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: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 11:31 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 5/25/2023 Time: 11:31 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL OF INDIANA, INC. (15-0169) 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 electronica			4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	622,988	-6,389	0	0	1.00
2.00	SUBPROVIDER - IPF	0	1,041	-8		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	624,029	-6,397	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2023 11:31 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 7150 CLEARVISTA DRIVE	PO Box:			1.00
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46256	County: MARION	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	COMMUNITY HOSPITAL OF INDIANA, INC.	150169	26900	1	02/25/2008	N	P	P	3.00
4.00	Subprovider - IPF	COMMUNITY MENTAL HEALTH	15S169	26900	4	01/01/2010	N	P	O	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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2023 11:31 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.	3,558	4,321	0	36	24,956	61	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.	Y			57.00
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	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:31 am

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	5.31	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.10	1.25	0.074074	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2023 11:31 am

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

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

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

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

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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. I? 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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

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

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

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2023 11:31 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,400,799	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIANS SERVICES	Contractor's Number: 08101	141.00
142.00	Street: 1500 NORTH RITTER AVENUE	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/25/2023 11:31 am

					1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part II | Date/Time Prepared: 5/25/2023 11:31 am

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/25/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	07/01/2021	Y	07/01/2021	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 11:31 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

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

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY	BISHOP	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	SBISHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 11:31 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR 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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I | Date/Time Prepared: 5/25/2023 11:31 am

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	268	97,820	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)		268	97,820	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	48	17,520	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		340	124,100	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	21	7,665		0	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)		361				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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I | Date/Time Prepared: 5/25/2023 11:31 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,418	1,960	64,437			1.00
2.00	HMO and other (see instructions)	18,408	26,327				2.00
3.00	HMO IPF Subprovider	2,092	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)	15,418	1,960	64,437			7.00
8.00	INTENSIVE CARE UNIT	1,643	411	7,027			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	873	13,571			12.00
13.00	NURSERY		3,300	7,614			13.00
14.00	Total (see instructions)	17,061	6,544	92,649	6.56	26.86	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,708	0	4,452	0.00	1,506.25	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)			200			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				6.56	1,533.11	27.00
28.00	Observation Bed Days		2,160	8,985			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			2,242			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	61	1,663			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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I | Date/Time Prepared: 5/25/2023 11:31 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,274	413	17,007	1.00
2.00	HMO and other (see instructions)			2,822	3,637		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,274	413	17,007	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	142	0	400	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part II | Date/Time Prepared: 5/25/2023 11:31 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	133,523,481	-635,543	132,887,938	3,188,861.00	41.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,351,586	0	1,351,586	5,693.00	237.41	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		660,936	0	660,936	6,598.00	100.17	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,372,100	-5,576	4,366,524	108,460.00	40.26	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		32,000,853	0	32,000,853	252,922.00	126.52	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		2,142,579	0	2,142,579	19,557.00	109.56	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,961,823	0	30,961,823			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,086,732	0	1,086,732			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		69,810	0	69,810			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		80,908	0	80,908			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part II Date/Time Prepared: 5/25/2023 11:31 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	4.00	169,506	0	169,506	3,016.00	56.20	26.00
27.00	Administrative & General	5.00	4,709,371	-27,112	4,682,259	153,501.00	30.50	27.00
28.00	Administrative & General under contract (see inst.)		6,500,006	0	6,500,006	59,494.00	109.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,098,029	-2,611	2,095,418	72,299.00	28.98	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	3,348,547	-22,382	3,326,165	169,420.00	19.63	32.00
33.00	Housekeeping under contract (see instructions)		423,742	0	423,742	8,861.00	47.82	33.00
34.00	Dietary	10.00	3,115,783	-2,182,734	933,049	40,607.00	22.98	34.00
35.00	Dietary under contract (see instructions)		510,945	0	510,945	6,240.00	81.88	35.00
36.00	Cafeteria	11.00	0	2,167,883	2,167,883	92,869.00	23.34	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,550,857	-11,005	2,539,852	61,488.00	41.31	38.00
39.00	Central Services and Supply	14.00	838,089	-1,834	836,255	27,857.00	30.02	39.00
40.00	Pharmacy	15.00	6,322,758	-33,448	6,289,310	125,370.00	50.17	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,939,757	-11,550	1,928,207	43,627.00	44.20	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part III Date/Time Prepared: 5/25/2023 11:31 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		140,297,238	-635,543	139,661,695	3,256,858.00	42.88	1.00
2.00	Excluded area salaries (see instructions)		4,372,100	-5,576	4,366,524	108,460.00	40.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)		135,925,138	-629,967	135,295,171	3,148,398.00	42.97	3.00
4.00	Subtotal other wages & related costs (see inst.)		34,143,432	0	34,143,432	272,479.00	125.31	4.00
5.00	Subtotal wage-related costs (see inst.)		31,031,633	0	31,031,633	0.00	22.94	5.00
6.00	Total (sum of lines 3 thru 5)		201,100,203	-629,967	200,470,236	3,420,877.00	58.60	6.00
7.00	Total overhead cost (see instructions)		32,527,390	-124,793	32,402,597	864,649.00	37.47	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part IV Date/Time Prepared: 5/25/2023 11:31 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	5,097,432	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)	20,437	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	252,985	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,932,815	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	4,083,483	9.00
10.00	Dental, Hearing and Vision Plan	111,594	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	58,503	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)	1,478,797	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	435,891	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	9,715,239	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	12,097	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	32,199,273	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 11:31 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	32,000,853	32,199,273	1.00
2.00	Hospital	32,000,853	31,112,541	2.00
3.00	SUBPROVIDER - IPF	0	559,678	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	527,054	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-10 | Date/Time Prepared: 5/25/2023 11:31 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.234486	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	102,586,190	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	-33,804,049	5.00
6.00	Medicaid charges	422,607,073	6.00
7.00	Medicaid cost (line 1 times line 6)	99,095,442	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)	30,313,301	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)	30,313,301	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)	10,286,213	2,482,026	12,768,239	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,411,973	2,482,026	4,893,999	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,411,973	2,482,026	4,893,999	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)	19,661,854	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	197,818	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	304,335	27.01
28.00	Non-Medicare bad debt expense (see instructions)	19,357,519	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	4,645,584	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,539,583	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	39,852,884	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	21,174,996	21,174,996	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	14,545,723	14,545,723	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	169,506	225,854	395,360	-95,009	300,351	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,709,371	157,023,551	161,732,922	-20,496,248	141,236,674	5.00
7.00	00700	OPERATION OF PLANT	2,098,029	9,949,435	12,047,464	-261,145	11,786,319	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	970,347	970,347	-79	970,268	8.00
9.00	00900	HOUSEKEEPING	3,348,547	2,255,098	5,603,645	-22,486	5,581,159	9.00
10.00	01000	DIETARY	3,115,783	3,667,233	6,783,016	-4,745,528	2,037,488	10.00
11.00	01100	CAFETERIA	0	0	0	4,659,813	4,659,813	11.00
13.00	01300	NURSING ADMINISTRATION	2,550,857	660,888	3,211,745	-31,177	3,180,568	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	838,089	4,737,571	5,575,660	-2,865,646	2,710,014	14.00
15.00	01500	PHARMACY	6,322,758	15,943,465	22,266,223	-13,643,222	8,623,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,939,757	614,507	2,554,264	-39	2,554,225	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,586,179	44,481,050	91,067,229	-15,003,379	76,063,850	30.00
31.00	03100	INTENSIVE CARE UNIT	6,260,129	5,205,490	11,465,619	-898,318	10,567,301	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,316,226	5,681,752	14,997,978	-565,944	14,432,034	35.00
40.00	04000	SUBPROVIDER - IPF	2,537,310	701,095	3,238,405	-30,089	3,208,316	40.00
43.00	04300	NURSERY	0	0	0	3,391,628	3,391,628	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,340,820	40,570,685	45,911,505	-23,660,667	22,250,838	50.00
51.00	05100	RECOVERY ROOM	3,659,593	2,528,282	6,187,875	-328,288	5,859,587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,277,464	7,277,464	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,238,283	2,620,140	6,858,423	-1,269,951	5,588,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	706,563	6,389,056	7,095,619	-3,771,194	3,324,425	55.00
57.00	05700	CT SCAN	1,396,651	1,389,961	2,786,612	-198,872	2,587,740	57.00
58.00	05800	MRI	868,530	1,947,988	2,816,518	-831,232	1,985,286	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,988	4,988	-1,527	3,461	59.00
60.00	06000	LABORATORY	0	14,783,840	14,783,840	0	14,783,840	60.00
64.00	06400	INTRAVENOUS THERAPY	546,846	289,114	835,960	-122,219	713,741	64.00
65.00	06500	RESPIRATORY THERAPY	4,283,251	3,912,826	8,196,077	-973,302	7,222,775	65.00
66.00	06600	PHYSICAL THERAPY	7,463,220	3,594,193	11,057,413	-3,990,770	7,066,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,311,488	2,311,488	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	431,008	431,008	68.00
69.00	06900	ELECTROCARDIOLOGY	43,858	531,000	574,858	-748	574,110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,180,335	1,064,910	2,245,245	-263,782	1,981,463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,128,767	19,128,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,602,121	12,602,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,240,131	15,240,131	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	79,676	1,435,171	1,514,847	-97,775	1,417,072	74.00
76.00	03330	ENDOSCOPY	1,741,646	3,572,525	5,314,171	-2,213,276	3,100,895	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	554,055	1,020,017	1,574,072	-207,136	1,366,936	76.04
76.06	03954	IMAGING CENTER	2,037,005	2,897,033	4,934,038	-1,322,296	3,611,742	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	26,024	12,343,391	12,369,415	-405,002	11,964,413	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	100,130	1,795,492	1,895,622	-1,746,910	148,712	90.01
90.26	04975	SPINE CENTER	217,743	64,871	282,614	0	282,614	90.26
91.00	09100	EMERGENCY	7,411,921	8,339,511	15,751,432	-572,468	15,178,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	131,688,691	363,212,330	494,901,021	127,415	495,028,436	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	84,188	84,188	0	84,188	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	72,686	72,686	-58,354	14,332	194.06
194.08	07958	OTHER NRCC	1,834,790	686,525	2,521,315	-69,061	2,452,254	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		TOTAL (SUM OF LINES 118 through 199)	133,523,481	364,055,729	497,579,210	0	497,579,210	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/25/2023 11:31 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	-7,883,621	13,291,375		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,322,187	17,867,910		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,824,923	7,125,274		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-78,798,946	62,437,728		5.00
7.00	00700	OPERATION OF PLANT	3,778,450	15,564,769		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	970,268		8.00
9.00	00900	HOUSEKEEPING	0	5,581,159		9.00
10.00	01000	DIETARY	-111,734	1,925,754		10.00
11.00	01100	CAFETERIA	-2,581,355	2,078,458		11.00
13.00	01300	NURSING ADMINISTRATION	6,696,604	9,877,172		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,733,180	4,443,194		14.00
15.00	01500	PHARMACY	-63,300	8,559,701		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,519,449	2,519,449		16.00
17.00	01700	SOCIAL SERVICE	0	2,554,225		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	577,257	577,257		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,221,933	1,221,933		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-7,570,329	68,493,521		30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,567,301		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-671,751	13,760,283		35.00
40.00	04000	SUBPROVIDER - IPF	-248,484	2,959,832		40.00
43.00	04300	NURSERY	0	3,391,628		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	22,250,838		50.00
51.00	05100	RECOVERY ROOM	0	5,859,587		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,277,464		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,111	5,724,583		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,324,425		55.00
57.00	05700	CT SCAN	0	2,587,740		57.00
58.00	05800	MRI	0	1,985,286		58.00
59.00	05900	CARDIAC CATHETERIZATION	168,519	171,980		59.00
60.00	06000	LABORATORY	0	14,783,840		60.00
64.00	06400	INTRAVENOUS THERAPY	0	713,741		64.00
65.00	06500	RESPIRATORY THERAPY	0	7,222,775		65.00
66.00	06600	PHYSICAL THERAPY	-4,700	7,061,943		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,311,488		67.00
68.00	06800	SPEECH PATHOLOGY	0	431,008		68.00
69.00	06900	ELECTROCARDIOLOGY	-66,915	507,195		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	351,432	2,332,895		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,128,767		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,602,121		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,646	15,535,777		73.00
73.01	07301	SPECIALTY PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	1,417,072		74.00
76.00	03330	ENDOSCOPY	0	3,100,895		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.03
76.04	03953	WOUND CARE	0	1,366,936		76.04
76.06	03954	IMAGING CENTER	0	3,611,742		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	11,964,413		76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	INFUSION CENTER	0	148,712		90.01
90.26	04975	SPINE CENTER	0	282,614		90.26
91.00	09100	EMERGENCY	1,103,924	16,282,888		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		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)	-69,271,520	425,756,916		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	84,188		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HOME OFFICE	0	0		194.00
194.06	07956	PAVILLIONS	0	14,332		194.06
194.08	07958	OTHER NRCC	0	2,452,254		194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0		194.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-69,271,520	428,307,690		200.00

