.00			
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N					59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			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
			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

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		V	XIX				
		1.00	2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	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	
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	
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.					112.00	
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.					113.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1	118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:35 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,057,191	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	HB0720
		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: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN SERVICES	Contractor's Number: 08101	141.00
142.00	Street: 1500 NORTH RITTER	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219-3095	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
			1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:35 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginni ng	Endi ng					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 11:35 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
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	03/31/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/02/2022	Y	05/02/2022		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: 15-0007

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

Worksheet S-2
Part II
Date/Time Prepared:
5/25/2023 11:35 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
Provider-Based Physicians						
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BI SHOP		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0007

Period:
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Worksheet S-2
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Date/Time Prepared:
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		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.	DI RECTOR REIMBURSEMENT	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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 11:35 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	99	37,383	0.00	0	1.00	
2.00 HMO and other (see instructions)						2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		99	37,383	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		107	40,303	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		107				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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 11:35 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,088	570	14,990		1.00
2.00	HMO and other (see instructions)	4,348	4,147			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,088	570	14,990		7.00
8.00	INTENSIVE CARE UNIT	274	76	1,457		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		407	607		13.00
14.00	Total (see instructions)	4,362	1,053	17,054	0.00	634.61
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)			25		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)	0	0	0	0.00	0.00
28.00	Observation Bed Days		398	2,037		634.61
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			97		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	7	100		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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 11:35 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,205	134	4,574	1.00
2.00	HMO and other (see instructions)			1,026	1,016		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	1,205	134	4,574	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 11:35 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	51,213,332	-221,526	50,991,806	1,319,986.00	38.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		97,227	0	97,227	474.00	205.12
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		207,271	0	207,271	1,604.00	129.22
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,667,495	286,192	6,953,687	219,871.00	31.63
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,231,631	0	3,231,631	24,756.00	130.54
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		363,371	0	363,371	3,553.00	102.27
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,049,334	0	11,049,334		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,081,818	0	2,081,818		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		5,829	0	5,829		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		19,726	0	19,726		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 11:35 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	500	-500	0	0.00	0.00	26.00
27.00	Administrative & General	3,660,372	-175,974	3,484,398	78,498.00	44.39	27.00
28.00	Administrative & General under contract (see inst.)	2,495,871	0	2,495,871	23,008.00	108.48	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	779,188	-5,448	773,740	29,354.00	26.36	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,284,993	-6,699	1,278,294	62,667.00	20.40	32.00
33.00	Housekeeping under contract (see instructions)	330,462	0	330,462	6,864.00	48.14	33.00
34.00	Dietary	1,115,610	-704,756	410,854	20,378.00	20.16	34.00
35.00	Dietary under contract (see instructions)	153,972	0	153,972	2,080.00	74.03	35.00
36.00	Cafeteria	0	702,834	702,834	35,187.00	19.97	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	841,635	-2,312	839,323	18,781.00	44.69	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	593,214	-385	592,829	14,024.00	42.27	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2023 11:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,986,366	-221,526	53,764,840	1,350,334.00	39.82	1.00
2.00	Excluded area salaries (see instructions)	6,667,495	286,192	6,953,687	219,871.00	31.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,318,871	-507,718	46,811,153	1,130,463.00	41.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,595,002	0	3,595,002	28,309.00	126.99	4.00
5.00	Subtotal wage-related costs (see inst.)	11,055,163	0	11,055,163	0.00	23.62	5.00
6.00	Total (sum of lines 3 thru 5)	61,969,036	-507,718	61,461,318	1,158,772.00	53.04	6.00
7.00	Total overhead cost (see instructions)	11,255,817	-193,240	11,062,577	290,841.00	38.04	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0007

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/25/2023 11:35 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,919,084	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,829,046	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,803,270	9.00
10.00	Dental, Hearing and Vision Plan	49,280	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	25,835	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	648,587	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	192,490	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,683,916	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,198	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,156,706	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 11:35 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,231,631	13,156,706	1.00
2.00	Hospital	3,231,631	11,074,888	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	2,081,818	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 11:35 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.205911	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		32,636,458	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		5,238,051	5.00	
6.00	Medicaid charges		137,263,475	6.00	
7.00	Medicaid cost (line 1 times line 6)		28,264,059	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)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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)	3,870,048	716,635	4,586,683	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	796,885	716,635	1,513,520	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)	796,885	716,635	1,513,520	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)		6,237,463	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		157,784	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		242,744	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		5,994,719	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,319,339	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,832,859	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,832,859	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,250,032	4,250,032	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,399,295	3,399,295	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	500	94,101	94,601	-6,294	88,307	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,660,372	49,865,677	53,526,049	-3,873,689	49,652,360	5.00
7.00	00700	OPERATION OF PLANT	779,188	5,300,568	6,079,756	-839,113	5,240,643	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	299,924	299,924	0	299,924	8.00
9.00	00900	HOUSEKEEPING	1,284,993	841,588	2,126,581	-18,041	2,108,540	9.00
10.00	01000	DIETARY	1,115,610	1,124,543	2,240,153	-1,513,372	726,781	10.00
11.00	01100	CAFETERIA	0	120	120	1,411,176	1,411,296	11.00
13.00	01300	NURSING ADMINISTRATION	841,635	335,372	1,177,007	-99,836	1,077,171	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	593,214	167,891	761,105	0	761,105	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,490,559	8,152,348	20,642,907	-2,570,018	18,072,889	30.00
31.00	03100	INTENSIVE CARE UNIT	1,523,705	1,197,466	2,721,171	-175,755	2,545,416	31.00
43.00	04300	NURSERY	0	0	0	456,520	456,520	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,568,706	9,522,775	13,091,481	-6,112,940	6,978,541	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,314,395	1,314,395	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,989,529	2,178,040	4,167,569	-642,752	3,524,817	54.00
54.01	03480	ONCOLOGY	1,932,161	2,053,280	3,985,441	-368,454	3,616,987	54.01
57.00	05700	CT SCAN	583,226	686,227	1,269,453	-370,485	898,968	57.00
58.00	05800	MRI	424,055	1,109,456	1,533,511	-917,585	615,926	58.00
59.00	05900	CARDIAC CATHETERIZATION	762,825	3,745,751	4,508,576	-2,965,045	1,543,531	59.00
60.00	06000	LABORATORY	0	6,061,350	6,061,350	-4,364	6,056,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,426,618	781,615	2,208,233	-186,011	2,022,222	65.00
66.00	06600	PHYSICAL THERAPY	1,060,389	359,424	1,419,813	-650,414	769,399	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	478,994	478,994	67.00
68.00	06800	SPEECH PATHOLOGY	0	66	66	167,248	167,314	68.00
69.00	06900	ELECTROCARDIOLOGY	1,268,209	610,139	1,878,348	-15,884	1,862,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,072	46,227	183,299	-942	182,357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	383,703	1,193,433	1,577,136	4,470,973	6,048,109	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,520,625	5,520,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,545,243	18,905,022	21,450,265	-34,555	21,415,710	73.00
74.00	07400	RENAL DIALYSIS	0	265,489	265,489	-3,277	262,212	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	426,021	361,809	787,830	-70,616	717,214	75.01
76.00	03160	CARDIOPULMONARY	187,777	98,772	286,549	-8,083	278,466	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,463,877	2,655,114	6,118,991	-485,335	5,633,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	1,418,387	845,106	2,263,493	446,549	2,710,042	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	345,099	248,972	594,071	59,799	653,870	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	333,164	90,406	423,570	-423,570	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,634,362	918,426	2,552,788	-143,151	2,409,637	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,180,199	120,116,497	166,296,696	-523,975	165,772,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	80,879	27,977	108,856	-367	108,489	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	541,564	467,912	1,009,476	-109	1,009,367	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	4,364,322	2,273,147	6,637,469	526,743	7,164,212	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	46,368	19,548	65,916	-2,292	63,624	194.09
194.10	07960	PLASTIC SURGERY	0	2,733	2,733	0	2,733	194.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
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	
194.11	07961	MISC NRCC	0	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	0	1,031	1,031	0	1,031	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		TOTAL (SUM OF LINES 118 through 199)	51,213,332	122,908,845	174,122,177	0	174,122,177	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

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

Worksheet A
Date/Time Prepared:
5/25/2023 11:35 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	0	4,250,032	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,399,295	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,454,128	2,542,435	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-23,526,399	26,125,961	5.00
7.00	00700	OPERATION OF PLANT	0	5,240,643	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	299,924	8.00
9.00	00900	HOUSEKEEPING	0	2,108,540	9.00
10.00	01000	DIETARY	-4,298	722,483	10.00
11.00	01100	CAFETERIA	-514,493	896,803	11.00
13.00	01300	NURSING ADMINISTRATION	1,845,937	2,923,108	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	945,552	945,552	16.00
17.00	01700	SOCIAL SERVICE	0	761,105	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,644,413	15,428,476	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,545,416	31.00
43.00	04300	NURSERY	0	456,520	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,978,541	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,314,395	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,420	3,627,237	54.00
54.01	03480	ONCOLOGY	2,003,943	5,620,930	54.01
57.00	05700	CT SCAN	-37,785	861,183	57.00
58.00	05800	MRI	0	615,926	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,543,531	59.00
60.00	06000	LABORATORY	0	6,056,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,022,222	65.00
66.00	06600	PHYSICAL THERAPY	0	769,399	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	478,994	67.00
68.00	06800	SPEECH PATHOLOGY	0	167,314	68.00
69.00	06900	ELECTROCARDIOLOGY	-917	1,861,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,962	233,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	794,557	6,842,666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,520,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	338,435	21,754,145	73.00
74.00	07400	RENAL DIALYSIS	0	262,212	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	-313	716,901	75.01
76.00	03160	CARDIOPULMONARY	-175	278,291	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	221,382	5,855,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	-1,222,466	1,487,576	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	-425,819	228,051	93.06
93.07	04957	OTHER	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	2,409,637	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,619,762	146,152,959	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	108,489	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,009,367	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07951	MISC BH NRCC	0	7,164,212	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	194.08
194.09	07959	MOBILE CLINIC	0	63,624	194.09
194.10	07960	PLASTIC SURGERY	0	2,733	194.10
194.11	07961	MISC NRCC	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	0	1,031	194.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

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

Worksheet A
Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	-19,619,762	154,502,415	200.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Chargeable Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,526,163		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
TOTALS			0	4,526,163		
B - Implantable Device Recl ass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		5,520,625		1.00
2.00						2.00
3.00						3.00
TOTALS			0	5,520,625		
C - Drugs Charges to Pat						
1.00	ONCOLOGY	54.01	0	93,921		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	24,441		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	100,995		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
TOTALS			0	219,357		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,508,236		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	7,508,236	
E - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	28,455	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	28,455	
F - Infusion Equipment Rental					
1.00	ONCOLOGY	54.01	0	203,715	1.00
	TOTALS		0	203,715	
G - STD BENEFIT RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,649	1.00
2.00	OPERATION OF PLANT	7.00	0	5,448	2.00
3.00	HOUSEKEEPING	9.00	0	6,699	3.00
4.00	DIETARY	10.00	0	1,922	4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,312	5.00
6.00	SOCIAL SERVICE	17.00	0	385	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	55,249	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	8,678	8.00
9.00	OPERATING ROOM	50.00	0	23,513	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,811	10.00
11.00	ONCOLOGY	54.01	0	3,169	11.00
12.00	CT SCAN	57.00	0	3,467	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	5,426	13.00
14.00	RESPIRATORY THERAPY	65.00	0	20,137	14.00
15.00	PHYSICAL THERAPY	66.00	0	11,910	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	5,165	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	248	17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,666	18.00
19.00	WOUND CARE CENTER	75.01	0	2,635	19.00
20.00	CARDIOPULMONARY	76.00	0	217	20.00
21.00	EMERGENCY	91.00	0	6,529	21.00
22.00	GENESIS	93.01	0	8,686	22.00
23.00	HOWARD COUNTY CSS	93.06	0	1,057	23.00
24.00	PSYCH MEDICATION	93.18	0	6,152	24.00
25.00	AMBULANCE SERVICES	95.00	0	4,963	25.00
26.00	MISC BH NRCC	194.00	0	6,933	26.00
	TOTALS		0	221,026	
H - Labor and Delivery					
1.00	NURSERY	43.00	307,367	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	884,959	0	2.00
3.00	NURSERY	43.00	0	149,153	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	429,436	4.00
	TOTALS		1,192,326	578,589	
I - Cafeteria Salary					
1.00	CAFETERIA	11.00	702,834	0	1.00
2.00	CAFETERIA	11.00	0	708,462	2.00
	TOTALS		702,834	708,462	
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	358,791	0	1.00
2.00	SPEECH PATHOLOGY	68.00	125,277	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	120,203	3.00
4.00	SPEECH PATHOLOGY	68.00	0	41,971	4.00
	TOTALS		484,068	162,174	
K - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,108,941	1.00
	TOTALS		0	4,108,941	
L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	112,636	1.00
	TOTALS		0	112,636	
M - Psych Admin Recl ass					
1.00	GENESIS	93.01	94,410	0	1.00
2.00	HOWARD COUNTY CSS	93.06	6,508	0	2.00
3.00	MISC BH NRCC	194.00	68,407	0	3.00
4.00	GENESIS	93.01	0	261,428	4.00
5.00	HOWARD COUNTY CSS	93.06	0	18,022	5.00
6.00	MISC BH NRCC	194.00	0	189,423	6.00
	TOTALS		169,325	468,873	

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
O - Psych Medicine Clinic Recl ass					
1.00	GENESIS	93.01	70,083	0	1.00
2.00	HOWARD COUNTY CSS	93.06	27,248	0	2.00
3.00	MI SC BH NRCC	194.00	229,681	0	3.00
4.00	GENESIS	93.01	0	20,628	4.00
5.00	HOWARD COUNTY CSS	93.06	0	8,021	5.00
6.00	MI SC BH NRCC	194.00	0	67,607	6.00
	TOTALS		327,012	96,256	
P - REWARD & RECOGNITION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	500	1.00
	TOTALS		0	500	
500.00	Grand Total : Increases		2,875,565	24,464,008	500.00

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
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Worksheet A-6

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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	835	0	1.00
2.00	OPERATION OF PLANT	7.00	0	18	0	2.00
3.00	DIETARY	10.00	0	119	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	478,549	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	70,632	0	5.00
6.00	OPERATING ROOM	50.00	0	1,418,441	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	308,015	0	7.00
8.00	ONCOLOGY	54.01	0	46,461	0	8.00
9.00	CT SCAN	57.00	0	143,038	0	9.00
10.00	MRI	58.00	0	269,940	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	1,279,122	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	111,488	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	642	0	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	942	0	14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,739	0	15.00
16.00	RENAL DIALYSIS	74.00	0	2,561	0	16.00
17.00	WOUND CARE CENTER	75.01	0	1,714	0	17.00
18.00	CARDIOPULMONARY	76.00	0	3,035	0	18.00
19.00	EMERGENCY	91.00	0	347,678	0	19.00
20.00	AMBULANCE SERVICES	95.00	0	32,020	0	20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19	0	21.00
22.00	PSYCH MEDICATION	93.18	0	155	0	22.00
TOTALS			0	4,526,163		
B - Implantable Device Reclass						
1.00	OPERATING ROOM	50.00	0	4,208,714		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,271,639		2.00
3.00	WOUND CARE CENTER	75.01	0	40,272		3.00
TOTALS			0	5,520,625		
C - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,298	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	15,356	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,294	0	3.00
4.00	OPERATING ROOM	50.00	0	3,272	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,541	0	5.00
6.00	CT SCAN	57.00	0	92,013	0	6.00
7.00	MRI	58.00	0	35,588	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	21,542	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	2,229	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	2	0	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,541	0	11.00
12.00	RENAL DIALYSIS	74.00	0	716	0	12.00
13.00	WOUND CARE CENTER	75.01	0	20,519	0	13.00
14.00	EMERGENCY	91.00	0	6,524	0	14.00
15.00	AMBULANCE SERVICES	95.00	0	1,393	0	15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	90	0	16.00
17.00	PSYCH MEDICATION	93.18	0	147	0	17.00
18.00	MOBILE CLINIC	194.09	0	2,292	0	18.00
TOTALS			0	219,357		
D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,294	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,120,642	0	2.00
3.00	OPERATION OF PLANT	7.00	0	635,380	0	3.00
4.00	HOUSEKEEPING	9.00	0	18,041	0	4.00
5.00	DIETARY	10.00	0	101,957	0	5.00
6.00	CAFETERIA	11.00	0	120	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	99,836	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	305,198	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	101,829	0	9.00
10.00	OPERATING ROOM	50.00	0	482,513	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	328,196	0	11.00
12.00	ONCOLOGY	54.01	0	619,629	0	12.00
13.00	CT SCAN	57.00	0	135,434	0	13.00
14.00	MRI	58.00	0	612,057	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	392,742	0	15.00
16.00	LABORATORY	60.00	0	4,364	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	72,294	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	4,170	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	39,683	0	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48,649	0	20.00
21.00	DRUGS CHARGED TO PATIENTS	73.00	0	124,811	0	21.00
22.00	WOUND CARE CENTER	75.01	0	8,111	0	22.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 11:35 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	CARDIOPULMONARY	76.00	0	5,048	0		23.00
24.00	EMERGENCY	91.00	0	131,133	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	109,738	0		25.00
26.00	COMMUNITY HOWARD FOUNDATION	190.01	0	367	0		26.00
	TOTALS		0	7,508,236			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	80	11		1.00
2.00	MISC BH NRCC	194.00	0	28,375	0		2.00
	TOTALS		0	28,455			
F - Infusion Equipment Rental							
1.00	OPERATION OF PLANT	7.00	0	203,715	10		1.00
	TOTALS		0	203,715			
G - STD BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	6,649	0	0		1.00
2.00	OPERATION OF PLANT	7.00	5,448	0	0		2.00
3.00	HOUSEKEEPING	9.00	6,699	0	0		3.00
4.00	DIETARY	10.00	1,922	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	2,312	0	0		5.00
6.00	SOCIAL SERVICE	17.00	385	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	55,249	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	8,678	0	0		8.00
9.00	OPERATING ROOM	50.00	23,513	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	1,811	0	0		10.00
11.00	ONCOLOGY	54.01	3,169	0	0		11.00
12.00	CT SCAN	57.00	3,467	0	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	5,426	0	0		13.00
14.00	RESPIRATORY THERAPY	65.00	20,137	0	0		14.00
15.00	PHYSICAL THERAPY	66.00	11,910	0	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	5,165	0	0		16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	248	0	0		17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	21,666	0	0		18.00
19.00	WOUND CARE CENTER	75.01	2,635	0	0		19.00
20.00	CARDIOPULMONARY	76.00	217	0	0		20.00
21.00	EMERGENCY	91.00	6,529	0	0		21.00
22.00	GENESIS	93.01	8,686	0	0		22.00
23.00	HOWARD COUNTY CSS	93.06	1,057	0	0		23.00
24.00	PSYCH MEDICATION	93.18	6,152	0	0		24.00
25.00	AMBULANCE SERVICES	95.00	4,963	0	0		25.00
26.00	MISC BH NRCC	194.00	6,933	0	0		26.00
	TOTALS		221,026	0			
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	1,192,326	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	578,589	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		1,192,326	578,589			
I - Cafeteria Salary							
1.00	DIETARY	10.00	702,834	0	0		1.00
2.00	DIETARY	10.00	0	708,462	0		2.00
	TOTALS		702,834	708,462			
J - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	484,068	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	162,174	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		484,068	162,174			
K - Depreciation Expense							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,108,941	9		1.00
	TOTALS		0	4,108,941			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	112,636	12		1.00
	TOTALS		0	112,636			
M - Psych Admin Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	169,325	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	468,873	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		169,325	468,873			