RECLASSIFICATIONS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/25/2023 11:31 am

		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	19,128,767	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	TOTALS		0	19,128,767	
	B - Implantable Device Reclass				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		12,602,121	1.00
2.00					2.00
3.00					3.00
			0	12,602,121	
	C - Drugs Charges to Pat				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,240,131	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	15,240,131	
	D - Depreciation Expense				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,772,446	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

RECLASSIFICATIONS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/25/2023 11:31 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	14,772,446		
	E - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,507,318		1.00
	TOTALS		0	12,507,318		
	F - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,105,037		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	8,105,037		
	G - STD BENEFIT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,112		1.00
2.00	OPERATION OF PLANT	7.00	0	2,611		2.00
3.00	HOUSEKEEPING	9.00	0	22,382		3.00
4.00	DIETARY	10.00	0	14,851		4.00
5.00	NURSING ADMINISTRATION	13.00	0	11,005		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,834		6.00
7.00	PHARMACY	15.00	0	33,448		7.00
8.00	SOCIAL SERVICE	17.00	0	11,550		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	196,190		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	13,640		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	51,818		11.00
12.00	SUBPROVIDER - IPF	40.00	0	5,576		12.00
13.00	OPERATING ROOM	50.00	0	26,061		13.00
14.00	RECOVERY ROOM	51.00	0	17,298		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,410		15.00
16.00	CT SCAN	57.00	0	275		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	939		17.00
18.00	RESPIRATORY THERAPY	65.00	0	32,875		18.00
19.00	PHYSICAL THERAPY	66.00	0	49,163		19.00

RECLASSIFICATIONS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/25/2023 11:31 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,917		20.00
21.00	ENDOSCOPY	76.00	0	31,817		21.00
22.00	WOUND CARE	76.04	0	7,129		22.00
23.00	IMAGING CENTER	76.06	0	14,810		23.00
24.00	BREAST DIAGNOSTIC CENTER	76.07	0	1,375		24.00
25.00	INFUSION CENTER	90.01	0	5,753		25.00
26.00	SPINE CENTER	90.26	0	198		26.00
27.00	EMERGENCY	91.00	0	17,506		27.00
	TOTALS		0	635,543		
	H - Labor and Delivery					
1.00	NURSERY	43.00	2,078,879	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	4,460,681	0		2.00
3.00	NURSERY	43.00	0	1,312,749		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,816,783		4.00
	TOTALS		6,539,560	4,129,532		
	I - Cafeteria					
1.00	CAFETERIA	11.00	2,167,883			1.00
2.00	CAFETERIA	11.00		2,491,930		2.00
			2,167,883	2,491,930		
	J - Therapy					
1.00	OCCUPATIONAL THERAPY	67.00	1,595,844	0		1.00
2.00	SPEECH PATHOLOGY	68.00	297,567	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	715,644		3.00
4.00	SPEECH PATHOLOGY	68.00	0	133,441		4.00
	TOTALS		1,893,411	849,085		
	K - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,331,760		1.00
	TOTALS		0	8,331,760		
	L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	335,918		1.00
	TOTALS		0	335,918		
	M - Radiology Support					
1.00	RADIOLOGY-THERAPEUTIC	55.00	80,470	0		1.00
2.00	CT SCAN	57.00	124,936	0		2.00
3.00	MRI	58.00	40,349	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	55,032		4.00
5.00	CT SCAN	57.00	0	85,441		5.00
6.00	MRI	58.00	0	27,594		6.00
	TOTALS		245,755	168,067		
500.00	Grand Total: Increases		10,846,609	99,297,655		500.00

RECLASSIFICATIONS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/25/2023 11:31 am

		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	761	0		1.00
2.00	OPERATION OF PLANT	7.00	0	98,652	0		2.00
3.00	DIETARY	10.00	0	1,665	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,194	0		4.00
5.00	PHARMACY	15.00	0	273,130	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	2,675,536	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	534,906	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	433,538	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	4,699	0		9.00
10.00	OPERATING ROOM	50.00	0	8,935,780	0		10.00
11.00	RECOVERY ROOM	51.00	0	319,645	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	397,888	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,105,107	0		13.00
14.00	CT SCAN	57.00	0	62,723	0		14.00
15.00	MRI	58.00	0	147,225	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	113,512	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	673,422	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,975	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	608	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,188	0		20.00
21.00	RENAL DIALYSIS	74.00	0	97,775	0		21.00
22.00	ENDOSCOPY	76.00	0	1,493,574	0		22.00
23.00	WOUND CARE	76.04	0	55,010	0		23.00
24.00	IMAGING CENTER	76.06	0	118,801	0		24.00
25.00	BREAST DIAGNOSTIC CENTER	76.07	0	5,537	0		25.00
26.00	INFUSION CENTER	90.01	0	265	0		26.00
27.00	EMERGENCY	91.00	0	353,498	0		27.00
28.00	PAVILLIONS	194.06	0	153	0		28.00
	TOTALS		0	19,128,767			
	B - Implantable Device Reclass						
1.00	OPERATING ROOM	50.00		11,070,769			1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00		1,178,039			2.00
3.00	ENDOSCOPY	76.00		353,313			3.00
			0	12,602,121			
	C - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	154	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,322	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,128	0		3.00
4.00	PHARMACY	15.00	0	12,770,443	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	70,032	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	16,597	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,353	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	287	0		8.00
9.00	OPERATING ROOM	50.00	0	88,522	0		9.00
10.00	RECOVERY ROOM	51.00	0	3,807	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	126,379	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,513	0		12.00
13.00	CT SCAN	57.00	0	181,863	0		13.00
14.00	MRI	58.00	0	91,720	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	157	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	1,507	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	2,384	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,316	0		18.00
19.00	ENDOSCOPY	76.00	0	4,020	0		19.00
20.00	WOUND CARE	76.04	0	1,477	0		20.00
21.00	IMAGING CENTER	76.06	0	172,357	0		21.00
22.00	INFUSION CENTER	90.01	0	1,661,632	0		22.00
23.00	EMERGENCY	91.00	0	22,981	0		23.00
24.00	OTHER NRCC	194.08	0	180	0		24.00
	TOTALS		0	15,240,131			
	D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	539	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,288,734	0		2.00
3.00	OPERATION OF PLANT	7.00	0	139,123	0		3.00
4.00	HOUSEKEEPING	9.00	0	4,363	0		4.00
5.00	DIETARY	10.00	0	82,861	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	29,146	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,845	0		7.00
8.00	PHARMACY	15.00	0	82,677	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,569,950	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	346,502	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	130,053	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	24,787	0		12.00

RECLASSIFICATIONS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/25/2023 11:31 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	OPERATING ROOM	50.00	0	1,716,995	0		13.00
14.00	RECOVERY ROOM	51.00	0	4,836	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	331,389	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	610,037	0		16.00
17.00	CT SCAN	57.00	0	164,663	0		17.00
18.00	MRI	58.00	0	660,151	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,527	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	8,550	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	54,576	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	259,248	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	140	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	65,962	0		24.00
25.00	ENDOSCOPY	76.00	0	349,971	0		25.00
26.00	WOUND CARE	76.04	0	43,101	0		26.00
27.00	IMAGING CENTER	76.06	0	454,108	0		27.00
28.00	BREAST DIAGNOSTIC CENTER	76.07	0	300	0		28.00
29.00	INFUSION CENTER	90.01	0	23,515	0		29.00
30.00	EMERGENCY	91.00	0	195,989	0		30.00
31.00	PAVILLIONS	194.06	0	17,700	0		31.00
32.00	OTHER NRCC	194.08	0	10,108	0		32.00
	TOTALS		0	14,772,446			
	E - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,507,318	11		1.00
	TOTALS		0	12,507,318			
	F - Other Capital Rental						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	94,470	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	363,363	0		2.00
3.00	OPERATION OF PLANT	7.00	0	22,048	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	79	0		4.00
5.00	HOUSEKEEPING	9.00	0	18,123	0		5.00
6.00	DIETARY	10.00	0	1,189	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,031	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,558,479	0		8.00
9.00	PHARMACY	15.00	0	516,972	0		9.00
10.00	SOCIAL SERVICE	17.00	0	39	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	18,769	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	313	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	316	0		13.00
14.00	OPERATING ROOM	50.00	0	1,848,601	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	473	0		15.00
16.00	MRI	58.00	0	79	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	243,797	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	983,667	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	175,316	0		19.00
20.00	ENDOSCOPY	76.00	0	12,398	0		20.00
21.00	WOUND CARE	76.04	0	107,548	0		21.00
22.00	IMAGING CENTER	76.06	0	577,030	0		22.00
23.00	BREAST DIAGNOSTIC CENTER	76.07	0	399,165	0		23.00
24.00	INFUSION CENTER	90.01	0	61,498	0		24.00
25.00	PAVILLIONS	194.06	0	40,501	0		25.00
26.00	OTHER NRCC	194.08	0	58,773	0		26.00
	TOTALS		0	8,105,037			
	G - STD BENEFIT						
1.00	ADMINISTRATIVE & GENERAL	5.00	27,112	0	0		1.00
2.00	OPERATION OF PLANT	7.00	2,611	0	0		2.00
3.00	HOUSEKEEPING	9.00	22,382	0	0		3.00
4.00	DIETARY	10.00	14,851	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	11,005	0	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	1,834	0	0		6.00
7.00	PHARMACY	15.00	33,448	0	0		7.00
8.00	SOCIAL SERVICE	17.00	11,550	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	196,190	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	13,640	0	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	51,818	0	0		11.00
12.00	SUBPROVIDER - IPF	40.00	5,576	0	0		12.00
13.00	OPERATING ROOM	50.00	26,061	0	0		13.00
14.00	RECOVERY ROOM	51.00	17,298	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	28,410	0	0		15.00
16.00	CT SCAN	57.00	275	0	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	939	0	0		17.00
18.00	RESPIRATORY THERAPY	65.00	32,875	0	0		18.00
19.00	PHYSICAL THERAPY	66.00	49,163	0	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	9,917	0	0		20.00
21.00	ENDOSCOPY	76.00	31,817	0	0		21.00

RECLASSIFICATIONS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/25/2023 11:31 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	WOUND CARE	76.04	7,129	0	0		22.00
23.00	IMAGING CENTER	76.06	14,810	0	0		23.00
24.00	BREAST DIAGNOSTIC CENTER	76.07	1,375	0	0		24.00
25.00	INFUSION CENTER	90.01	5,753	0	0		25.00
26.00	SPINE CENTER	90.26	198	0	0		26.00
27.00	EMERGENCY	91.00	17,506	0	0		27.00
	TOTALS		635,543	0			
	H - Labor and Delivery						
1.00	ADULTS & PEDIATRICS	30.00	6,539,560	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,129,532	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		6,539,560	4,129,532			
	I - Cafeteria						
1.00	DIETARY	10.00	2,167,883				1.00
2.00	DIETARY	10.00		2,491,930			2.00
			2,167,883	2,491,930			
	J - Therapy						
1.00	PHYSICAL THERAPY	66.00	1,893,411	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	849,085	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		1,893,411	849,085			
	K - Building Depreciation						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,331,760	9		1.00
	TOTALS		0	8,331,760			
	L - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	335,918	12		1.00
	TOTALS		0	335,918			
	M - Radiology Support						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	245,755	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	168,067	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		245,755	168,067			
500.00	Grand Total: Decreases		11,482,152	98,662,112			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part I | Date/Time Prepared: 5/25/2023 11:31 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,705,851	0	0	0	0	1.00
2.00	Land Improvements	4,358,832	0	0	0	0	2.00
3.00	Buildings and Fixtures	326,057,951	6,383,717	0	6,383,717	0	3.00
4.00	Building Improvements	3,525,194	90,546	0	90,546	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	126,202,139	3,241,938	0	3,241,938	542,970	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	462,849,967	9,716,201	0	9,716,201	542,970	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	462,849,967	9,716,201	0	9,716,201	542,970	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	2,705,851	0	1.00
2.00	Land Improvements	4,358,832	0	2.00
3.00	Buildings and Fixtures	332,441,668	0	3.00
4.00	Building Improvements	3,615,740	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	128,901,107	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	472,023,198	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	472,023,198	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part II | Date/Time Prepared: 5/25/2023 11:31 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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part III Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	343,122,090	0	343,122,090	0.726918	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,901,109	0	128,901,109	0.273082	0	2.00
3.00	Total (sum of lines 1-2)	472,023,199	0	472,023,199	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	8,331,760	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,762,873	8,105,037	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,094,633	8,105,037	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,623,697	335,918	0	0	13,291,375	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,867,910	2.00
3.00	Total (sum of lines 1-2)	4,623,697	335,918	0	0	31,159,285	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8 | Date/Time Prepared: 5/25/2023 11:31 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)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-24,277	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	-1,323,180			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	5,163,126			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,464,351	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8 | Date/Time Prepared: 5/25/2023 11:31 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	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	Misc Revenue	B	-142,563	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	Misc Revenue	B	-579,775	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	Misc Revenue	B	-111,734	DIETARY	10.00	0	33.03
33.04	Misc Revenue	B	-63,300	PHARMACY	15.00	0	33.04
33.05	Misc Revenue	B	-7,227	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	Misc Revenue	B	-1,710	NEONATAL INTENSIVE CARE UNIT	35.00	0	33.06
33.07	Misc Revenue	B	-114,893	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	Misc Revenue	B	-4,700	PHYSICAL THERAPY	66.00	0	33.08
33.09	Space Rental Income	B	-21,300	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	Space Rental Income	B	-1,650	OPERATION OF PLANT	7.00	0	33.10
34.00	HAF Tax Offset	A	-33,934,636	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	2018A Non-Allow Interest Expense	A	-4,114,883	CAP REL COSTS-BLDG & FIXT	1.00	11	34.01
34.02	PNC Non-Allow Interest Expense	A	-34,171	CAP REL COSTS-BLDG & FIXT	1.00	11	34.02
34.03	2012A Non-Allow Interest Expense	A	-81,328	CAP REL COSTS-BLDG & FIXT	1.00	11	34.03
34.04	2012B Non-Allow Interest Expense	A	-150,448	CAP REL COSTS-BLDG & FIXT	1.00	11	34.04
34.05	2022A Non-Allow Interest Expense	A	-50,279	CAP REL COSTS-BLDG & FIXT	1.00	11	34.05
34.06	2016AB Non-Allow Interest Expense	A	-554,468	CAP REL COSTS-BLDG & FIXT	1.00	11	34.06
34.07	2020A Non-Allow Interest Expense	A	-2,898,044	CAP REL COSTS-BLDG & FIXT	1.00	11	34.07
34.08	Non-Allow Debt Issuance Expense	A	-346,338	ADMINISTRATIVE & GENERAL	5.00	0	34.08
35.01	Hospitalist Loss	A	-7,632,280	ADULTS & PEDIATRICS	30.00	0	35.01
35.02	Bad Debt	A	-19,149,470	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	Bad Debt	A	-2,536	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.03
35.04	Loss on Assets	A	-85,842	ADULTS & PEDIATRICS	30.00	0	35.04
35.05	APP	A	-515,005	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.05
35.06	APP	A	-8,858	ADULTS & PEDIATRICS	30.00	0	35.06
36.00	Meals on Wheels Cost	A	-117,004	CAFETERIA	11.00	0	36.00
36.01	SHARED SERVICES	A	168,519	CARDIAC CATHETERIZATION	59.00	0	36.01
36.02	SHARED SERVICES	A	-66,915	ELECTROCARDIOLOGY	69.00	0	36.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-69,271,520				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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-1 | Date/Time Prepared: 5/25/2023 11:31 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	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENTS	577,257	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	RESIDENTS	1,221,933	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,322,187	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	6,967,486	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	55,482,126	79,641,013	3.02
3.03	7.00	OPERATION OF PLANT	HOME OFFICE	3,780,100	0	3.03
3.04	13.00	NURSING ADMINISTRATION	HOME OFFICE	6,696,604	0	3.04
3.05	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	1,733,180	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	2,519,449	0	3.06
3.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	167,996	0	3.07
3.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	251,004	0	3.08
3.09	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	351,432	0	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	295,646	0	3.10
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	333,815	0	4.00
4.01	91.00	EMERGENCY	CPN ED ON CALL	1,103,924	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			84,804,139	79,641,013	5.00