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 11:35 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0 - Psych Medicine Clinic Recl ass						
1.00	PSYCH MEDICATION	93.18	327,012	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	PSYCH MEDICATION	93.18	0	96,256	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
TOTALS			327,012	96,256		
P - REWARD & RECOGNITION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	0	1.00
TOTALS			500	0		
500.00	Grand Total : Decreases		3,097,091	24,242,482		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2023 11:35 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,259,963	0	0	0	1.00
2.00	Land Improvements	4,355,083	15,560	0	15,560	2.00
3.00	Buildings and Fixtures	105,292,072	3,717,769	0	3,717,769	3.00
4.00	Building Improvements	139,419	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	38,530,900	3,567,680	0	3,567,680	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	152,577,437	7,301,009	0	7,301,009	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	152,577,437	7,301,009	0	7,301,009	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,259,963	0			1.00
2.00	Land Improvements	4,370,643	0			2.00
3.00	Buildings and Fixtures	109,009,841	0			3.00
4.00	Building Improvements	139,419	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	41,047,401	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	158,827,267	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	158,827,267	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2023 11:35 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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2023 11:35 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	117,779,866	0	117,779,866	0.741559	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	41,047,400	0	41,047,400	0.258441	0	2.00
3.00	Total (sum of lines 1-2)	158,827,266	0	158,827,266	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,108,941	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,399,295	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,508,236	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	28,455	112,636	0	0	4,250,032	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,399,295	2.00
3.00	Total (sum of lines 1-2)	28,455	112,636	0	0	7,649,327	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
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)	B		0	ADMINISTRATIVE & GENERAL	5.00	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)	B		0	ADMINISTRATIVE & GENERAL	5.00	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	-942,132				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	-1,678,563				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-511,457	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0 33.00
33.01 Misc Revenue	B	-3,903	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 Misc Revenue	B	-212	DIETARY	10.00	0 33.02
33.03 Misc Revenue	B	-1,295	ADULTS & PEDIATRICS	30.00	0 33.03
33.04 Misc Revenue	B	-917	ELECTROCARDIOLOGY	69.00	0 33.04
33.05 Misc Revenue	B	-175	CARDIOPULMONARY	76.00	0 33.05
33.06 MISC INCOME - SALES	B	-766	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 Purchased Discounts	B	-5,583	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 Investment Income	B	-3,120,501	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 Misc Revenue Rental Lease	B	-3,036	CAFETERIA	11.00	0 33.09
34.00 HAF Tax Offset	A	-6,082,478	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01 Bad Debt	A	-2,965,915	ADMINISTRATIVE & GENERAL	5.00	0 34.01
34.02 Bad Debt	A	-313	WOUND CARE CENTER	75.01	0 34.02
34.03 Bad Debt	A	-302,177	GENESIS	93.01	0 34.03
34.04 Bad Debt	A	-8	HOWARD COUNTY CSS	93.06	0 34.04
34.05 Sponsorship	A	-75,700	ADMINISTRATIVE & GENERAL	5.00	0 34.05
34.06 Hospitalist Loss	A	-2,486,475	ADULTS & PEDIATRICS	30.00	0 34.06
34.07 BH Professional Billing Expense	A	-920,289	GENESIS	93.01	0 34.07
34.08 BH Professional Billing Expense	A	-425,811	HOWARD COUNTY CSS	93.06	0 34.08
34.09 APP	A	0	ADULTS & PEDIATRICS	30.00	0 34.09
34.10 Vending Revenue	B	-4,086	DIETARY	10.00	0 34.10
34.11 Charitable Contributions-Offset	A	-48,200	ADMINISTRATIVE & GENERAL	5.00	0 34.11
34.12 Governing Board-Offset	A	-2,413	ADMINISTRATIVE & GENERAL	5.00	0 34.12
34.13 Advertising Expense Offset	A	-36,653	ADMINISTRATIVE & GENERAL	5.00	0 34.13
34.14 Advertising Expense Offset	A	-389	ADULTS & PEDIATRICS	30.00	0 34.14
34.15 Advertising Expense Offset	A	-315	ONCOLOGY	54.01	0 34.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,619,762			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: 15-0007

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2023 11:35 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	91.00	EMERGENCY	CPN ON CALL	221,382	0 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DAC TO A&G	1,246,821	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	2,454,128	0 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	17,771,207	29,468,159 3.01
3.02	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,845,937	0 3.02
3.03	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	794,557	0 3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	945,552	0 3.04
3.05	30.00	ADULTS & PEDIATRICS	HOME OFFICE	7,371	0 3.05
3.06	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	102,420	0 3.06
3.07	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	50,962	0 3.07
3.08	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	338,435	0 3.08
3.09	54.01	ONCOLOGY	HOME OFFICE	2,004,258	0 3.09
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	6,566	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,789,596	29,468,159 5.00

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

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

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

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

6.00	B	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0007

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 11:35 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	221,382	0		1.00
2.00	1,246,821	0		2.00
3.00	2,454,128	0		3.00
3.01	-11,696,952	0		3.01
3.02	1,845,937	0		3.02
3.03	794,557	0		3.03
3.04	945,552	0		3.04
3.05	7,371	0		3.05
3.06	102,420	0		3.06
3.07	50,962	0		3.07
3.08	338,435	0		3.08
3.09	2,004,258	0		3.09
4.00	6,566	0		4.00
5.00	-1,678,563			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0007

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2023 11:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	740,722	740,722	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	163,625	163,625	0	0	0	2.00
3.00	57.00	AGGREGATE-CT SCAN	37,785	37,785	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		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			942,132	942,132	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	740,722	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	163,625	2.00
3.00	57.00	AGGREGATE-CT SCAN	0	0	0	37,785	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	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	942,132	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,250,032	4,250,032			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,399,295		3,399,295		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,542,435	38,740	30,985	2,612,160	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,125,961	1,059,033	847,040	178,495	5.00
7.00 00700	OPERATION OF PLANT	5,240,643	433,134	346,433	39,636	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	299,924	22,397	17,914	0	8.00
9.00 00900	HOUSEKEEPING	2,108,540	24,194	19,351	65,483	9.00
10.00 01000	DIETARY	722,483	41,777	33,415	21,047	10.00
11.00 01100	CAFETERIA	896,803	72,139	57,699	36,004	11.00
13.00 01300	NURSING ADMINISTRATION	2,923,108	7,510	6,007	42,996	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	945,552	30,734	24,582	0	16.00
17.00 01700	SOCIAL SERVICE	761,105	0	0	30,369	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,428,476	566,504	453,105	575,949	30.00
31.00 03100	INTENSIVE CARE UNIT	2,545,416	53,978	43,173	77,610	31.00
43.00 04300	NURSERY	456,520	20,248	16,195	15,745	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,978,541	204,568	163,619	181,610	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,314,395	58,296	46,627	45,334	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,627,237	198,359	158,653	101,825	54.00
54.01 03480	ONCOLOGY	5,620,930	212,130	169,668	98,816	54.01
57.00 05700	CT SCAN	861,183	6,198	4,958	29,699	57.00
58.00 05800	MRI	615,926	0	0	21,723	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,543,531	43,389	34,704	38,799	59.00
60.00 06000	LABORATORY	6,056,986	50,672	40,529	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,022,222	45,393	36,307	72,050	65.00
66.00 06600	PHYSICAL THERAPY	769,399	6,415	5,131	28,913	66.00
67.00 06700	OCCUPATIONAL THERAPY	478,994	11,250	8,998	18,380	67.00
68.00 06800	SPEECH PATHOLOGY	167,314	5,031	4,024	6,418	68.00
69.00 06900	ELECTROCARDIOLOGY	1,861,547	4,370	3,495	64,702	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	233,319	0	0	7,022	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,842,666	66,519	53,204	19,643	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,520,625	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	21,754,145	35,321	28,250	129,275	73.00
74.00 07400	RENAL DIALYSIS	262,212	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	716,901	21,343	17,071	21,689	75.01
76.00 03160	CARDIOPULMONARY	278,291	0	0	9,608	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	5,855,038	236,190	188,912	177,110	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	1,487,576	0	0	80,641	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	228,051	0	0	19,353	93.06
93.07 04957	OTHER	0	0	0	0	93.07
93.18 04968	PSYCH MEDICATION	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,409,637	17,872	14,295	83,469	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	146,152,959	3,593,704	2,874,344	2,339,413	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	108,489	0	0	4,143	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,009,367	311,201	248,908	27,743	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07951	MISC BH NRCC	7,164,212	0	0	238,486	194.00
194.08 07958	SOUTH BERKLEY BLDG	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.09 07959 MOBILE CLINIC	63,624	0	0	2,375	65,999	194.09
194.10 07960 PLASTIC SURGERY	2,733	0	0	0	2,733	194.10
194.11 07961 MISC NRCC	0	0	0	0	0	194.11
194.15 07965 INDIANA SURGERY CENTER	1,031	345,127	276,043	0	622,201	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	154,502,415	4,250,032	3,399,295	2,612,160	154,502,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,210,529					5.00
7.00	00700	OPERATION OF PLANT	1,353,624	7,413,470				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	76,000	45,063	461,298			8.00
9.00	00900	HOUSEKEEPING	495,351	48,679	0	2,761,598		9.00
10.00	01000	DIETARY	182,883	84,056	0	31,713	1,117,374	10.00
11.00	01100	CAFETERIA	237,369	145,144	0	54,760	0	11.00
13.00	01300	NURSING ADMINISTRATION	665,576	15,111	0	5,701	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	223,570	61,836	0	23,330	0	16.00
17.00	01700	SOCIAL SERVICE	176,796	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,802,761	1,139,806	405,468	430,028	982,142	30.00
31.00	03100	INTENSIVE CARE UNIT	607,622	108,603	39,411	40,974	95,462	31.00
43.00	04300	NURSERY	113,633	40,739	16,419	15,370	39,770	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,681,650	411,592	0	155,286	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	327,168	117,292	0	44,252	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	912,731	399,100	0	150,573	0	54.00
54.01	03480	ONCOLOGY	1,362,938	426,806	0	161,026	0	54.01
57.00	05700	CT SCAN	201,494	12,471	0	4,705	0	57.00
58.00	05800	MRI	142,435	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	370,899	87,298	0	32,936	0	59.00
60.00	06000	LABORATORY	1,373,357	101,952	0	38,465	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	486,060	91,331	0	34,457	0	65.00
66.00	06600	PHYSICAL THERAPY	180,903	12,908	0	4,870	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,624	22,635	0	8,540	0	67.00
68.00	06800	SPEECH PATHOLOGY	40,830	10,122	0	3,819	0	68.00
69.00	06900	ELECTROCARDIOLOGY	432,035	8,792	0	3,317	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,686	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,559,618	133,837	0	50,494	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,233,175	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,902,387	71,065	0	26,812	0	73.00
74.00	07400	RENAL DIALYSIS	58,572	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	173,564	42,943	0	16,201	0	75.01
76.00	03160	CARDIOPULMONARY	64,310	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,442,395	475,216	0	179,290	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	350,302	636,926	0	240,300	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	55,264	213,403	0	80,513	0	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	564,085	35,959	0	13,567	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,020,667	5,000,685	461,298	1,851,299	1,117,374	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	25,159	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	356,780	1,654,161	0	624,084	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	1,653,585	64,227	0	24,232	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	14,743	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	610	0	0	0	0	194.10
194.11	07961	MISC NRCC	0	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	138,985	694,397	0	261,983	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,210,529	7,413,470	461,298	2,761,598	1,117,374	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,499,918					11.00
13.00	01300	35,816	3,701,825				13.00
16.00	01600	0	0	1,309,604			16.00
17.00	01700	25,244	73,125	0	1,066,639		17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	480,815	1,537,684	107,810	937,546	0	30.00
31.00	03100	64,841	240,612	16,603	91,128	0	31.00
43.00	04300	13,080	59,024	1,981	37,965	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	151,866	618,258	156,231	0	0	50.00
52.00	05200	37,659	169,939	5,703	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	84,664	0	56,595	0	0	54.00
54.01	03480	82,223	170,271	84,376	0	0	54.01
57.00	05700	24,819	0	89,544	0	0	57.00
58.00	05800	2,627	0	32,389	0	0	58.00
59.00	05900	32,462	123,645	101,085	0	0	59.00
60.00	06000	0	0	82,769	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	60,710	0	28,628	0	0	65.00
66.00	06600	24,525	0	2,916	0	0	66.00
67.00	06700	15,268	0	1,836	0	0	67.00
68.00	06800	5,331	0	646	0	0	68.00
69.00	06900	53,969	80,181	27,875	0	0	69.00
70.00	07000	5,833	0	2,086	0	0	70.00
71.00	07100	16,328	0	23,188	0	0	71.00
72.00	07200	0	0	30,162	0	0	72.00
73.00	07300	108,313	0	245,870	0	0	73.00
74.00	07400	0	0	1,319	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	18,129	75,740	7,433	0	0	75.01
76.00	03160	7,991	26,990	3,316	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	147,405	526,356	177,054	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	0	7,951	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	0	37	0	0	93.06
93.07	04957	0	0	0	0	0	93.07
93.18	04968	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	14,201	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		1,499,918	3,701,825	1,309,604	1,066,639	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07951	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.15	07965	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	1,499,918	3,701,825	1,309,604	1,066,639	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
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To 12/31/2022