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

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

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

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

6.00	B	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-1 | Date/Time Prepared: 5/25/2023 11:31 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	577,257	0		1.00
2.00	1,221,933	0		2.00
3.00	3,322,187	9		3.00
3.01	6,967,486	0		3.01
3.02	-24,158,887	0		3.02
3.03	3,780,100	0		3.03
3.04	6,696,604	0		3.04
3.05	1,733,180	0		3.05
3.06	2,519,449	0		3.06
3.07	167,996	0		3.07
3.08	251,004	0		3.08
3.09	351,432	0		3.09
3.10	295,646	0		3.10
4.00	333,815	0		4.00
4.01	1,103,924	0		4.01
5.00	5,163,126			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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-2 | Date/Time Prepared: 5/25/2023 11:31 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	918,078	918,078	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	4,118	4,118	0	0	0	2.00
3.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	152,500	152,500	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	248,484	248,484	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			1,323,180	1,323,180	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	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	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	918,078		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	4,118		2.00
3.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	152,500		3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	248,484		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	1,323,180		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,291,375	13,291,375				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,867,910		17,867,910			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,125,274	5,802	94,682	7,225,758		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	62,437,728	432,778	4,156,617	254,921	67,282,044	5.00
7.00	00700	OPERATION OF PLANT	15,564,769	1,671,799	122,521	114,083	17,473,172	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	970,268	37,995	79	0	1,008,342	8.00
9.00	00900	HOUSEKEEPING	5,581,159	159,988	22,409	181,090	5,944,646	9.00
10.00	01000	DIETARY	1,925,754	113,393	19,194	50,799	2,109,140	10.00
11.00	01100	CAFETERIA	2,078,458	290,946	57,455	118,028	2,544,887	11.00
13.00	01300	NURSING ADMINISTRATION	9,877,172	53,170	31,069	138,280	10,099,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,443,194	326,529	2,649,328	45,529	7,464,580	14.00
15.00	01500	PHARMACY	8,559,701	143,835	590,185	342,415	9,636,136	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,519,449	5,460	0	0	2,524,909	16.00
17.00	01700	SOCIAL SERVICE	2,554,225	25,891	39	104,979	2,685,134	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	577,257	0	0	0	577,257	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,221,933	0	0	0	1,221,933	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,493,521	4,953,127	792,808	2,169,655	76,409,111	30.00
31.00	03100	INTENSIVE CARE UNIT	10,567,301	423,382	181,951	340,084	11,512,718	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,760,283	790,909	114,512	504,391	15,170,095	35.00
40.00	04000	SUBPROVIDER - IPF	2,959,832	145,882	7,826	137,838	3,251,378	40.00
43.00	04300	NURSERY	3,391,628	301,479	31,341	113,182	3,837,630	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,250,838	621,706	3,459,193	289,357	26,621,094	50.00
51.00	05100	RECOVERY ROOM	5,859,587	334,879	4,819	198,301	6,397,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,277,464	646,915	67,249	242,857	8,234,485	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,724,583	303,527	309,136	215,822	6,553,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,324,425	155,279	433,999	42,849	3,956,552	55.00
57.00	05700	CT SCAN	2,587,740	49,871	166,144	82,826	2,886,581	57.00
58.00	05800	MRI	1,985,286	79,198	548,432	49,483	2,662,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	171,980	0	1,522	0	173,502	59.00
60.00	06000	LABORATORY	14,783,840	122,744	0	0	14,906,584	60.00
64.00	06400	INTRAVENOUS THERAPY	713,741	4,073	8,521	29,721	756,056	64.00
65.00	06500	RESPIRATORY THERAPY	7,222,775	130,639	297,347	231,407	7,882,168	65.00
66.00	06600	PHYSICAL THERAPY	7,061,943	21,022	1,171,791	300,566	8,555,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,311,488	0	56,343	86,884	2,454,715	67.00
68.00	06800	SPEECH PATHOLOGY	431,008	0	10,506	16,201	457,715	68.00
69.00	06900	ELECTROCARDIOLOGY	507,195	9,942	0	2,388	519,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,332,895	89,117	240,448	63,722	2,726,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,128,767	0	0	0	19,128,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,602,121	0	0	0	12,602,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,535,777	0	0	0	15,535,777	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,417,072	11,649	0	4,338	1,433,059	74.00
76.00	03330	ENDOSCOPY	3,100,895	168,497	338,369	93,090	3,700,851	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	1,366,936	0	150,131	29,777	1,546,844	76.04
76.06	03954	IMAGING CENTER	3,611,742	0	959,305	110,096	4,681,143	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	11,964,413	0	397,792	1,342	12,363,547	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	148,712	0	84,721	5,138	238,571	90.01
90.26	04975	SPINE CENTER	282,614	0	0	11,844	294,458	90.26
91.00	09100	EMERGENCY	16,282,888	559,777	163,481	402,582	17,408,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		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)	425,756,916	13,191,200	17,741,265	7,125,865	425,430,203	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90,733	0	0	90,733	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	84,188	0	0	0	84,188	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/25/2023 11:31 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	
194.06	07956	PAVILLIONS	14,332	0	58,001	0	72,333	194.06
194.08	07958	OTHER NRCC	2,452,254	9,442	68,644	99,893	2,630,233	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
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)	428,307,690	13,291,375	17,867,910	7,225,758	428,307,690	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/25/2023 11:31 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	67,282,044					5.00
7.00	00700	OPERATION OF PLANT	3,256,370	20,729,542				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	187,919	70,443	1,266,704			8.00
9.00	00900	HOUSEKEEPING	1,107,868	296,618	0	7,349,132		9.00
10.00	01000	DIETARY	393,068	210,231	0	75,876	2,788,315	10.00
11.00	01100	CAFETERIA	474,275	539,412	0	194,682	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,882,219	98,577	0	35,578	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,391,129	605,384	0	218,492	0	14.00
15.00	01500	PHARMACY	1,795,829	266,669	0	96,245	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	470,552	10,123	0	3,654	0	16.00
17.00	01700	SOCIAL SERVICE	500,412	48,002	0	17,325	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	107,580	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	227,724	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,239,764	9,183,088	661,992	3,314,314	2,358,979	30.00
31.00	03100	INTENSIVE CARE UNIT	2,145,556	784,949	75,974	283,300	262,823	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,827,160	1,466,343	42,591	529,226	0	35.00
40.00	04000	SUBPROVIDER - IPF	605,940	270,465	13,427	97,615	166,513	40.00
43.00	04300	NURSERY	715,196	558,942	26,885	201,731	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,961,214	1,152,642	51,915	416,006	0	50.00
51.00	05100	RECOVERY ROOM	1,192,280	620,864	0	224,079	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,534,612	1,199,379	57,683	432,874	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,221,256	562,739	75,716	203,101	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	737,359	287,886	16,043	103,903	0	55.00
57.00	05700	CT SCAN	537,955	92,461	0	33,371	0	57.00
58.00	05800	MRI	496,175	146,833	0	52,994	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,335	0	0	0	0	59.00
60.00	06000	LABORATORY	2,778,051	227,567	0	82,133	0	60.00
64.00	06400	INTRAVENOUS THERAPY	140,902	7,550	0	2,725	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,468,952	242,204	0	87,415	0	65.00
66.00	06600	PHYSICAL THERAPY	1,594,404	38,975	0	14,067	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	457,471	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	85,302	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	96,821	18,433	0	6,653	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	508,062	165,224	0	59,632	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,564,914	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,348,582	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,895,310	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	267,071	21,597	0	7,795	0	74.00
76.00	03330	ENDOSCOPY	689,705	312,394	46,273	112,748	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	288,276	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	872,397	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	2,304,120	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	44,461	0	0	0	0	90.01
90.26	04975	SPINE CENTER	54,876	0	0	0	0	90.26
91.00	09100	EMERGENCY	3,244,360	1,037,825	198,205	374,567	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	66,745,784	20,543,819	1,266,704	7,282,101	2,788,315	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,909	168,218	0	60,713	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,690	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	13,480	0	0	0	0	194.06
194.08	07958	OTHER NRCC	490,181	17,505	0	6,318	0	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118 through 201)	67,282,044	20,729,542	1,266,704	7,349,132	2,788,315	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,753,256					11.00
13.00	01300	NURSING ADMINISTRATION	95,260	12,211,325				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,279	0	9,720,864			14.00
15.00	01500	PHARMACY	190,521	0	46,167	12,031,567		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,009,238	16.00
17.00	01700	SOCIAL SERVICE	66,682	0	87	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,365,400	6,339,005	582,172	0	423,522	30.00
31.00	03100	INTENSIVE CARE UNIT	200,047	925,504	99,551	0	62,401	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	314,359	1,454,868	173,047	0	213,779	35.00
40.00	04000	SUBPROVIDER - IPF	85,734	395,914	16,400	0	19,938	40.00
43.00	04300	NURSERY	69,858	325,063	29,788	0	19,366	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	187,345	875,840	1,679,708	0	444,901	50.00
51.00	05100	RECOVERY ROOM	120,663	0	61,241	0	80,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	149,241	697,495	63,917	0	41,554	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,838	0	31,726	0	74,935	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,403	0	85,296	0	86,281	55.00
57.00	05700	CT SCAN	47,630	0	39,956	0	159,818	57.00
58.00	05800	MRI	28,578	0	9,309	0	51,694	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	610	0	7,565	59.00
60.00	06000	LABORATORY	0	0	434,691	0	174,659	60.00
64.00	06400	INTRAVENOUS THERAPY	15,877	0	7,680	0	2,548	64.00
65.00	06500	RESPIRATORY THERAPY	114,312	0	82,976	0	67,508	65.00
66.00	06600	PHYSICAL THERAPY	47,630	0	22,530	0	44,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	53,981	0	5,458	0	13,843	67.00
68.00	06800	SPEECH PATHOLOGY	9,526	0	1,018	0	4,010	68.00
69.00	06900	ELECTROCARDIOLOGY	3,175	0	85	0	18,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,279	0	28,062	0	25,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,517,764	0	117,056	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,317,530	0	75,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,031,567	202,844	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	3,175	0	8,727	0	8,325	74.00
76.00	03330	ENDOSCOPY	66,682	0	93,240	0	57,315	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	22,227	0	19,811	0	9,911	76.04
76.06	03954	IMAGING CENTER	0	0	31,993	0	104,855	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	1,019	0	52,885	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	6,351	0	1,697	0	972	90.01
90.26	04975	SPINE CENTER	0	0	785	0	809	90.26
91.00	09100	EMERGENCY	257,203	1,197,636	223,189	0	341,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	3,753,256	12,211,325	9,717,230	12,031,567	3,009,238	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	349	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	1,046	0	0	194.06
194.08	07958	OTHER NRCC	0	0	2,239	0	0	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,753,256	12,211,325	9,720,864	12,031,567	3,009,238	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	
			17.00	19.00	21.00	22.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	3,317,642					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		684,837			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			1,449,657		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,806,801	0	355,990	753,557	118,793,695	30.00
31.00	03100	INTENSIVE CARE UNIT	312,717	0	0	0	16,665,540	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	22,191,468	35.00
40.00	04000	SUBPROVIDER - IPF	198,124	0	0	0	5,121,448	40.00
43.00	04300	NURSERY	0	0	0	0	5,784,459	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	247,418	523,733	37,161,816	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,697,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	12,411,240	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,846,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,298,723	55.00
57.00	05700	CT SCAN	0	0	0	0	3,797,772	57.00
58.00	05800	MRI	0	0	0	0	3,447,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	214,012	59.00
60.00	06000	LABORATORY	0	0	0	0	18,603,685	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	933,338	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	9,945,535	65.00
66.00	06600	PHYSICAL THERAPY	0	0	24,011	50,826	10,392,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,985,468	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	557,571	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	663,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	3,553,790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	26,328,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17,343,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	30,665,498	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,749,749	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	5,079,208	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	0	0	0	1,887,069	76.04
76.06	03954	IMAGING CENTER	0	0	0	0	5,690,388	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	14,721,571	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	0	0	0	292,052	90.01
90.26	04975	SPINE CENTER	0	0	0	0	350,928	90.26
91.00	09100	EMERGENCY	0	0	57,418	121,541	24,462,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	3,317,642	0	684,837	1,449,657	424,637,555	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	336,573	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	100,227	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	0	0	86,859	194.06
194.08	07958	OTHER NRCC	0	0	0	0	3,146,476	194.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	
			17.00	19.00	21.00	22.00	24.00	
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,317,642	0	684,837	1,449,657	428,307,690	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			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
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,109,547	117,684,148		30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,665,540		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	22,191,468		35.00
40.00	04000	SUBPROVIDER - IPF	0	5,121,448		40.00
43.00	04300	NURSERY	0	5,784,459		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-771,151	36,390,665		50.00
51.00	05100	RECOVERY ROOM	0	8,697,203		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,411,240		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,846,379		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,298,723		55.00
57.00	05700	CT SCAN	0	3,797,772		57.00
58.00	05800	MRI	0	3,447,982		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	214,012		59.00
60.00	06000	LABORATORY	0	18,603,685		60.00
64.00	06400	INTRAVENOUS THERAPY	0	933,338		64.00
65.00	06500	RESPIRATORY THERAPY	0	9,945,535		65.00
66.00	06600	PHYSICAL THERAPY	-74,837	10,317,434		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,985,468		67.00
68.00	06800	SPEECH PATHOLOGY	0	557,571		68.00
69.00	06900	ELECTROCARDIOLOGY	0	663,291		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,553,790		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,328,501		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,343,425		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,665,498		73.00
73.01	07301	SPECIALTY PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	1,749,749		74.00
76.00	03330	ENDOSCOPY	0	5,079,208		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.03
76.04	03953	WOUND CARE	0	1,887,069		76.04
76.06	03954	IMAGING CENTER	0	5,690,388		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	14,721,571		76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	INFUSION CENTER	0	292,052		90.01
90.26	04975	SPINE CENTER	0	350,928		90.26
91.00	09100	EMERGENCY	-178,959	24,283,521		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		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)	-2,134,494	422,503,061		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	336,573		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	100,227		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HOME OFFICE	0	0		194.00
194.06	07956	PAVILLIONS	0	86,859		194.06
194.08	07958	OTHER NRCC	0	3,146,476		194.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0		194.10
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	-2,134,494	426,173,196		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,802	94,682	100,484	100,484	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	432,778	4,156,617	4,589,395	3,544	5.00
7.00	00700	OPERATION OF PLANT	0	1,671,799	122,521	1,794,320	1,586	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	37,995	79	38,074	0	8.00
9.00	00900	HOUSEKEEPING	0	159,988	22,409	182,397	2,518	9.00
10.00	01000	DIETARY	0	113,393	19,194	132,587	706	10.00
11.00	01100	CAFETERIA	0	290,946	57,455	348,401	1,641	11.00
13.00	01300	NURSING ADMINISTRATION	0	53,170	31,069	84,239	1,923	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	326,529	2,649,328	2,975,857	633	14.00
15.00	01500	PHARMACY	0	143,835	590,185	734,020	4,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,460	0	5,460	0	16.00
17.00	01700	SOCIAL SERVICE	0	25,891	39	25,930	1,460	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,953,127	792,808	5,745,935	30,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	423,382	181,951	605,333	4,729	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	790,909	114,512	905,421	7,013	35.00
40.00	04000	SUBPROVIDER - IPF	0	145,882	7,826	153,708	1,917	40.00
43.00	04300	NURSERY	0	301,479	31,341	332,820	1,574	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	621,706	3,459,193	4,080,899	4,023	50.00
51.00	05100	RECOVERY ROOM	0	334,879	4,819	339,698	2,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	646,915	67,249	714,164	3,377	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	303,527	309,136	612,663	3,001	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	155,279	433,999	589,278	596	55.00
57.00	05700	CT SCAN	0	49,871	166,144	216,015	1,152	57.00
58.00	05800	MRI	0	79,198	548,432	627,630	688	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,522	1,522	0	59.00
60.00	06000	LABORATORY	0	122,744	0	122,744	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,073	8,521	12,594	413	64.00
65.00	06500	RESPIRATORY THERAPY	0	130,639	297,347	427,986	3,218	65.00
66.00	06600	PHYSICAL THERAPY	0	21,022	1,171,791	1,192,813	4,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	56,343	56,343	1,208	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,506	10,506	225	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,942	0	9,942	33	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	89,117	240,448	329,565	886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	11,649	0	11,649	60	74.00
76.00	03330	ENDOSCOPY	0	168,497	338,369	506,866	1,294	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	0	150,131	150,131	414	76.04
76.06	03954	IMAGING CENTER	0	0	959,305	959,305	1,531	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	397,792	397,792	19	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	0	84,721	84,721	71	90.01
90.26	04975	SPINE CENTER	0	0	0	0	165	90.26
91.00	09100	EMERGENCY	0	559,777	163,481	723,258	5,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		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	13,191,200	17,741,265	30,932,465	99,095	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90,733	0	90,733	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	58,001	58,001	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 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	4.00	
194.08	07958	OTHER NRCC	0	9,442	68,644	78,086	1,389	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	13,291,375	17,867,910	31,159,285	100,484	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 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	4,592,939					5.00
7.00	00700	OPERATION OF PLANT	222,294	2,018,200				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,828	6,858	57,760			8.00
9.00	00900	HOUSEKEEPING	75,628	28,878	0	289,421		9.00
10.00	01000	DIETARY	26,832	20,468	0	2,988	183,581	10.00
11.00	01100	CAFETERIA	32,376	52,516	0	7,667	0	11.00
13.00	01300	NURSING ADMINISTRATION	128,488	9,597	0	1,401	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	94,964	58,939	0	8,605	0	14.00
15.00	01500	PHARMACY	122,591	25,963	0	3,790	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,122	986	0	144	0	16.00
17.00	01700	SOCIAL SERVICE	34,160	4,673	0	682	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,344	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,545	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	972,050	894,053	30,186	130,524	155,314	30.00
31.00	03100	INTENSIVE CARE UNIT	146,465	76,422	3,464	11,157	17,304	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	192,994	142,761	1,942	20,842	0	35.00
40.00	04000	SUBPROVIDER - IPF	41,364	26,332	612	3,844	10,963	40.00
43.00	04300	NURSERY	48,822	54,418	1,226	7,944	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	338,674	112,220	2,367	16,383	0	50.00
51.00	05100	RECOVERY ROOM	81,390	60,446	0	8,825	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,759	116,770	2,630	17,047	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,368	54,787	3,453	7,998	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	50,335	28,028	732	4,092	0	55.00
57.00	05700	CT SCAN	36,723	9,002	0	1,314	0	57.00
58.00	05800	MRI	33,871	14,295	0	2,087	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,207	0	0	0	0	59.00
60.00	06000	LABORATORY	189,642	22,156	0	3,235	0	60.00
64.00	06400	INTRAVENOUS THERAPY	9,619	735	0	107	0	64.00
65.00	06500	RESPIRATORY THERAPY	100,277	23,581	0	3,443	0	65.00
66.00	06600	PHYSICAL THERAPY	108,841	3,795	0	554	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,229	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,823	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,609	1,795	0	262	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,682	16,086	0	2,348	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	243,356	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,324	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,646	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	18,231	2,103	0	307	0	74.00
76.00	03330	ENDOSCOPY	47,082	30,414	2,110	4,440	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	19,679	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	59,554	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	157,289	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	3,035	0	0	0	0	90.01
90.26	04975	SPINE CENTER	3,746	0	0	0	0	90.26
91.00	09100	EMERGENCY	221,474	101,041	9,038	14,751	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	4,556,332	2,000,118	57,760	286,781	183,581	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,154	16,378	0	2,391	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,071	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	920	0	0	0	0	194.06
194.08	07958	OTHER NRCC	33,462	1,704	0	249	0	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118 through 201)	4,592,939	2,018,200	57,760	289,421	183,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	442,601					11.00
13.00	01300	NURSING ADMINISTRATION	11,234	236,882				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,868	0	3,143,866			14.00
15.00	01500	PHARMACY	22,467	0	14,931	928,523		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	38,712	16.00
17.00	01700	SOCIAL SERVICE	7,863	0	28	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	161,014	122,969	188,283	0	5,326	30.00
31.00	03100	INTENSIVE CARE UNIT	23,590	17,953	32,196	0	785	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	37,071	28,222	55,966	0	2,688	35.00
40.00	04000	SUBPROVIDER - IPF	10,110	7,680	5,304	0	251	40.00
43.00	04300	NURSERY	8,238	6,306	9,634	0	244	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,093	16,990	543,242	0	6,463	50.00
51.00	05100	RECOVERY ROOM	14,229	0	19,806	0	1,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,599	13,530	20,672	0	523	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,604	0	10,261	0	942	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,996	0	27,586	0	1,085	55.00
57.00	05700	CT SCAN	5,617	0	12,922	0	2,010	57.00
58.00	05800	MRI	3,370	0	3,011	0	650	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	197	0	95	59.00
60.00	06000	LABORATORY	0	0	140,585	0	2,196	60.00
64.00	06400	INTRAVENOUS THERAPY	1,872	0	2,484	0	32	64.00
65.00	06500	RESPIRATORY THERAPY	13,480	0	26,836	0	849	65.00
66.00	06600	PHYSICAL THERAPY	5,617	0	7,287	0	560	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,366	0	1,765	0	174	67.00
68.00	06800	SPEECH PATHOLOGY	1,123	0	329	0	50	68.00
69.00	06900	ELECTROCARDIOLOGY	374	0	27	0	234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,868	0	9,076	0	319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,137,691	0	1,472	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	749,524	0	946	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	928,523	2,551	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	374	0	2,823	0	105	74.00
76.00	03330	ENDOSCOPY	7,863	0	30,155	0	721	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	2,621	0	6,407	0	125	76.04
76.06	03954	IMAGING CENTER	0	0	10,347	0	1,319	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	330	0	665	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	749	0	549	0	12	90.01
90.26	04975	SPINE CENTER	0	0	254	0	10	90.26
91.00	09100	EMERGENCY	30,331	23,232	72,183	0	4,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	442,601	236,882	3,142,691	928,523	38,712	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	113	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	338	0	0	194.06
194.08	07958	OTHER NRCC	0	0	724	0	0	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	442,601	236,882	3,143,866	928,523	38,712	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	
			17.00	19.00	21.00	22.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	74,796					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		7,344			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			15,545		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,279				8,499,115	30.00
31.00	03100	INTENSIVE CARE UNIT	7,050				946,448	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				1,394,920	35.00
40.00	04000	SUBPROVIDER - IPF	4,467				266,552	40.00
43.00	04300	NURSERY	0				471,226	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0				5,143,354	50.00
51.00	05100	RECOVERY ROOM	0				528,163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				1,011,071	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				791,077	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0				704,728	55.00
57.00	05700	CT SCAN	0				284,755	57.00
58.00	05800	MRI	0				685,602	58.00
59.00	05900	CARDIAC CATHETERIZATION	0				4,021	59.00
60.00	06000	LABORATORY	0				480,558	60.00
64.00	06400	INTRAVENOUS THERAPY	0				27,856	64.00
65.00	06500	RESPIRATORY THERAPY	0				599,670	65.00
66.00	06600	PHYSICAL THERAPY	0				1,323,646	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				97,085	67.00
68.00	06800	SPEECH PATHOLOGY	0				18,056	68.00
69.00	06900	ELECTROCARDIOLOGY	0				19,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				397,830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				1,382,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				910,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				1,128,720	73.00
73.01	07301	SPECIALTY PHARMACY	0				0	73.01
74.00	07400	RENAL DIALYSIS	0				35,652	74.00
76.00	03330	ENDOSCOPY	0				630,945	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0				0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0				0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0				0	76.03
76.04	03953	WOUND CARE	0				179,377	76.04
76.06	03954	IMAGING CENTER	0				1,032,056	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0				556,095	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0				0	90.00
90.01	04950	INFUSION CENTER	0				89,137	90.01
90.26	04975	SPINE CENTER	0				4,175	90.26
91.00	09100	EMERGENCY	0				1,205,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	74,796	0	0	0	30,849,683	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				110,656	190.00
191.00	19100	RESEARCH	0				0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				1,184	192.00
193.00	19300	NONPAID WORKERS	0				0	193.00
194.00	07950	HOME OFFICE	0				0	194.00
194.06	07956	PAVILLIONS	0				59,259	194.06
194.08	07958	OTHER NRCC	0				115,614	194.08

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	
			17.00	19.00	21.00	22.00	24.00	
194.10	07960	COMMUNITY REHAB HOSPITAL	0				0	194.10
200.00		Cross Foot Adjustments		0	7,344	15,545	22,889	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	74,796	0	7,344	15,545	31,159,285	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			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
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	8,499,115		30.00
31.00	03100	INTENSIVE CARE UNIT	0	946,448		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,394,920		35.00
40.00	04000	SUBPROVIDER - IPF	0	266,552		40.00
43.00	04300	NURSERY	0	471,226		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,143,354		50.00
51.00	05100	RECOVERY ROOM	0	528,163		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,011,071		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	791,077		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	704,728		55.00
57.00	05700	CT SCAN	0	284,755		57.00
58.00	05800	MRI	0	685,602		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,021		59.00
60.00	06000	LABORATORY	0	480,558		60.00
64.00	06400	INTRAVENOUS THERAPY	0	27,856		64.00
65.00	06500	RESPIRATORY THERAPY	0	599,670		65.00
66.00	06600	PHYSICAL THERAPY	0	1,323,646		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	97,085		67.00
68.00	06800	SPEECH PATHOLOGY	0	18,056		68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,276		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	397,830		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,382,519		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	910,794		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,128,720		73.00
73.01	07301	SPECIALTY PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	35,652		74.00
76.00	03330	ENDOSCOPY	0	630,945		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.03
76.04	03953	WOUND CARE	0	179,377		76.04
76.06	03954	IMAGING CENTER	0	1,032,056		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	556,095		76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	INFUSION CENTER	0	89,137		90.01
90.26	04975	SPINE CENTER	0	4,175		90.26
91.00	09100	EMERGENCY	0	1,205,204		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
		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	30,849,683		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	110,656		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,184		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HOME OFFICE	0	0		194.00
194.06	07956	PAVILLIONS	0	59,259		194.06
194.08	07958	OTHER NRCC	0	115,614		194.08