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Cost Center Description		PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PASTORAL CARE	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	26,848,094	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,025,433	0	31.00
43.00	04300	NURSERY	0	846,689	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,703,221	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,166,665	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,689,737	0	54.00
54.01	03480	ONCOLOGY	0	8,389,184	0	54.01
57.00	05700	CT SCAN	0	1,235,071	0	57.00
58.00	05800	MRI	0	815,100	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,408,748	0	59.00
60.00	06000	LABORATORY	0	7,744,730	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,877,158	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,035,980	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	681,525	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	243,535	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,540,283	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	301,946	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,765,497	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,783,962	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,301,438	0	73.00
74.00	07400	RENAL DIALYSIS	0	322,103	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	1,111,014	0	75.01
76.00	03160	CARDIOPULMONARY	0	390,506	0	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	9,404,966	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01	04951	GENESIS	0	2,803,696	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	596,621	0	93.06
93.07	04957	OTHER	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3,153,085	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	139,185,987	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	137,791	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,232,244	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07951	MISC BH NRCC	0	9,144,742	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	80,742	0	194.09
194.10	07960	PLASTIC SURGERY	0	3,343	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.11	07961	MISC NRCC	0	0	0	0		194.11
194.15	07965	INDIANA SURGERY CENTER	0	1,717,566	0	1,717,566		194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	154,502,415	0	154,502,415		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am			
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	181	38,740	30,985	69,906	69,906	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,281,787	1,059,033	847,040	3,187,860	4,777	5.00
7.00	00700	OPERATION OF PLANT	130,435	433,134	346,433	910,002	1,061	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	22,397	17,914	40,311	0	8.00
9.00	00900	HOUSEKEEPING	7,281	24,194	19,351	50,826	1,753	9.00
10.00	01000	DIETARY	0	41,777	33,415	75,192	563	10.00
11.00	01100	CAFETERIA	0	72,139	57,699	129,838	964	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,510	6,007	13,517	1,151	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,734	24,582	55,316	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	813	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86	566,504	453,105	1,019,695	15,410	30.00
31.00	03100	INTENSIVE CARE UNIT	0	53,978	43,173	97,151	2,077	31.00
43.00	04300	NURSERY	0	20,248	16,195	36,443	421	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	405,284	204,568	163,619	773,471	4,860	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,296	46,627	104,923	1,213	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,563	198,359	158,653	476,575	2,725	54.00
54.01	03480	ONCOLOGY	205,925	212,130	169,668	587,723	2,645	54.01
57.00	05700	CT SCAN	0	6,198	4,958	11,156	795	57.00
58.00	05800	MRI	42,086	0	0	42,086	581	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,389	34,704	78,093	1,038	59.00
60.00	06000	LABORATORY	0	50,672	40,529	91,201	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	45,393	36,307	81,700	1,928	65.00
66.00	06600	PHYSICAL THERAPY	0	6,415	5,131	11,546	774	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,250	8,998	20,248	492	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,031	4,024	9,055	172	68.00
69.00	06900	ELECTROCARDIOLOGY	119,848	4,370	3,495	127,713	1,732	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,333	66,519	53,204	154,056	526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	370,333	35,321	28,250	433,904	3,460	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	19,652	21,343	17,071	58,066	580	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	257	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY		236,190	188,912	425,102	4,740	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.00	04950	OTHER OUTPATIENT SERVICES						93.00
93.01	04951	GENESIS					2,158	93.01
93.02	04952	WOMEN'S CENTER						93.02
93.03	04953	RESIDENTIAL HOMES						93.03
93.04	04954	DR. STEELE						93.04
93.05	04955	DIABETIC EDUCATION						93.05
93.06	04956	HOWARD COUNTY CSS	2,423			2,423	518	93.06
93.07	04957	OTHER						93.07
93.18	04968	PSYCH MEDICATION						93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	17,872	14,295	32,167	2,234	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,739,217	3,593,704	2,874,344	9,207,265	62,606	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	111	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	244,712	311,201	248,908	804,821	742	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	341,902	0	0	341,902	6,383	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	64	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.10 07960 PLASTIC SURGERY	2,733	0	0	2,733	0	194.10
194.11 07961 MI SC NRCC	0	0	0	0	0	194.11
194.15 07965 INDIANA SURGERY CENTER	0	345,127	276,043	621,170	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	3,328,564	4,250,032	3,399,295	10,977,891	69,906	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,192,637					5.00
7.00	00700	OPERATION OF PLANT	153,193	1,064,256				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,601	6,469	55,381			8.00
9.00	00900	HOUSEKEEPING	56,060	6,988	0	115,627		9.00
10.00	01000	DIETARY	20,697	12,067	0	1,328	109,847	10.00
11.00	01100	CAFETERIA	26,864	20,836	0	2,293	0	11.00
13.00	01300	NURSING ADMINISTRATION	75,325	2,169	0	239	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,302	8,877	0	977	0	16.00
17.00	01700	SOCIAL SERVICE	20,008	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	430,368	163,627	48,679	18,005	96,552	30.00
31.00	03100	INTENSIVE CARE UNIT	68,766	15,591	4,731	1,716	9,385	31.00
43.00	04300	NURSERY	12,860	5,848	1,971	644	3,910	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,316	59,087	0	6,502	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,026	16,838	0	1,853	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,296	57,294	0	6,304	0	54.00
54.01	03480	ONCOLOGY	154,247	61,271	0	6,742	0	54.01
57.00	05700	CT SCAN	22,804	1,790	0	197	0	57.00
58.00	05800	MRI	16,120	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,975	12,532	0	1,379	0	59.00
60.00	06000	LABORATORY	155,426	14,636	0	1,610	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	55,009	13,111	0	1,443	0	65.00
66.00	06600	PHYSICAL THERAPY	20,473	1,853	0	204	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,085	3,249	0	358	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,621	1,453	0	160	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,894	1,262	0	139	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,076	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	176,506	19,213	0	2,114	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,561	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	554,800	10,202	0	1,123	0	73.00
74.00	07400	RENAL DIALYSIS	6,629	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	19,643	6,165	0	678	0	75.01
76.00	03160	CARDIOPULMONARY	7,278	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	163,239	68,221	0	7,507	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	39,645	91,435	0	10,061	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	6,254	30,636	0	3,371	0	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	63,839	5,162	0	568	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,944,806	717,882	55,381	77,515	109,847	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	2,847	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,378	237,468	0	26,128	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	187,140	9,220	0	1,015	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	1,668	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	69	0	0	0	0	194.10
194.11	07961	MISC NRCC	0	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	15,729	99,686	0	10,969	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0007			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
200.00	Cross Foot Adjustments	5.00	7.00	8.00	9.00	10.00		200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,192,637	1,064,256	55,381	115,627	109,847		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	180,795					11.00
13.00	01300	NURSING ADMINISTRATION	4,317	96,718				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	90,472			16.00
17.00	01700	SOCIAL SERVICE	3,043	1,911	0	25,775		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,965	40,172	7,458	22,656		30.00
31.00	03100	INTENSIVE CARE UNIT	7,815	6,287	1,149	2,202		31.00
43.00	04300	NURSERY	1,576	1,542	137	917		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,304	16,154	10,808	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,539	4,440	395	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,204	0	3,915	0		54.00
54.01	03480	ONCOLOGY	9,910	4,449	5,837	0		54.01
57.00	05700	CT SCAN	2,991	0	6,195	0		57.00
58.00	05800	MRI	317	0	2,241	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,913	3,231	6,993	0		59.00
60.00	06000	LABORATORY	0	0	5,726	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	7,317	0	1,980	0		65.00
66.00	06600	PHYSICAL THERAPY	2,956	0	202	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,840	0	127	0		67.00
68.00	06800	SPEECH PATHOLOGY	643	0	45	0		68.00
69.00	06900	ELECTROCARDIOLOGY	6,505	2,095	1,928	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	703	0	144	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,968	0	1,604	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,087	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,055	0	16,884	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	91	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03950	WOUND CARE CENTER	2,185	1,979	514	0		75.01
76.00	03160	CARDIOPULMONARY	963	705	229	0		76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,766	13,753	12,248	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
93.01	04951	GENESIS	0	0	550	0		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0		93.03
93.04	04954	DR. STEELE	0	0	0	0		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0		93.05
93.06	04956	HOWARD COUNTY CSS	0	0	3	0		93.06
93.07	04957	OTHER	0	0	0	0		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0		93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	982	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	180,795	96,718	90,472	25,775	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07951	MISC BH NRCC	0	0	0	0		194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0		194.08
194.09	07959	MOBILE CLINIC	0	0	0	0		194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0		194.10
194.11	07961	MISC NRCC	0	0	0	0		194.11
194.15	07965	INDIANA SURGERY CENTER	0	0	0	0		194.15