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0		194.10
200.00		Cross Foot Adjustments	0	22,889		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	31,159,285		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	584,199					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,929,586				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	255	95,009	132,718,432			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,022	4,170,968	4,682,259	-67,282,044	361,025,646	5.00
7.00	00700	OPERATION OF PLANT	73,481	122,944	2,095,418	0	17,473,172	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,670	79	0	0	1,008,342	8.00
9.00	00900	HOUSEKEEPING	7,032	22,486	3,326,165	0	5,944,646	9.00
10.00	01000	DIETARY	4,984	19,260	933,049	0	2,109,140	10.00
11.00	01100	CAFETERIA	12,788	57,653	2,167,883	0	2,544,887	11.00
13.00	01300	NURSING ADMINISTRATION	2,337	31,176	2,539,852	0	10,099,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,352	2,658,473	836,255	0	7,464,580	14.00
15.00	01500	PHARMACY	6,322	592,222	6,289,310	0	9,636,136	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	240	0	0	0	2,524,909	16.00
17.00	01700	SOCIAL SERVICE	1,138	39	1,928,207	0	2,685,134	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	577,257	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,221,933	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	217,706	795,545	39,850,429	0	76,409,111	30.00
31.00	03100	INTENSIVE CARE UNIT	18,609	182,579	6,246,489	0	11,512,718	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	34,763	114,907	9,264,408	0	15,170,095	35.00
40.00	04000	SUBPROVIDER - IPF	6,412	7,853	2,531,734	0	3,251,378	40.00
43.00	04300	NURSERY	13,251	31,449	2,078,879	0	3,837,630	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,326	3,471,134	5,314,759	0	26,621,094	50.00
51.00	05100	RECOVERY ROOM	14,719	4,836	3,642,295	0	6,397,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,434	67,481	4,460,681	0	8,234,485	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,341	310,203	3,964,118	0	6,553,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,825	435,497	787,033	0	3,956,552	55.00
57.00	05700	CT SCAN	2,192	166,718	1,521,312	0	2,886,581	57.00
58.00	05800	MRI	3,481	550,325	908,879	0	2,662,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,527	0	0	173,502	59.00
60.00	06000	LABORATORY	5,395	0	0	0	14,906,584	60.00
64.00	06400	INTRAVENOUS THERAPY	179	8,550	545,907	0	756,056	64.00
65.00	06500	RESPIRATORY THERAPY	5,742	298,373	4,250,376	0	7,882,168	65.00
66.00	06600	PHYSICAL THERAPY	924	1,175,836	5,520,646	0	8,555,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	56,537	1,595,844	0	2,454,715	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,542	297,567	0	457,715	68.00
69.00	06900	ELECTROCARDIOLOGY	437	0	43,858	0	519,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,917	241,278	1,170,418	0	2,726,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,128,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,602,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,535,777	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	512	0	79,676	0	1,433,059	74.00
76.00	03330	ENDOSCOPY	7,406	339,537	1,709,829	0	3,700,851	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	150,649	546,926	0	1,546,844	76.04
76.06	03954	IMAGING CENTER	0	962,616	2,022,195	0	4,681,143	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	399,165	24,649	0	12,363,547	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	85,013	94,377	0	238,571	90.01
90.26	04975	SPINE CENTER	0	0	217,545	0	294,458	90.26
91.00	09100	EMERGENCY	24,604	164,045	7,394,415	0	17,408,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	579,796	17,802,504	130,883,642	-67,282,044	358,148,159	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,988	0	0	0	90,733	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	84,188	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
194.06	07956	PAVILLIONS	0	58,201	0	0	72,333	194.06
194.08	07958	OTHER NRCC	415	68,881	1,834,790	0	2,630,233	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
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)	13,291,375	17,867,910	7,225,758		67,282,044	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.751451	0.996560	0.054444		0.186364	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			100,484		4,592,939	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000757		0.012722	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
			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	491,441					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,670	241,141				8.00
9.00	00900	HOUSEKEEPING	7,032	0	482,739			9.00
10.00	01000	DIETARY	4,984	0	4,984	74,550		10.00
11.00	01100	CAFETERIA	12,788	0	12,788	0	1,182	11.00
13.00	01300	NURSING ADMINISTRATION	2,337	0	2,337	0	30	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,352	0	14,352	0	13	14.00
15.00	01500	PHARMACY	6,322	0	6,322	0	60	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	240	0	240	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,138	0	1,138	0	21	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	217,706	126,023	217,706	63,071	430	30.00
31.00	03100	INTENSIVE CARE UNIT	18,609	14,463	18,609	7,027	63	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	34,763	8,108	34,763	0	99	35.00
40.00	04000	SUBPROVIDER - IPF	6,412	2,556	6,412	4,452	27	40.00
43.00	04300	NURSERY	13,251	5,118	13,251	0	22	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,326	9,883	27,326	0	59	50.00
51.00	05100	RECOVERY ROOM	14,719	0	14,719	0	38	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,434	10,981	28,434	0	47	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,341	14,414	13,341	0	39	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,825	3,054	6,825	0	8	55.00
57.00	05700	CT SCAN	2,192	0	2,192	0	15	57.00
58.00	05800	MRI	3,481	0	3,481	0	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,395	0	5,395	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	179	0	179	0	5	64.00
65.00	06500	RESPIRATORY THERAPY	5,742	0	5,742	0	36	65.00
66.00	06600	PHYSICAL THERAPY	924	0	924	0	15	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	17	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	437	0	437	0	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,917	0	3,917	0	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	512	0	512	0	1	74.00
76.00	03330	ENDOSCOPY	7,406	8,809	7,406	0	21	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	0	0	0	7	76.04
76.06	03954	IMAGING CENTER	0	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	0	0	0	2	90.01
90.26	04975	SPINE CENTER	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	24,604	37,732	24,604	0	81	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	487,038	241,141	478,336	74,550	1,182	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,988	0	3,988	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	0	0	0	0	194.06
194.08	07958	OTHER NRCC	415	0	415	0	0	194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	20,729,542	1,266,704	7,349,132	2,788,315	3,753,256	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.181141	5.252960	15.223821	37.401945	3,175.343486	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,018,200	57,760	289,421	183,581	442,601	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.106698	0.239528	0.599539	2.462522	374.450931	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,722,851					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	52,859,590				14.00
15.00	01500	PHARMACY	0	251,046	15,311,529			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,801,824,242		16.00
17.00	01700	SOCIAL SERVICE	0	471	0	0	74,550	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	894,347	3,165,698	0	253,605,859	63,071	30.00
31.00	03100	INTENSIVE CARE UNIT	130,576	541,330	0	37,365,950	7,027	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	205,262	940,986	0	128,011,663	0	35.00
40.00	04000	SUBPROVIDER - IPF	55,858	89,181	0	11,938,916	4,452	40.00
43.00	04300	NURSERY	45,862	161,982	0	11,596,548	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	123,569	9,133,810	0	266,293,567	0	50.00
51.00	05100	RECOVERY ROOM	0	333,013	0	48,197,591	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,407	347,566	0	24,882,878	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	172,515	0	44,871,365	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	463,815	0	51,665,440	0	55.00
57.00	05700	CT SCAN	0	217,270	0	95,699,114	0	57.00
58.00	05800	MRI	0	50,618	0	30,954,241	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,316	0	4,529,880	0	59.00
60.00	06000	LABORATORY	0	2,363,734	0	104,586,078	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	41,761	0	1,525,783	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	451,201	0	40,424,116	0	65.00
66.00	06600	PHYSICAL THERAPY	0	122,513	0	26,650,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,678	0	8,289,242	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,534	0	2,401,031	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	462	0	11,136,874	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	152,592	0	15,178,797	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,128,765	0	70,093,476	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,602,121	0	45,025,034	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,311,529	121,463,382	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	47,457	0	4,985,128	0	74.00
76.00	03330	ENDOSCOPY	0	507,012	0	34,320,169	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	107,728	0	5,934,641	0	76.04
76.06	03954	IMAGING CENTER	0	173,968	0	62,787,404	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	5,543	0	31,667,909	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	9,230	0	582,151	0	90.01
90.26	04975	SPINE CENTER	0	4,271	0	484,132	0	90.26
91.00	09100	EMERGENCY	168,970	1,213,643	0	204,675,480	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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)	1,722,851	52,839,830	15,311,529	1,801,824,242	74,550	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,896	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.06	07956	PAVILLIONS	0	5,687	0	0	0	194.06
194.08	07958	OTHER NRCC	0	12,177	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,211,325	9,720,864	12,031,567	3,009,238	3,317,642	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.087859	0.183900	0.785785	0.001670	44.502240	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	236,882	3,143,866	928,523	38,712	74,796	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.137494	0.059476	0.060642	0.000021	1.003300	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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	21.00	22.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		65,600			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			65,600		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	34,100	34,100		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
43.00	04300	NURSERY	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	23,700	23,700		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,300	2,300		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03330	ENDOSCOPY	0	0	0		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.03
76.04	03953	WOUND CARE	0	0	0		76.04
76.06	03954	IMAGING CENTER	0	0	0		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	04950	INFUSION CENTER	0	0	0		90.01
90.26	04975	SPINE CENTER	0	0	0		90.26
91.00	09100	EMERGENCY	0	5,500	5,500		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
		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	65,600	65,600		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	HOME OFFICE	0	0	0		194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/25/2023 11:31 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	21.00	22.00		
194.06	07956	PAVILLIONS	0	0	0		194.06
194.08	07958	OTHER NRCC	0	0	0		194.08
194.10	07960	COMMUNITY REHAB HOSPITAL	0	0	0		194.10
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)	0	684,837	1,449,657		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10.439588	22.098430		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	7,344	15,545		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.111951	0.236966		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/25/2023 11:31 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	117,684,148		117,684,148	0	117,684,148	30.00
31.00	03100	INTENSIVE CARE UNIT	16,665,540		16,665,540	0	16,665,540	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,191,468		22,191,468	0	22,191,468	35.00
40.00	04000	SUBPROVIDER - IPF	5,121,448		5,121,448	0	5,121,448	40.00
43.00	04300	NURSERY	5,784,459		5,784,459	0	5,784,459	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,390,665		36,390,665	0	36,390,665	50.00
51.00	05100	RECOVERY ROOM	8,697,203		8,697,203	0	8,697,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,411,240		12,411,240	0	12,411,240	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,846,379		8,846,379	0	8,846,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,298,723		5,298,723	0	5,298,723	55.00
57.00	05700	CT SCAN	3,797,772		3,797,772	0	3,797,772	57.00
58.00	05800	MRI	3,447,982		3,447,982	0	3,447,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	214,012		214,012	0	214,012	59.00
60.00	06000	LABORATORY	18,603,685		18,603,685	0	18,603,685	60.00
64.00	06400	INTRAVENOUS THERAPY	933,338		933,338	0	933,338	64.00
65.00	06500	RESPIRATORY THERAPY	9,945,535	0	9,945,535	0	9,945,535	65.00
66.00	06600	PHYSICAL THERAPY	10,317,434	0	10,317,434	0	10,317,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,985,468	0	2,985,468	0	2,985,468	67.00
68.00	06800	SPEECH PATHOLOGY	557,571	0	557,571	0	557,571	68.00
69.00	06900	ELECTROCARDIOLOGY	663,291		663,291	0	663,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,553,790		3,553,790	0	3,553,790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,328,501		26,328,501	0	26,328,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,343,425		17,343,425	0	17,343,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,665,498		30,665,498	0	30,665,498	73.00
73.01	07301	SPECIALTY PHARMACY	0		0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,749,749		1,749,749	0	1,749,749	74.00
76.00	03330	ENDOSCOPY	5,079,208		5,079,208	0	5,079,208	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.03
76.04	03953	WOUND CARE	1,887,069		1,887,069	0	1,887,069	76.04
76.06	03954	IMAGING CENTER	5,690,388		5,690,388	0	5,690,388	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	14,721,571		14,721,571	0	14,721,571	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	INFUSION CENTER	292,052		292,052	0	292,052	90.01
90.26	04975	SPINE CENTER	350,928		350,928	0	350,928	90.26
91.00	09100	EMERGENCY	24,283,521		24,283,521	0	24,283,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,401,607		14,401,607		14,401,607	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	436,904,668	0	436,904,668	0	436,904,668	200.00
201.00		Less Observation Beds	14,401,607		14,401,607		14,401,607	201.00
202.00		Total (see instructions)	422,503,061	0	422,503,061	0	422,503,061	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	236,135,291		236,135,291			30.00
31.00	03100	INTENSIVE CARE UNIT	37,365,950		37,365,950			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	128,011,663		128,011,663			35.00
40.00	04000	SUBPROVIDER - IPF	11,938,916		11,938,916			40.00
43.00	04300	NURSERY	11,596,548		11,596,548			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	153,296,473	112,997,094	266,293,567	0.136656	0.000000	50.00
51.00	05100	RECOVERY ROOM	23,549,968	24,647,623	48,197,591	0.180449	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,882,878	0	24,882,878	0.498786	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,259,008	31,612,357	44,871,365	0.197150	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,278,270	30,387,170	51,665,440	0.102558	0.000000	55.00
57.00	05700	CT SCAN	32,373,208	63,325,906	95,699,114	0.039685	0.000000	57.00
58.00	05800	MRI	6,585,581	24,368,660	30,954,241	0.111390	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,529,880	0	4,529,880	0.047245	0.000000	59.00
60.00	06000	LABORATORY	64,275,054	40,311,024	104,586,078	0.177879	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,486,812	38,971	1,525,783	0.611711	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	37,507,715	2,916,401	40,424,116	0.246030	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,601,149	22,049,254	26,650,403	0.387140	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,539,742	3,749,500	8,289,242	0.360162	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,564,526	836,505	2,401,031	0.232221	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,145,876	1,990,998	11,136,874	0.059558	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,432,526	13,746,271	15,178,797	0.234129	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,122,893	26,970,583	70,093,476	0.375620	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,953,815	19,071,219	45,025,034	0.385195	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,755,141	30,708,241	121,463,382	0.252467	0.000000	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	4,985,128	0	4,985,128	0.350994	0.000000	74.00
76.00	03330	ENDOSCOPY	7,818,414	26,501,755	34,320,169	0.147995	0.000000	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.03
76.04	03953	WOUND CARE	1,096,374	4,838,267	5,934,641	0.317975	0.000000	76.04
76.06	03954	IMAGING CENTER	414,565	62,372,839	62,787,404	0.090629	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	26,043	31,641,866	31,667,909	0.464873	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	INFUSION CENTER	148	582,003	582,151	0.501677	0.000000	90.01
90.26	04975	SPINE CENTER	310	483,822	484,132	0.724860	0.000000	90.26
91.00	09100	EMERGENCY	49,498,388	155,177,092	204,675,480	0.118644	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,295,688	14,174,880	17,470,568	0.824335	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	1,056,323,941	745,500,301	1,801,824,242			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,056,323,941	745,500,301	1,801,824,242			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/25/2023 11:31 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.136656		50.00
51.00	05100	RECOVERY ROOM	0.180449		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558		55.00
57.00	05700	CT SCAN	0.039685		57.00
58.00	05800	MRI	0.111390		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245		59.00
60.00	06000	LABORATORY	0.177879		60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711		64.00
65.00	06500	RESPIRATORY THERAPY	0.246030		65.00
66.00	06600	PHYSICAL THERAPY	0.387140		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162		67.00
68.00	06800	SPEECH PATHOLOGY	0.232221		68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467		73.00
73.01	07301	SPECIALTY PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.350994		74.00
76.00	03330	ENDOSCOPY	0.147995		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.03
76.04	03953	WOUND CARE	0.317975		76.04
76.06	03954	IMAGING CENTER	0.090629		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873		76.07
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	INFUSION CENTER	0.501677		90.01
90.26	04975	SPINE CENTER	0.724860		90.26
91.00	09100	EMERGENCY	0.118644		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335		92.00
		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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,793,695		118,793,695	0	118,793,695	30.00
31.00	03100	INTENSIVE CARE UNIT	16,665,540		16,665,540	0	16,665,540	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,191,468		22,191,468	0	22,191,468	35.00
40.00	04000	SUBPROVIDER - IPF	5,121,448		5,121,448	0	5,121,448	40.00
43.00	04300	NURSERY	5,784,459		5,784,459	0	5,784,459	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,161,816		37,161,816	0	37,161,816	50.00
51.00	05100	RECOVERY ROOM	8,697,203		8,697,203	0	8,697,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,411,240		12,411,240	0	12,411,240	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,846,379		8,846,379	0	8,846,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,298,723		5,298,723	0	5,298,723	55.00
57.00	05700	CT SCAN	3,797,772		3,797,772	0	3,797,772	57.00
58.00	05800	MRI	3,447,982		3,447,982	0	3,447,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	214,012		214,012	0	214,012	59.00
60.00	06000	LABORATORY	18,603,685		18,603,685	0	18,603,685	60.00
64.00	06400	INTRAVENOUS THERAPY	933,338		933,338	0	933,338	64.00
65.00	06500	RESPIRATORY THERAPY	9,945,535	0	9,945,535	0	9,945,535	65.00
66.00	06600	PHYSICAL THERAPY	10,392,271	0	10,392,271	0	10,392,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,985,468	0	2,985,468	0	2,985,468	67.00
68.00	06800	SPEECH PATHOLOGY	557,571	0	557,571	0	557,571	68.00
69.00	06900	ELECTROCARDIOLOGY	663,291		663,291	0	663,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,553,790		3,553,790	0	3,553,790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,328,501		26,328,501	0	26,328,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,343,425		17,343,425	0	17,343,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,665,498		30,665,498	0	30,665,498	73.00
73.01	07301	SPECIALTY PHARMACY	0		0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,749,749		1,749,749	0	1,749,749	74.00
76.00	03330	ENDOSCOPY	5,079,208		5,079,208	0	5,079,208	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.03
76.04	03953	WOUND CARE	1,887,069		1,887,069	0	1,887,069	76.04
76.06	03954	IMAGING CENTER	5,690,388		5,690,388	0	5,690,388	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	14,721,571		14,721,571	0	14,721,571	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	04950	INFUSION CENTER	292,052		292,052	0	292,052	90.01
90.26	04975	SPINE CENTER	350,928		350,928	0	350,928	90.26
91.00	09100	EMERGENCY	24,462,480		24,462,480	0	24,462,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,401,607		14,401,607		14,401,607	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	439,039,162	0	439,039,162	0	439,039,162	200.00
201.00		Less Observation Beds	14,401,607		14,401,607		14,401,607	201.00
202.00		Total (see instructions)	424,637,555	0	424,637,555	0	424,637,555	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I | Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	236,135,291		236,135,291			30.00
31.00	03100	INTENSIVE CARE UNIT	37,365,950		37,365,950			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	128,011,663		128,011,663			35.00
40.00	04000	SUBPROVIDER - IPF	11,938,916		11,938,916			40.00
43.00	04300	NURSERY	11,596,548		11,596,548			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	153,296,473	112,997,094	266,293,567	0.139552	0.000000	50.00
51.00	05100	RECOVERY ROOM	23,549,968	24,647,623	48,197,591	0.180449	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,882,878	0	24,882,878	0.498786	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,259,008	31,612,357	44,871,365	0.197150	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,278,270	30,387,170	51,665,440	0.102558	0.000000	55.00
57.00	05700	CT SCAN	32,373,208	63,325,906	95,699,114	0.039685	0.000000	57.00
58.00	05800	MRI	6,585,581	24,368,660	30,954,241	0.111390	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,529,880	0	4,529,880	0.047245	0.000000	59.00
60.00	06000	LABORATORY	64,275,054	40,311,024	104,586,078	0.177879	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,486,812	38,971	1,525,783	0.611711	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	37,507,715	2,916,401	40,424,116	0.246030	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,601,149	22,049,254	26,650,403	0.389948	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,539,742	3,749,500	8,289,242	0.360162	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,564,526	836,505	2,401,031	0.232221	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,145,876	1,990,998	11,136,874	0.059558	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,432,526	13,746,271	15,178,797	0.234129	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,122,893	26,970,583	70,093,476	0.375620	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,953,815	19,071,219	45,025,034	0.385195	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,755,141	30,708,241	121,463,382	0.252467	0.000000	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	4,985,128	0	4,985,128	0.350994	0.000000	74.00
76.00	03330	ENDOSCOPY	7,818,414	26,501,755	34,320,169	0.147995	0.000000	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.03
76.04	03953	WOUND CARE	1,096,374	4,838,267	5,934,641	0.317975	0.000000	76.04
76.06	03954	IMAGING CENTER	414,565	62,372,839	62,787,404	0.090629	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	26,043	31,641,866	31,667,909	0.464873	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	INFUSION CENTER	148	582,003	582,151	0.501677	0.000000	90.01
90.26	04975	SPINE CENTER	310	483,822	484,132	0.724860	0.000000	90.26
91.00	09100	EMERGENCY	49,498,388	155,177,092	204,675,480	0.119518	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,295,688	14,174,880	17,470,568	0.824335	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	1,056,323,941	745,500,301	1,801,824,242			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,056,323,941	745,500,301	1,801,824,242			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.139552		50.00
51.00	05100	RECOVERY ROOM	0.180449		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558		55.00
57.00	05700	CT SCAN	0.039685		57.00
58.00	05800	MRI	0.111390		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245		59.00
60.00	06000	LABORATORY	0.177879		60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711		64.00
65.00	06500	RESPIRATORY THERAPY	0.246030		65.00
66.00	06600	PHYSICAL THERAPY	0.389948		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162		67.00
68.00	06800	SPEECH PATHOLOGY	0.232221		68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467		73.00
73.01	07301	SPECIALTY PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.350994		74.00
76.00	03330	ENDOSCOPY	0.147995		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.03
76.04	03953	WOUND CARE	0.317975		76.04
76.06	03954	IMAGING CENTER	0.090629		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873		76.07
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	INFUSION CENTER	0.501677		90.01
90.26	04975	SPINE CENTER	0.724860		90.26
91.00	09100	EMERGENCY	0.119518		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335		92.00
		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