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16
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)	180,795	96,718	90,472	25,775		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
23.00	02300	PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		1,920,587	0	1,920,587		30.00
31.00	03100	INTENSIVE CARE UNIT		216,870	0	216,870		31.00
43.00	04300	NURSERY		66,269	0	66,269		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		1,079,502	0	1,079,502		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		171,227	0	171,227		52.00
53.00	05300	ANESTHESIOLOGY		0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		660,313	0	660,313		54.00
54.01	03480	ONCOLOGY		832,824	0	832,824		54.01
57.00	05700	CT SCAN		45,928	0	45,928		57.00
58.00	05800	MRI		61,345	0	61,345		58.00
59.00	05900	CARDIAC CATHETERIZATION		149,154	0	149,154		59.00
60.00	06000	LABORATORY		268,599	0	268,599		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY		162,488	0	162,488		65.00
66.00	06600	PHYSICAL THERAPY		38,008	0	38,008		66.00
67.00	06700	OCCUPATIONAL THERAPY		39,399	0	39,399		67.00
68.00	06800	SPEECH PATHOLOGY		16,149	0	16,149		68.00
69.00	06900	ELECTROCARDIOLOGY		190,268	0	190,268		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		7,111	0	7,111		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		355,987	0	355,987		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		141,648	0	141,648		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,033,428	0	1,033,428		73.00
74.00	07400	RENAL DIALYSIS		6,720	0	6,720		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
75.01	03950	WOUND CARE CENTER		89,810	0	89,810		75.01
76.00	03160	CARDIOPULMONARY		9,432	0	9,432		76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY		712,576	0	712,576		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES		0	0	0		93.00
93.01	04951	GENESIS		143,849	0	143,849		93.01
93.02	04952	WOMEN'S CENTER		0	0	0		93.02
93.03	04953	RESIDENTIAL HOMES		0	0	0		93.03
93.04	04954	DR. STEELE		0	0	0		93.04
93.05	04955	DIABETIC EDUCATION		0	0	0		93.05
93.06	04956	HOWARD COUNTY CSS		43,205	0	43,205		93.06
93.07	04957	OTHER		0	0	0		93.07
93.18	04968	PSYCH MEDICATION		0	0	0		93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES		104,952	0	104,952		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,567,648	0	8,567,648		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION		2,958	0	2,958		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,109,537	0	1,109,537		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07951	MISC BH NRCC		545,660	0	545,660		194.00
194.08	07958	SOUTH BERKLEY BLDG		0	0	0		194.08
194.09	07959	MOBILE CLINIC		1,732	0	1,732		194.09
194.10	07960	PLASTIC SURGERY		2,802	0	2,802		194.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.11	07961	MISC NRCC		0	0	0		194.11
194.15	07965	INDIANA SURGERY CENTER		747,554	0	747,554		194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH		0	0	0		194.16
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,977,891	0	10,977,891		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1
Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	411,399				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		411,399			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	50,991,806		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	102,513	102,513	3,484,398	-28,210,529	126,291,886
7.00 00700	OPERATION OF PLANT	41,927	41,927	773,740	0	6,059,846
8.00 00800	LAUNDRY & LINEN SERVICE	2,168	2,168	0	0	340,235
9.00 00900	HOUSEKEEPING	2,342	2,342	1,278,294	0	2,217,568
10.00 01000	DIETARY	4,044	4,044	410,854	0	818,722
11.00 01100	CAFETERIA	6,983	6,983	702,834	0	1,062,645
13.00 01300	NURSING ADMINISTRATION	727	727	839,323	0	2,979,621
16.00 01600	MEDICAL RECORDS & LIBRARY	2,975	2,975	0	0	1,000,868
17.00 01700	SOCIAL SERVICE	0	0	592,829	0	791,474
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	54,837	54,837	11,242,984	0	17,024,034
31.00 03100	INTENSIVE CARE UNIT	5,225	5,225	1,515,027	0	2,720,177
43.00 04300	NURSERY	1,960	1,960	307,367	0	508,708
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,802	19,802	3,545,193	0	7,528,338
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,643	5,643	884,959	0	1,464,652
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,201	19,201	1,987,718	0	4,086,074
54.01 03480	ONCOLOGY	20,534	20,534	1,928,992	0	6,101,544
57.00 05700	CT SCAN	600	600	579,759	0	902,038
58.00 05800	MRI	0	0	424,055	0	637,649
59.00 05900	CARDIAC CATHETERIZATION	4,200	4,200	757,399	0	1,660,423
60.00 06000	LABORATORY	4,905	4,905	0	0	6,148,187
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	4,394	4,394	1,406,481	0	2,175,972
66.00 06600	PHYSICAL THERAPY	621	621	564,411	0	809,858
67.00 06700	OCCUPATIONAL THERAPY	1,089	1,089	358,791	0	517,622
68.00 06800	SPEECH PATHOLOGY	487	487	125,277	0	182,787
69.00 06900	ELECTROCARDIOLOGY	423	423	1,263,044	0	1,934,114
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	137,072	0	240,341
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,439	6,439	383,455	0	6,982,032
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,520,625
73.00 07300	DRUGS CHARGED TO PATIENTS	3,419	3,419	2,523,577	0	21,946,991
74.00 07400	RENAL DIALYSIS	0	0	0	0	262,212
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03950	WOUND CARE CENTER	2,066	2,066	423,386	0	777,004
76.00 03160	CARDIOPULMONARY	0	0	187,560	0	287,899
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	22,863	22,863	3,457,348	0	6,457,250
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04951	GENESIS	0	0	1,574,194	0	1,568,217
93.02 04952	WOMEN'S CENTER	0	0	0	0	0
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04 04954	DR. STEELE	0	0	0	0	0
93.05 04955	DIABETIC EDUCATION	0	0	0	0	0
93.06 04956	HOWARD COUNTY CSS	0	0	377,798	0	247,404
93.07 04957	OTHER	0	0	0	0	0
93.18 04968	PSYCH MEDICATION	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,730	1,730	1,629,399	0	2,525,273
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVIEW - SNF					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	347,867	347,867	45,667,518	-28,210,529	116,488,404
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	80,879	0	112,632
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,124	30,124	541,564	0	1,597,219
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07951	MISC BH NRCC	0	0	4,655,477	0	7,402,698
194.08 07958	SOUTH BERKLEY BLDG	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.09 07959 MOBILE CLINIC	0	0	46,368	0	65,999	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	2,733	194.10
194.11 07961 MISC NRCC	0	0	0	0	0	194.11
194.15 07965 INDIANA SURGERY CENTER	33,408	33,408	0	0	622,201	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	4,250,032	3,399,295	2,612,160		28,210,529	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.330681	8.262769	0.051227		0.223376	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			69,906		3,192,637	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001371		0.025280	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: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	356,668				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	17,054			8.00
9.00	00900	HOUSEKEEPING	2,342	0	352,158		9.00
10.00	01000	DIETARY	4,044	0	4,044	17,054	10.00
11.00	01100	CAFETERIA	6,983	0	6,983	0	35,246,201
13.00	01300	NURSING ADMINISTRATION	727	0	727	0	841,635
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	2,975	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	593,214
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,837	14,990	54,837	14,990	11,298,233
31.00	03100	INTENSIVE CARE UNIT	5,225	1,457	5,225	1,457	1,523,705
43.00	04300	NURSERY	1,960	607	1,960	607	307,367
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,802	0	19,802	0	3,568,706
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,643	0	5,643	0	884,959
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	0	19,201	0	1,989,529
54.01	03480	ONCOLOGY	20,534	0	20,534	0	1,932,161
57.00	05700	CT SCAN	600	0	600	0	583,226
58.00	05800	MRI	0	0	0	0	61,732
59.00	05900	CARDIAC CATHETERIZATION	4,200	0	4,200	0	762,825
60.00	06000	LABORATORY	4,905	0	4,905	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,394	0	4,394	0	1,426,618
66.00	06600	PHYSICAL THERAPY	621	0	621	0	576,321
67.00	06700	OCCUPATIONAL THERAPY	1,089	0	1,089	0	358,791
68.00	06800	SPEECH PATHOLOGY	487	0	487	0	125,277
69.00	06900	ELECTROCARDIOLOGY	423	0	423	0	1,268,209
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	137,072
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,439	0	6,439	0	383,703
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,419	0	3,419	0	2,545,243
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	2,066	0	2,066	0	426,021
76.00	03160	CARDIOPULMONARY	0	0	0	0	187,777
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,863	0	22,863	0	3,463,877
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	30,643	0	30,643	0	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	10,267	0	10,267	0	0
93.07	04957	OTHER	0	0	0	0	0
93.18	04968	PSYCH MEDICATION	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,730	0	1,730	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW - SNF					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,587	17,054	236,077	17,054	35,246,201
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,583	0	79,583	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07951	MISC BH NRCC	3,090	0	3,090	0	0
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0
194.09	07959	MOBILE CLINIC	0	0	0	0	0
194.10	07960	PLASTIC SURGERY	0	0	0	0	0
194.11	07961	MISC NRCC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
194.15	07965 INDIANA SURGERY CENTER	33,408	0	33,408	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	7,413,470	461,298	2,761,598	1,117,374	1,499,918	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.785352	27.049255	7.841929	65.519761	0.042555	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,064,256	55,381	115,627	109,847	180,795	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.983884	3.247391	0.328338	6.441128	0.005129	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: 15-0007

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

Worksheet B-1
Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	15,369,736					13.00
16.00	01600	0	675,952,831				16.00
17.00	01700	303,610	0	17,054			17.00
19.00	01900	0	0	0	0		19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,384,380	55,658,360	14,990	0	0	30.00
31.00	03100	999,004	8,571,410	1,457	0	0	31.00
43.00	04300	245,062	1,022,580	607	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,566,963	80,656,229	0	0	0	50.00
52.00	05200	705,573	2,944,169	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	29,217,637	0	0	0	54.00
54.01	03480	706,951	43,560,362	0	0	0	54.01
57.00	05700	0	46,228,057	0	0	0	57.00
58.00	05800	0	16,721,023	0	0	0	58.00
59.00	05900	513,366	52,186,574	0	0	0	59.00
60.00	06000	0	42,730,282	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	14,779,442	0	0	0	65.00
66.00	06600	0	1,505,251	0	0	0	66.00
67.00	06700	0	947,617	0	0	0	67.00
68.00	06800	0	333,435	0	0	0	68.00
69.00	06900	332,905	14,391,013	0	0	0	69.00
70.00	07000	0	1,076,843	0	0	0	70.00
71.00	07100	0	11,971,032	0	0	0	71.00
72.00	07200	0	15,571,320	0	0	0	72.00
73.00	07300	0	126,788,682	0	0	0	73.00
74.00	07400	0	680,857	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	314,469	3,837,432	0	0	0	75.01
76.00	03160	112,060	1,711,956	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	2,185,393	91,406,133	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	4,104,902	0	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	18,974	0	0	0	93.06
93.07	04957	0	0	0	0	0	93.07
93.18	04968	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	7,331,259	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		15,369,736	675,952,831	17,054	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07951	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description			NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
			13.00	16.00	17.00	19.00	23.00	
194.11	07961	MISC NRCC	0	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,701,825	1,309,604	1,066,639	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.240852	0.001937	62.544799	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	96,718	90,472	25,775	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006293	0.000134	1.511376	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 11:35 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		26,848,094	0	26,848,094	30.00
31.00	03100 INTENSIVE CARE UNIT		4,025,433	0	4,025,433	31.00
43.00	04300 NURSERY		846,689	0	846,689	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		10,703,221	0	10,703,221	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,166,665	0	2,166,665	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,689,737	0	5,689,737	54.00
54.01	03480 ONCOLOGY		8,389,184	0	8,389,184	54.01
57.00	05700 CT SCAN		1,235,071	0	1,235,071	57.00
58.00	05800 MRI		815,100	0	815,100	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,408,748	0	2,408,748	59.00
60.00	06000 LABORATORY		7,744,730	0	7,744,730	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,877,158	0	2,877,158	65.00
66.00	06600 PHYSICAL THERAPY	0	1,035,980	0	1,035,980	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	681,525	0	681,525	67.00
68.00	06800 SPEECH PATHOLOGY	0	243,535	0	243,535	68.00
69.00	06900 ELECTROCARDIOLOGY		2,540,283	0	2,540,283	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		301,946	0	301,946	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,765,497	0	8,765,497	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,783,962	0	6,783,962	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		27,301,438	0	27,301,438	73.00
74.00	07400 RENAL DIALYSIS		322,103	0	322,103	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03950 WOUND CARE CENTER		1,111,014	0	1,111,014	75.01
76.00	03160 CARDIOPULMONARY		390,506	0	390,506	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		9,404,966	0	9,404,966	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,211,942	0	3,211,942	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0	93.00
93.01	04951 GENESIS		2,803,696	0	2,803,696	93.01
93.02	04952 WOMEN'S CENTER		0	0	0	93.02
93.03	04953 RESIDENTIAL HOMES		0	0	0	93.03
93.04	04954 DR. STEELE		0	0	0	93.04
93.05	04955 DIABETIC EDUCATION		0	0	0	93.05
93.06	04956 HOWARD COUNTY CSS		596,621	0	596,621	93.06
93.07	04957 OTHER		0	0	0	93.07
93.18	04968 PSYCH MEDICATION		0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		3,153,085	0	3,153,085	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW - SNF					114.00
200.00	Subtotal (see instructions)		142,397,929	0	142,397,929	200.00
201.00	Less Observation Beds		3,211,942	0	3,211,942	201.00
202.00	Total (see instructions)		139,185,987	0	139,185,987	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 11:35 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	51,843,593		51,843,593				30.00
31.00	03100	INTENSIVE CARE UNIT	8,571,410		8,571,410				31.00
43.00	04300	NURSERY	1,022,580		1,022,580				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	26,786,731	53,869,498	80,656,229	0.132702	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,944,169	0	2,944,169	0.735917	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,718,442	25,499,195	29,217,637	0.194736	0.000000		54.00
54.01	03480	ONCOLOGY	244,738	43,315,624	43,560,362	0.192588	0.000000		54.01
57.00	05700	CT SCAN	9,807,082	36,420,975	46,228,057	0.026717	0.000000		57.00
58.00	05800	MRI	1,144,533	15,576,490	16,721,023	0.048747	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,923,114	33,263,460	52,186,574	0.046156	0.000000		59.00
60.00	06000	LABORATORY	14,709,914	28,020,368	42,730,282	0.181247	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	10,694,549	4,084,893	14,779,442	0.194673	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,050,425	454,826	1,505,251	0.688244	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	751,966	195,651	947,617	0.719199	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	216,649	116,786	333,435	0.730382	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,522,954	10,868,059	14,391,013	0.176519	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,076,843	1,076,843	0.280399	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,611,964	7,359,068	11,971,032	0.732226	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,389,818	11,181,502	15,571,320	0.435670	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,011,517	110,777,165	126,788,682	0.215330	0.000000		73.00
74.00	07400	RENAL DIALYSIS	680,857	0	680,857	0.473085	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	184,074	3,653,358	3,837,432	0.289520	0.000000		75.01
76.00	03160	CARDIOPULMONARY	1,354	1,710,602	1,711,956	0.228105	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	19,216,151	72,189,982	91,406,133	0.102892	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,020,132	2,794,635	3,814,767	0.841976	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	5,365	4,099,537	4,104,902	0.683012	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0	18,974	18,974	31.444134	0.000000		93.06
93.07	04957	OTHER	0	0	0	0.000000	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000		93.18
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	7,331,259	7,331,259	0.430088	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	202,074,081	473,878,750	675,952,831				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	202,074,081	473,878,750	675,952,831				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 11:35 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132702		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.735917		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194736		54.00
54.01	03480	ONCOLOGY	0.192588		54.01
57.00	05700	CT SCAN	0.026717		57.00
58.00	05800	MRI	0.048747		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046156		59.00
60.00	06000	LABORATORY	0.181247		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.194673		65.00
66.00	06600	PHYSICAL THERAPY	0.688244		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.719199		67.00
68.00	06800	SPEECH PATHOLOGY	0.730382		68.00
69.00	06900	ELECTROCARDIOLOGY	0.176519		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280399		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.732226		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435670		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215330		73.00
74.00	07400	RENAL DIALYSIS	0.473085		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	WOUND CARE CENTER	0.289520		75.01
76.00	03160	CARDIOPULMONARY	0.228105		76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.102892		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.841976		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951	GENESIS	0.683012		93.01
93.02	04952	WOMEN'S CENTER	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0.000000		93.03
93.04	04954	DR. STEELE	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	31.444134		93.06
93.07	04957	OTHER	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0.000000		93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.430088		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
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: 15-0007