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

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part II Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,161,816	5,143,354	32,018,462	0	0	50.00
51.00	05100	RECOVERY ROOM	8,697,203	528,163	8,169,040	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,411,240	1,011,071	11,400,169	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,846,379	791,077	8,055,302	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,298,723	704,728	4,593,995	0	0	55.00
57.00	05700	CT SCAN	3,797,772	284,755	3,513,017	0	0	57.00
58.00	05800	MRI	3,447,982	685,602	2,762,380	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	214,012	4,021	209,991	0	0	59.00
60.00	06000	LABORATORY	18,603,685	480,558	18,123,127	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	933,338	27,856	905,482	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,945,535	599,670	9,345,865	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,392,271	1,323,646	9,068,625	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,985,468	97,085	2,888,383	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	557,571	18,056	539,515	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	663,291	19,276	644,015	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,553,790	397,830	3,155,960	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,328,501	1,382,519	24,945,982	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,343,425	910,794	16,432,631	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,665,498	1,128,720	29,536,778	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,749,749	35,652	1,714,097	0	0	74.00
76.00	03330	ENDOSCOPY	5,079,208	630,945	4,448,263	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	1,887,069	179,377	1,707,692	0	0	76.04
76.06	03954	IMAGING CENTER	5,690,388	1,032,056	4,658,332	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	14,721,571	556,095	14,165,476	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	292,052	89,137	202,915	0	0	90.01
90.26	04975	SPINE CENTER	350,928	4,175	346,753	0	0	90.26
91.00	09100	EMERGENCY	24,462,480	1,205,204	23,257,276	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,401,607	1,040,084	13,361,523	0	0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (sum of lines 50 thru 199)	270,482,552	20,311,506	250,171,046	0	0	200.00
201.00		Less Observation Beds	14,401,607	1,040,084	13,361,523	0	0	201.00
202.00		Total (line 200 minus line 201)	256,080,945	19,271,422	236,809,523	0	0	202.00