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 11:35 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,848,094		26,848,094	0	26,848,094	30.00
31.00	03100	INTENSIVE CARE UNIT	4,025,433		4,025,433	0	4,025,433	31.00
43.00	04300	NURSEY	846,689		846,689	0	846,689	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,703,221		10,703,221	0	10,703,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,166,665		2,166,665	0	2,166,665	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,689,737		5,689,737	0	5,689,737	54.00
54.01	03480	ONCOLOGY	8,389,184		8,389,184	0	8,389,184	54.01
57.00	05700	CT SCAN	1,235,071		1,235,071	0	1,235,071	57.00
58.00	05800	MRI	815,100		815,100	0	815,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,408,748		2,408,748	0	2,408,748	59.00
60.00	06000	LABORATORY	7,744,730		7,744,730	0	7,744,730	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,877,158	0	2,877,158	0	2,877,158	65.00
66.00	06600	PHYSICAL THERAPY	1,035,980	0	1,035,980	0	1,035,980	66.00
67.00	06700	OCCUPATIONAL THERAPY	681,525	0	681,525	0	681,525	67.00
68.00	06800	SPEECH PATHOLOGY	243,535	0	243,535	0	243,535	68.00
69.00	06900	ELECTROCARDIOLOGY	2,540,283		2,540,283	0	2,540,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	301,946		301,946	0	301,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,765,497		8,765,497	0	8,765,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,783,962		6,783,962	0	6,783,962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,301,438		27,301,438	0	27,301,438	73.00
74.00	07400	RENAL DIALYSIS	322,103		322,103	0	322,103	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03950	WOUND CARE CENTER	1,111,014		1,111,014	0	1,111,014	75.01
76.00	03160	CARDIOPULMONARY	390,506		390,506	0	390,506	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,404,966		9,404,966	0	9,404,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,211,942		3,211,942	0	3,211,942	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
93.01	04951	GENESIS	2,803,696		2,803,696	0	2,803,696	93.01
93.02	04952	WOMEN'S CENTER	0		0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0		0	0	0	93.03
93.04	04954	DR. STEELE	0		0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0		0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	596,621		596,621	0	596,621	93.06
93.07	04957	OTHER	0		0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0		0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,153,085		3,153,085	0	3,153,085	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	142,397,929	0	142,397,929	0	142,397,929	200.00
201.00		Less Observation Beds	3,211,942		3,211,942		3,211,942	201.00
202.00		Total (see instructions)	139,185,987	0	139,185,987	0	139,185,987	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 11:35 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	51,843,593		51,843,593				30.00
31.00	03100	INTENSIVE CARE UNIT	8,571,410		8,571,410				31.00
43.00	04300	NURSERY	1,022,580		1,022,580				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	26,786,731	53,869,498	80,656,229	0.132702	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,944,169	0	2,944,169	0.735917	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,718,442	25,499,195	29,217,637	0.194736	0.000000		54.00
54.01	03480	ONCOLOGY	244,738	43,315,624	43,560,362	0.192588	0.000000		54.01
57.00	05700	CT SCAN	9,807,082	36,420,975	46,228,057	0.026717	0.000000		57.00
58.00	05800	MRI	1,144,533	15,576,490	16,721,023	0.048747	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,923,114	33,263,460	52,186,574	0.046156	0.000000		59.00
60.00	06000	LABORATORY	14,709,914	28,020,368	42,730,282	0.181247	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	10,694,549	4,084,893	14,779,442	0.194673	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,050,425	454,826	1,505,251	0.688244	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	751,966	195,651	947,617	0.719199	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	216,649	116,786	333,435	0.730382	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,522,954	10,868,059	14,391,013	0.176519	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,076,843	1,076,843	0.280399	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,611,964	7,359,068	11,971,032	0.732226	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,389,818	11,181,502	15,571,320	0.435670	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,011,517	110,777,165	126,788,682	0.215330	0.000000		73.00
74.00	07400	RENAL DIALYSIS	680,857	0	680,857	0.473085	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	184,074	3,653,358	3,837,432	0.289520	0.000000		75.01
76.00	03160	CARDIOPULMONARY	1,354	1,710,602	1,711,956	0.228105	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	19,216,151	72,189,982	91,406,133	0.102892	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,020,132	2,794,635	3,814,767	0.841976	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	5,365	4,099,537	4,104,902	0.683012	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0	18,974	18,974	31.444134	0.000000		93.06
93.07	04957	OTHER	0	0	0	0.000000	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000		93.18
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	7,331,259	7,331,259	0.430088	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	202,074,081	473,878,750	675,952,831				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	202,074,081	473,878,750	675,952,831				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 11:35 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
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03480	ONCOLOGY	0.000000	54.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
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
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03950	WOUND CARE CENTER	0.000000	75.01
76.00	03160	CARDIOPULMONARY	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	93.00
93.01	04951	GENESIS	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	93.03
93.04	04954	DR. STEELE	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	0.000000	93.06
93.07	04957	OTHER	0.000000	93.07
93.18	04968	PSYCH MEDICATION	0.000000	93.18
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,920,587	0	1,920,587	17,027	112.80	30.00
31.00	INTENSIVE CARE UNIT	216,870		216,870	1,457	148.85	31.00
43.00	NURSERY	66,269		66,269	607	109.17	43.00
200.00	Total (Lines 30 through 199)	2,203,726		2,203,726	19,091		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,088	461,126				
31.00	INTENSIVE CARE UNIT	274	40,785				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	4,362	501,911				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/25/2023 11:35 am	
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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,079,502	80,656,229	0.013384	10,123,706	135,496	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	171,227	2,944,169	0.058158	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	660,313	29,217,637	0.022600	1,111,548	25,121	54.00
54.01	03480	ONCOLOGY	832,824	43,560,362	0.019119	109,303	2,090	54.01
57.00	05700	CT SCAN	45,928	46,228,057	0.000994	3,184,600	3,165	57.00
58.00	05800	MRI	61,345	16,721,023	0.003669	370,577	1,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,154	52,186,574	0.002858	4,177,292	11,939	59.00
60.00	06000	LABORATORY	268,599	42,730,282	0.006286	4,644,733	29,197	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	162,488	14,779,442	0.010994	2,873,002	31,586	65.00
66.00	06600	PHYSICAL THERAPY	38,008	1,505,251	0.025250	451,293	11,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,399	947,617	0.041577	295,301	12,278	67.00
68.00	06800	SPEECH PATHOLOGY	16,149	333,435	0.048432	79,508	3,851	68.00
69.00	06900	ELECTROCARDIOLOGY	190,268	14,391,013	0.013221	1,165,513	15,409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,111	1,076,843	0.006604	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	355,987	11,971,032	0.029737	1,623,883	48,289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,648	15,571,320	0.009097	2,036,718	18,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,033,428	126,788,682	0.008151	4,298,029	35,033	73.00
74.00	07400	RENAL DIALYSIS	6,720	680,857	0.009870	292,137	2,883	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	WOUND CARE CENTER	89,810	3,837,432	0.023404	75,090	1,757	75.01
76.00	03160	CARDIOPULMONARY	9,432	1,711,956	0.005509	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	712,576	91,406,133	0.007796	5,876,604	45,814	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	229,766	3,814,767	0.060231	417,012	25,117	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04951	GENESIS	143,849	4,104,902	0.035043	598	21	93.01
93.02	04952	WOMEN'S CENTER	0	0	0.000000	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0.000000	0	0	93.03
93.04	04954	DR. STEELE	0	0	0.000000	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0.000000	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	43,205	18,974	2.277063	0	0	93.06
93.07	04957	OTHER	0	0	0.000000	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0.000000	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,488,736	607,183,989		43,206,447	460,329	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 11:35 am
Title XVIII		Hospital	PPS

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	17,027	0.00	4,088	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,457	0.00	274	31.00	
43.00	04300	NURSERY		0	607	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	19,091		4,362	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:35 am
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Cost Center Description	Title XVIII						Total
	Non Physician Anesthetist Cost		Nursing Program Post-Stepdown Adjustments		Hospital		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	0	0	0	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01	04951	GENESIS	0	0	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	0	93.06
93.07	04957	OTHER	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:35 am
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Cost Center Description	Title XVIII		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	80,656,229	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,944,169	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	29,217,637	0.000000	54.00
54.01 03480 ONCOLOGY	0	0	0	43,560,362	0.000000	54.01
57.00 05700 CT SCAN	0	0	0	46,228,057	0.000000	57.00
58.00 05800 MRI	0	0	0	16,721,023	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	52,186,574	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	42,730,282	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,779,442	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,505,251	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	947,617	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	333,435	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,391,013	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,076,843	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,971,032	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,571,320	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	126,788,682	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	680,857	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03950 WOUND CARE CENTER	0	0	0	3,837,432	0.000000	75.01
76.00 03160 CARDIOPULMONARY	0	0	0	1,711,956	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	91,406,133	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,814,767	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
93.01 04951 GENESIS	0	0	0	4,104,902	0.000000	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0.000000	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0.000000	93.03
93.04 04954 DR. STEELE	0	0	0	0	0.000000	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0.000000	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	0	18,974	0.000000	93.06
93.07 04957 OTHER	0	0	0	0	0.000000	93.07
93.18 04968 PSYCH MEDICATION	0	0	0	0	0.000000	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	607,183,989		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:35 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	10,123,706	0	11,012,362	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,111,548	0	5,155,661	0	54.00	
54.01	03480 ONCOLOGY	0.000000	109,303	0	14,325,710	0	54.01	
57.00	05700 CT SCAN	0.000000	3,184,600	0	8,488,513	0	57.00	
58.00	05800 MRI	0.000000	370,577	0	3,769,860	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,177,292	0	9,559,645	0	59.00	
60.00	06000 LABORATORY	0.000000	4,644,733	0	4,417,071	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,873,002	0	964,459	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	451,293	0	48,441	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	295,301	0	4,073	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	79,508	0	3,289	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,165,513	0	3,030,183	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	25,650	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,623,883	0	1,610,364	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,036,718	0	2,315,997	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,298,029	0	36,918,756	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	292,137	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03950 WOUND CARE CENTER	0.000000	75,090	0	993,195	0	75.01	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	581,981	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	5,876,604	0	12,159,747	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	417,012	0	356,718	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
93.01	04951 GENESIS	0.000000	598	0	98,994	0	93.01	
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02	
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03	
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04	
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05	
93.06	04956 HOWARD COUNTY CSS	0.000000	0	0	0	0	93.06	
93.07	04957 OTHER	0.000000	0	0	0	0	93.07	
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		43,206,447	0	115,840,669	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.132702	11,012,362	0	0	1,461,362 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.735917	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194736	5,155,661	0	0	1,003,993 54.00
54.01	03480 ONCOLOGY	0.192588	14,325,710	0	0	2,758,960 54.01
57.00	05700 CT SCAN	0.026717	8,488,513	0	0	226,788 57.00
58.00	05800 MRI	0.048747	3,769,860	0	0	183,769 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046156	9,559,645	0	0	441,235 59.00
60.00	06000 LABORATORY	0.181247	4,417,071	0	0	800,581 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.194673	964,459	0	0	187,754 65.00
66.00	06600 PHYSICAL THERAPY	0.688244	48,441	0	0	33,339 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.719199	4,073	0	0	2,929 67.00
68.00	06800 SPEECH PATHOLOGY	0.730382	3,289	0	0	2,402 68.00
69.00	06900 ELECTROCARDIOLOGY	0.176519	3,030,183	0	0	534,885 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.280399	25,650	0	0	7,192 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.732226	1,610,364	0	0	1,179,150 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435670	2,315,997	0	0	1,009,010 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215330	36,918,756	907	83,850	7,949,716 73.00
74.00	07400 RENAL DIALYSIS	0.473085	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03950 WOUND CARE CENTER	0.289520	993,195	0	0	287,550 75.01
76.00	03160 CARDIOPULMONARY	0.228105	581,981	0	0	132,753 76.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.102892	12,159,747	0	0	1,251,141 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.841976	356,718	0	0	300,348 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0 93.00
93.01	04951 GENESIS	0.683012	98,994	0	0	67,614 93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0 93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0 93.03
93.04	04954 DR. STEELE	0.000000	0	0	0	0 93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0 93.05
93.06	04956 HOWARD COUNTY CSS	31.444134	0	0	0	0 93.06
93.07	04957 OTHER	0.000000	0	0	0	0 93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0 93.18
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.430088		0		
200.00	Subtotal (see instructions)		115,840,669	907	83,850	19,822,471 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		115,840,669	907	83,850	19,822,471 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 11:35 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03480 ONCOLOGY	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	195	18,055		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03950 WOUND CARE CENTER	0	0		75.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04951 GENESIS	0	0		93.01
93.02 04952 WOMEN'S CENTER	0	0		93.02
93.03 04953 RESIDENTIAL HOMES	0	0		93.03
93.04 04954 DR. STEELE	0	0		93.04
93.05 04955 DIABETIC EDUCATION	0	0		93.05
93.06 04956 HOWARD COUNTY CSS	0	0		93.06
93.07 04957 OTHER	0	0		93.07
93.18 04968 PSYCH MEDICATION	0	0		93.18
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	195	18,055		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	195	18,055		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0007

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

Worksheet D
Part V
Date/Time Prepared:
5/25/2023 11:35 am

			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.132702	0	607,837	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.735917	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194736	0	283,165	0	0	54.00
54.01	03480	ONCOLOGY	0.192588	0	222,664	0	0	54.01
57.00	05700	CT SCAN	0.026717	0	708,809	0	0	57.00
58.00	05800	MRI	0.048747	0	217,560	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046156	0	267,366	0	0	59.00
60.00	06000	LABORATORY	0.181247	0	484,965	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.194673	0	41,470	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.688244	0	5,141	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.719199	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.730382	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.176519	0	92,700	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280399	0	13,394	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.732226	0	31,149	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435670	0	65,504	9	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215330	0	992,783	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.473085	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0.289520	0	20,348	0	0	75.01
76.00	03160	CARDIOPULMONARY	0.228105	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.102892	0	2,521,920	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.841976	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951	GENESIS	0.683012	0	95,210	0	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04	04954	DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	31.444134	0	0	0	0	93.06
93.07	04957	OTHER	0.000000	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0.000000	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.430088	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	6,671,985	9	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	6,671,985	9	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 11:35 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	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	80,661	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	55,142	0		54.00
54.01 03480 ONCOLOGY	42,882	0		54.01
57.00 05700 CT SCAN	18,937	0		57.00
58.00 05800 MRI	10,605	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	12,341	0		59.00
60.00 06000 LABORATORY	87,898	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	8,073	0		65.00
66.00 06600 PHYSICAL THERAPY	3,538	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	16,363	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,756	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,808	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28,538	4		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	213,776	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03950 WOUND CARE CENTER	5,891	0		75.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	259,485	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04951 GENESIS	65,030	0		93.01
93.02 04952 WOMEN'S CENTER	0	0		93.02
93.03 04953 RESIDENTIAL HOMES	0	0		93.03
93.04 04954 DR. STEELE	0	0		93.04
93.05 04955 DIABETIC EDUCATION	0	0		93.05
93.06 04956 HOWARD COUNTY CSS	0	0		93.06
93.07 04957 OTHER	0	0		93.07
93.18 04968 PSYCH MEDICATION	0	0		93.18
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	935,724	4		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	935,724	4		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 11:35 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,027	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,027	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)		14,990	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,088	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		26,848,094	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		26,848,094	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)		26,848,094	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,576.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,445,958	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)		6,445,958	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
Title XVIII			Hospital		Date/Time Prepared: 5/25/2023 11:35 am			
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)	PPS
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		4,025,433	1,457	2,762.82	274	757,013	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)						8,182,830	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)						15,385,801	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)						501,911	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						460,329	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						962,240	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						14,423,561	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)						2,037	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,576.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,211,942	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,920,587	26,848,094	0.071535	3,211,942	229,766	90.00
91.00	Nursing Program cost	0	26,848,094	0.000000	3,211,942	0	91.00
92.00	Allied health cost	0	26,848,094	0.000000	3,211,942	0	92.00
93.00	All other Medical Education	0	26,848,094	0.000000	3,211,942	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		10,824,937		30.00
31.00	03100 INTENSIVE CARE UNIT		1,572,563		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.132702	10,123,706	1,343,436	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.735917	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194736	1,111,548	216,458	54.00
54.01	03480 ONCOLOGY	0.192588	109,303	21,050	54.01
57.00	05700 CT SCAN	0.026717	3,184,600	85,083	57.00
58.00	05800 MRI	0.048747	370,577	18,065	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046156	4,177,292	192,807	59.00
60.00	06000 LABORATORY	0.181247	4,644,733	841,844	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.194673	2,873,002	559,296	65.00
66.00	06600 PHYSICAL THERAPY	0.688244	451,293	310,600	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.719199	295,301	212,380	67.00
68.00	06800 SPEECH PATHOLOGY	0.730382	79,508	58,071	68.00
69.00	06900 ELECTROCARDIOLOGY	0.176519	1,165,513	205,735	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.280399	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.732226	1,623,883	1,189,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435670	2,036,718	887,337	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215330	4,298,029	925,495	73.00
74.00	07400 RENAL DIALYSIS	0.473085	292,137	138,206	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.289520	75,090	21,740	75.01
76.00	03160 CARDIOPULMONARY	0.228105	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.102892	5,876,604	604,656	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.841976	417,012	351,114	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.683012	598	408	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	31.444134	0	0	93.06
93.07	04957 OTHER	0.000000	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		43,206,447	8,182,830	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		43,206,447		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 11:35 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,615,591		30.00
31.00	03100 INTENSIVE CARE UNIT		348,189		31.00
43.00	04300 NURSERY		540,854		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.132702	505,787	67,119	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.735917	61,762	45,452	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194736	104,859	20,420	54.00
54.01	03480 ONCOLOGY	0.192588	240	46	54.01
57.00	05700 CT SCAN	0.026717	252,611	6,749	57.00
58.00	05800 MRI	0.048747	19,070	930	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046156	196,472	9,068	59.00
60.00	06000 LABORATORY	0.181247	450,406	81,635	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.194673	340,505	66,287	65.00
66.00	06600 PHYSICAL THERAPY	0.688244	39,705	27,327	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.719199	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.730382	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.176519	67,550	11,924	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.280399	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.732226	81,896	59,966	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435670	40,063	17,454	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215330	677,457	145,877	73.00
74.00	07400 RENAL DIALYSIS	0.473085	35,273	16,687	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.289520	7,721	2,235	75.01
76.00	03160 CARDIOPULMONARY	0.228105	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.102892	624,147	64,220	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.841976	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.683012	257	176	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	31.444134	0	0	93.06
93.07	04957 OTHER	0.000000	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,505,781	643,572	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)		3,505,781		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,338,602	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,789,606	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		137,660	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		6,034	2.04
3.00	Managed Care Simulated Payments		10,140,238	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		104.77	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.18	31.00
32.00	Sum of lines 30 and 31		35.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.68	33.00
34.00	Disproportionate share adjustment (see instructions)		519,688	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000050553	0.000059646	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	363,578	410,029	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	271,936	103,350	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	375,286		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	12,166,876		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		12,166,876	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		908,348	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		130,978	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,206,202	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,206,202	61.00
62.00	Deductibles billed to program beneficiaries		1,355,752	62.00
63.00	Coinurance billed to program beneficiaries		11,670	63.00
64.00	Allowable bad debts (see instructions)		94,307	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		61,300	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		33,166	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,900,080	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-13,222	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:35 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			11,886,858	71.00
71.01	Sequestration adjustment (see instructions)			149,774	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			11,641,116	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			95,968	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			277,853	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,250	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,822,471	2.00
3.00	OPPS payments		17,152,740	3.00
4.00	Outlier payment (see instructions)		70,865	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)		18,250	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		84,757	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)		84,757	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		84,757	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,507	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)		18,250	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)		17,223,605	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,945,188	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)		14,296,667	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)		14,296,667	30.00
31.00	Primary payer payments		591	31.00
32.00	Subtotal (line 30 minus line 31)		14,296,076	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)		148,437	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		96,484	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		93,954	36.00
37.00	Subtotal (see instructions)		14,392,560	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,392,560	40.00
40.01	Sequestration adjustment (see instructions)		181,346	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		14,218,863	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-7,649	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,168	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: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0007

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 11:35 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,641,116		14,218,863	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)		11,641,116		14,218,863	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		95,968		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		7,649	6.02	
7.00	Total Medicare program liability (see instructions)		11,737,084		14,211,214	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: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 11:35 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0007

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

Worksheet G

Date/Time Prepared:
5/25/2023 11:35 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	194,872	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	10,000	0	0	0	3.00
4.00	Accounts receivable	89,700,776	0	0	0	4.00
5.00	Other receivable	1,454,663	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-68,177,455	0	0	0	6.00
7.00	Inventory	4,862,691	0	0	0	7.00
8.00	Prepaid expenses	427,434	0	0	0	8.00
9.00	Other current assets	1,317,718	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)	29,790,699	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,259,963	0	0	0	12.00
13.00	Land improvements	4,370,643	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	109,009,841	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	139,419	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	40,421,464	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	625,937	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-69,555,946	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)	89,271,321	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	347,515	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	223,229,812	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	223,577,327	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	342,639,347	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	874,404	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	501,051	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,032,499	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,407,954	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,090,716	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,090,716	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,498,670	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	331,140,677	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	331,140,677	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	342,639,347	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0007

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

Worksheet G-1

Date/Time Prepared:
5/25/2023 11:35 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		317,292,116		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,848,560			2.00
3.00	Total (sum of line 1 and line 2)		331,140,676		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		331,140,677		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		331,140,677		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0007

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2023 11:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,992,281		24,992,281	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	24,992,281		24,992,281	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,533,565		8,533,565	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)	8,533,565		8,533,565	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,525,846		33,525,846	17.00
18.00	Ancillary services	159,488,229	502,484,803	661,973,032	18.00
19.00	Outpatient services	0	0	0	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL BILLING	0	271,648	271,648	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	193,014,075	502,756,451	695,770,526	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		174,122,177		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)		174,122,177		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0007

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

Worksheet G-3

Date/Time Prepared:
5/25/2023 11:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	695,770,526	1.00
2.00	Less contractual allowances and discounts on patients' accounts	513,829,389	2.00
3.00	Net patient revenues (line 1 minus line 2)	181,941,137	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	174,122,177	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,818,960	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,089,032	6.00
7.00	Income from investments	-6,319,871	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	5,583	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	507,371	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	4,086	21.00
22.00	Rental of hospital space	2,162,131	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	4,453,884	24.00
24.50	COVID-19 PHE Funding	4,127,384	24.50
25.00	Total other income (sum of lines 6-24)	6,029,600	25.00
26.00	Total (line 5 plus line 25)	13,848,560	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)	13,848,560	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 11:35 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		839,913	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,442	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		45.60	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.18	8.00
9.00	Sum of lines 7 and 8		35.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.50	10.00
11.00	Disproportionate share adjustment (see instructions)		62,993	11.00
12.00	Total prospective capital payments (see instructions)		908,348	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00