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

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part II Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	37,161,816	266,293,567	0.139552		50.00
51.00	05100	RECOVERY ROOM	8,697,203	48,197,591	0.180449		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,411,240	24,882,878	0.498786		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,846,379	44,871,365	0.197150		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,298,723	51,665,440	0.102558		55.00
57.00	05700	CT SCAN	3,797,772	95,699,114	0.039685		57.00
58.00	05800	MRI	3,447,982	30,954,241	0.111390		58.00
59.00	05900	CARDIAC CATHETERIZATION	214,012	4,529,880	0.047245		59.00
60.00	06000	LABORATORY	18,603,685	104,586,078	0.177879		60.00
64.00	06400	INTRAVENOUS THERAPY	933,338	1,525,783	0.611711		64.00
65.00	06500	RESPIRATORY THERAPY	9,945,535	40,424,116	0.246030		65.00
66.00	06600	PHYSICAL THERAPY	10,392,271	26,650,403	0.389948		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,985,468	8,289,242	0.360162		67.00
68.00	06800	SPEECH PATHOLOGY	557,571	2,401,031	0.232221		68.00
69.00	06900	ELECTROCARDIOLOGY	663,291	11,136,874	0.059558		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,553,790	15,178,797	0.234129		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,328,501	70,093,476	0.375620		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,343,425	45,025,034	0.385195		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,665,498	121,463,382	0.252467		73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0.000000		73.01
74.00	07400	RENAL DIALYSIS	1,749,749	4,985,128	0.350994		74.00
76.00	03330	ENDOSCOPY	5,079,208	34,320,169	0.147995		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.03
76.04	03953	WOUND CARE	1,887,069	5,934,641	0.317975		76.04
76.06	03954	IMAGING CENTER	5,690,388	62,787,404	0.090629		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	14,721,571	31,667,909	0.464873		76.07
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	04950	INFUSION CENTER	292,052	582,151	0.501677		90.01
90.26	04975	SPINE CENTER	350,928	484,132	0.724860		90.26
91.00	09100	EMERGENCY	24,462,480	204,675,480	0.119518		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,401,607	17,470,568	0.824335		92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (sum of lines 50 thru 199)	270,482,552	1,376,775,874			200.00
201.00		Less Observation Beds	14,401,607	0			201.00
202.00		Total (line 200 minus line 201)	256,080,945	1,376,775,874			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part I Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,499,115	0	8,499,115	73,422	115.76	30.00
31.00	INTENSIVE CARE UNIT	946,448		946,448	7,027	134.69	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,394,920		1,394,920	13,571	102.79	35.00
40.00	SUBPROVIDER - IPF	266,552	0	266,552	4,452	59.87	40.00
43.00	NURSERY	471,226		471,226	7,614	61.89	43.00
200.00	Total (lines 30 through 199)	11,578,261		11,578,261	106,086		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	15,418	1,784,788	30.00
31.00	INTENSIVE CARE UNIT	1,643	221,296	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00	SUBPROVIDER - IPF	1,708	102,258	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	18,769	2,108,342	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part II Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,143,354	266,293,567	0.019315	41,724,895	805,916	50.00
51.00	05100	RECOVERY ROOM	528,163	48,197,591	0.010958	5,648,457	61,896	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,071	24,882,878	0.040633	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	791,077	44,871,365	0.017630	3,374,791	59,498	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	704,728	51,665,440	0.013640	6,064,467	82,719	55.00
57.00	05700	CT SCAN	284,755	95,699,114	0.002976	9,706,158	28,886	57.00
58.00	05800	MRI	685,602	30,954,241	0.022149	1,963,154	43,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,021	4,529,880	0.000888	1,365,601	1,213	59.00
60.00	06000	LABORATORY	480,558	104,586,078	0.004595	15,669,794	72,003	60.00
64.00	06400	INTRAVENOUS THERAPY	27,856	1,525,783	0.018257	280,789	5,126	64.00
65.00	06500	RESPIRATORY THERAPY	599,670	40,424,116	0.014834	7,431,545	110,240	65.00
66.00	06600	PHYSICAL THERAPY	1,323,646	26,650,403	0.049667	1,535,569	76,267	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,085	8,289,242	0.011712	1,245,549	14,588	67.00
68.00	06800	SPEECH PATHOLOGY	18,056	2,401,031	0.007520	394,147	2,964	68.00
69.00	06900	ELECTROCARDIOLOGY	19,276	11,136,874	0.001731	2,558,307	4,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	397,830	15,178,797	0.026210	434,580	11,390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,382,519	70,093,476	0.019724	7,627,091	150,437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	910,794	45,025,034	0.020229	9,981,566	201,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,128,720	121,463,382	0.009293	20,719,143	192,543	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	35,652	4,985,128	0.007152	1,408,158	10,071	74.00
76.00	03330	ENDOSCOPY	630,945	34,320,169	0.018384	2,509,730	46,139	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.03
76.04	03953	WOUND CARE	179,377	5,934,641	0.030225	314,484	9,505	76.04
76.06	03954	IMAGING CENTER	1,032,056	62,787,404	0.016437	38,541	633	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	556,095	31,667,909	0.017560	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	INFUSION CENTER	89,137	582,151	0.153117	0	0	90.01
90.26	04975	SPINE CENTER	4,175	484,132	0.008624	0	0	90.26
91.00	09100	EMERGENCY	1,205,204	204,675,480	0.005888	14,569,900	85,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,040,084	17,470,568	0.059533	1,101,311	65,564	92.00
200.00		Total (lines 50 through 199)	20,311,506	1,376,775,874		157,667,727	2,143,213	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part III Date/Time Prepared: 5/25/2023 11:31 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	73,422	0.00	15,418	30.00
31.00	03100	INTENSIVE CARE UNIT		0	7,027	0.00	1,643	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	13,571	0.00	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,452	0.00	1,708	40.00
43.00	04300	NURSERY		0	7,614	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	106,086		18,769	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	0	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	0	0	0	0	90.01
90.26	04975	SPINE CENTER	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	266,293,567	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	48,197,591	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,882,878	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,871,365	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	51,665,440	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	95,699,114	0.000000	57.00
58.00	05800	MRI	0	0	0	30,954,241	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,529,880	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	104,586,078	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,525,783	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,424,116	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	26,650,403	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,289,242	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,401,031	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,136,874	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15,178,797	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,093,476	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,025,034	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	121,463,382	0.000000	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,985,128	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	34,320,169	0.000000	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.03
76.04	03953	WOUND CARE	0	0	0	5,934,641	0.000000	76.04
76.06	03954	IMAGING CENTER	0	0	0	62,787,404	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	31,667,909	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	INFUSION CENTER	0	0	0	582,151	0.000000	90.01
90.26	04975	SPINE CENTER	0	0	0	484,132	0.000000	90.26
91.00	09100	EMERGENCY	0	0	0	204,675,480	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,470,568	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,376,775,874		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	41,724,895	0	20,834,986	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	5,648,457	0	5,393,065	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,374,791	0	4,278,840	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	6,064,467	0	10,374,125	0	55.00
57.00	05700	CT SCAN	0.000000	9,706,158	0	9,284,137	0	57.00
58.00	05800	MRI	0.000000	1,963,154	0	6,662,806	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,365,601	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	15,669,794	0	5,629,896	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	280,789	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,431,545	0	224,358	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,535,569	0	89,343	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,245,549	0	19,457	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	394,147	0	6,356	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,558,307	0	323,414	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	434,580	0	2,249,726	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,627,091	0	5,207,013	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,981,566	0	4,837,594	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	20,719,143	0	8,501,344	0	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	1,408,158	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	2,509,730	0	5,927,098	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03953	WOUND CARE	0.000000	314,484	0	1,212,276	0	76.04
76.06	03954	IMAGING CENTER	0.000000	38,541	0	13,676,361	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.000000	0	0	2,940,559	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0.000000	0	0	211,850	0	90.01
90.26	04975	SPINE CENTER	0.000000	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.000000	14,569,900	0	16,138,959	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,101,311	0	495,476	0	92.00
200.00		Total (lines 50 through 199)		157,667,727	0	124,519,039	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.136656	20,834,986	0	0	2,847,226	50.00
51.00	05100	RECOVERY ROOM	0.180449	5,393,065	0	0	973,173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150	4,278,840	0	0	843,573	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558	10,374,125	0	0	1,063,950	55.00
57.00	05700	CT SCAN	0.039685	9,284,137	0	0	368,441	57.00
58.00	05800	MRI	0.111390	6,662,806	0	0	742,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245	0	0	0	0	59.00
60.00	06000	LABORATORY	0.177879	5,629,896	0	0	1,001,440	60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.246030	224,358	0	0	55,199	65.00
66.00	06600	PHYSICAL THERAPY	0.387140	89,343	0	0	34,588	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162	19,457	0	0	7,008	67.00
68.00	06800	SPEECH PATHOLOGY	0.232221	6,356	0	0	1,476	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558	323,414	0	0	19,262	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129	2,249,726	0	0	526,726	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620	5,207,013	0	0	1,955,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195	4,837,594	0	0	1,863,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467	8,501,344	0	320,409	2,146,309	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.350994	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.147995	5,927,098	0	0	877,181	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03953	WOUND CARE	0.317975	1,212,276	0	0	385,473	76.04
76.06	03954	IMAGING CENTER	0.090629	13,676,361	0	0	1,239,475	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873	2,940,559	0	0	1,366,986	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0.501677	211,850	0	0	106,280	90.01
90.26	04975	SPINE CENTER	0.724860	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.118644	16,138,959	0	0	1,914,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335	495,476	0	0	408,438	92.00
200.00		Subtotal (see instructions)		124,519,039	0	320,409	20,748,440	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		124,519,039	0	320,409	20,748,440	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
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	0	80,893		73.00
73.01	07301	SPECIALTY PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.03
76.04	03953	WOUND CARE	0	0		76.04
76.06	03954	IMAGING CENTER	0	0		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	INFUSION CENTER	0	0		90.01
90.26	04975	SPINE CENTER	0	0		90.26
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	80,893		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	80,893		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part II Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,143,354	266,293,567	0.019315	0	0	50.00
51.00	05100	RECOVERY ROOM	528,163	48,197,591	0.010958	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,071	24,882,878	0.040633	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	791,077	44,871,365	0.017630	21,837	385	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	704,728	51,665,440	0.013640	0	0	55.00
57.00	05700	CT SCAN	284,755	95,699,114	0.002976	77,396	230	57.00
58.00	05800	MRI	685,602	30,954,241	0.022149	2,815	62	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,021	4,529,880	0.000888	0	0	59.00
60.00	06000	LABORATORY	480,558	104,586,078	0.004595	381,524	1,753	60.00
64.00	06400	INTRAVENOUS THERAPY	27,856	1,525,783	0.018257	5,509	101	64.00
65.00	06500	RESPIRATORY THERAPY	599,670	40,424,116	0.014834	4,563	68	65.00
66.00	06600	PHYSICAL THERAPY	1,323,646	26,650,403	0.049667	30,280	1,504	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,085	8,289,242	0.011712	23,027	270	67.00
68.00	06800	SPEECH PATHOLOGY	18,056	2,401,031	0.007520	1,462	11	68.00
69.00	06900	ELECTROCARDIOLOGY	19,276	11,136,874	0.001731	26,954	47	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	397,830	15,178,797	0.026210	2,460	64	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,382,519	70,093,476	0.019724	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	910,794	45,025,034	0.020229	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,128,720	121,463,382	0.009293	292,071	2,714	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	35,652	4,985,128	0.007152	0	0	74.00
76.00	03330	ENDOSCOPY	630,945	34,320,169	0.018384	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.03
76.04	03953	WOUND CARE	179,377	5,934,641	0.030225	0	0	76.04
76.06	03954	IMAGING CENTER	1,032,056	62,787,404	0.016437	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	556,095	31,667,909	0.017560	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	INFUSION CENTER	89,137	582,151	0.153117	0	0	90.01
90.26	04975	SPINE CENTER	4,175	484,132	0.008624	0	0	90.26
91.00	09100	EMERGENCY	1,205,204	204,675,480	0.005888	276,939	1,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,470,568	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	19,271,422	1,376,775,874		1,146,837	8,840	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	0	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	0	0	0	0	90.01
90.26	04975	SPINE CENTER	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	266,293,567	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	48,197,591	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,882,878	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,871,365	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	51,665,440	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	95,699,114	0.000000	57.00
58.00	05800	MRI	0	0	0	30,954,241	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,529,880	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	104,586,078	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,525,783	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,424,116	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	26,650,403	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,289,242	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,401,031	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,136,874	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15,178,797	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,093,476	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,025,034	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	121,463,382	0.000000	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,985,128	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	34,320,169	0.000000	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.03
76.04	03953	WOUND CARE	0	0	0	5,934,641	0.000000	76.04
76.06	03954	IMAGING CENTER	0	0	0	62,787,404	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	31,667,909	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	INFUSION CENTER	0	0	0	582,151	0.000000	90.01
90.26	04975	SPINE CENTER	0	0	0	484,132	0.000000	90.26
91.00	09100	EMERGENCY	0	0	0	204,675,480	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,470,568	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,376,775,874		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	21,837	0	275	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	77,396	0	0	0	57.00
58.00	05800	MRI	0.000000	2,815	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	381,524	0	49	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	5,509	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,563	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	30,280	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	23,027	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,462	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	26,954	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,460	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	292,071	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	0	0	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03953	WOUND CARE	0.000000	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	0.000000	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0.000000	0	0	0	0	90.01
90.26	04975	SPINE CENTER	0.000000	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.000000	276,939	0	1,070	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,146,837	0	1,394	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.136656	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.180449	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150	275	0	0	54	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558	0	0	0	0	55.00
57.00	05700	CT SCAN	0.039685	0	0	0	0	57.00
58.00	05800	MRI	0.111390	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245	0	0	0	0	59.00
60.00	06000	LABORATORY	0.177879	49	0	0	9	60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.246030	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.387140	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.232221	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467	0	0	1,996	0	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.350994	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.147995	0	0	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03953	WOUND CARE	0.317975	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	0.090629	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0.501677	0	0	0	0	90.01
90.26	04975	SPINE CENTER	0.724860	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.118644	1,070	0	0	127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,394	0	1,996	190	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,394	0	1,996	190	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
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	0	504		73.00
73.01	07301	SPECIALTY PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.03
76.04	03953	WOUND CARE	0	0		76.04
76.06	03954	IMAGING CENTER	0	0		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	INFUSION CENTER	0	0		90.01
90.26	04975	SPINE CENTER	0	0		90.26
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	504		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	504		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part I Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,499,115	0	8,499,115	73,422	115.76	30.00
31.00	INTENSIVE CARE UNIT	946,448		946,448	7,027	134.69	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,394,920		1,394,920	13,571	102.79	35.00
40.00	SUBPROVIDER - IPF	266,552	0	266,552	4,452	59.87	40.00
43.00	NURSERY	471,226		471,226	7,614	61.89	43.00
200.00	Total (lines 30 through 199)	11,578,261		11,578,261	106,086		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,960	226,890				30.00
31.00	INTENSIVE CARE UNIT	411	55,358				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	873	89,736				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	3,300	204,237				43.00
200.00	Total (lines 30 through 199)	6,544	576,221				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part II Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,143,354	266,293,567	0.019315	2,620,851	50,622	50.00
51.00	05100	RECOVERY ROOM	528,163	48,197,591	0.010958	524,069	5,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,011,071	24,882,878	0.040633	366,437	14,889	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	791,077	44,871,365	0.017630	540,208	9,524	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	704,728	51,665,440	0.013640	554,712	7,566	55.00
57.00	05700	CT SCAN	284,755	95,699,114	0.002976	1,357,839	4,041	57.00
58.00	05800	MRI	685,602	30,954,241	0.022149	209,121	4,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,021	4,529,880	0.000888	39,857	35	59.00
60.00	06000	LABORATORY	480,558	104,586,078	0.004595	2,598,820	11,942	60.00
64.00	06400	INTRAVENOUS THERAPY	27,856	1,525,783	0.018257	57,725	1,054	64.00
65.00	06500	RESPIRATORY THERAPY	599,670	40,424,116	0.014834	2,496,990	37,040	65.00
66.00	06600	PHYSICAL THERAPY	1,323,646	26,650,403	0.049667	127,423	6,329	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,085	8,289,242	0.011712	172,579	2,021	67.00
68.00	06800	SPEECH PATHOLOGY	18,056	2,401,031	0.007520	51,877	390	68.00
69.00	06900	ELECTROCARDIOLOGY	19,276	11,136,874	0.001731	294,314	509	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	397,830	15,178,797	0.026210	86,994	2,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,382,519	70,093,476	0.019724	1,122,028	22,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	910,794	45,025,034	0.020229	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,128,720	121,463,382	0.009293	4,077,451	37,892	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	35,652	4,985,128	0.007152	268,125	1,918	74.00
76.00	03330	ENDOSCOPY	630,945	34,320,169	0.018384	235,267	4,325	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.03
76.04	03953	WOUND CARE	179,377	5,934,641	0.030225	51,514	1,557	76.04
76.06	03954	IMAGING CENTER	1,032,056	62,787,404	0.016437	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	556,095	31,667,909	0.017560	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	INFUSION CENTER	89,137	582,151	0.153117	0	0	90.01
90.26	04975	SPINE CENTER	4,175	484,132	0.008624	0	0	90.26
91.00	09100	EMERGENCY	1,205,204	204,675,480	0.005888	2,209,851	13,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,040,084	17,470,568	0.059533	185,641	11,052	92.00
200.00		Total (lines 50 through 199)	20,311,506	1,376,775,874		20,249,693	250,504	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part III Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	73,422	0.00	1,960	30.00
31.00	03100	INTENSIVE CARE UNIT		0	7,027	0.00	411	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	13,571	0.00	873	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,452	0.00	0	40.00
43.00	04300	NURSERY		0	7,614	0.00	3,300	43.00
200.00		Total (lines 30 through 199)		0	106,086		6,544	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03953	WOUND CARE	0	0	0	0	0	76.04
76.06	03954	IMAGING CENTER	0	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0	0	0	0	0	90.01
90.26	04975	SPINE CENTER	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	266,293,567	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	48,197,591	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,882,878	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,871,365	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	51,665,440	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	95,699,114	0.000000	57.00
58.00	05800	MRI	0	0	0	30,954,241	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,529,880	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	104,586,078	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,525,783	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,424,116	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	26,650,403	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,289,242	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,401,031	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,136,874	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15,178,797	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,093,476	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,025,034	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	121,463,382	0.000000	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,985,128	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	34,320,169	0.000000	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.03
76.04	03953	WOUND CARE	0	0	0	5,934,641	0.000000	76.04
76.06	03954	IMAGING CENTER	0	0	0	62,787,404	0.000000	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0	0	0	31,667,909	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	INFUSION CENTER	0	0	0	582,151	0.000000	90.01
90.26	04975	SPINE CENTER	0	0	0	484,132	0.000000	90.26
91.00	09100	EMERGENCY	0	0	0	204,675,480	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,470,568	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,376,775,874		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	2,620,851	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	524,069	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	366,437	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	540,208	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	554,712	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	1,357,839	0	0	0	57.00
58.00	05800	MRI	0.000000	209,121	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	39,857	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	2,598,820	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	57,725	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,496,990	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	127,423	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	172,579	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	51,877	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	294,314	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	86,994	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,122,028	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,077,451	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	268,125	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	235,267	0	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03953	WOUND CARE	0.000000	51,514	0	0	0	76.04
76.06	03954	IMAGING CENTER	0.000000	0	0	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0.000000	0	0	0	0	90.01
90.26	04975	SPINE CENTER	0.000000	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.000000	2,209,851	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	185,641	0	0	0	92.00
200.00		Total (lines 50 through 199)		20,249,693	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.139552	0	1,345,772	0	0	50.00
51.00	05100	RECOVERY ROOM	0.180449	0	256,803	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150	0	786,197	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558	0	703,368	0	0	55.00
57.00	05700	CT SCAN	0.039685	0	2,288,618	0	0	57.00
58.00	05800	MRI	0.111390	0	228,030	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245	0	0	0	0	59.00
60.00	06000	LABORATORY	0.177879	0	1,247,555	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711	0	127	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.246030	0	102,208	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.389948	0	119,587	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162	0	37,567	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.232221	0	28,897	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558	0	43,538	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129	0	135,789	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620	0	301,489	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467	0	503,214	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.350994	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.147995	0	359,198	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03953	WOUND CARE	0.317975	0	159,831	0	0	76.04
76.06	03954	IMAGING CENTER	0.090629	0	408,553	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873	0	236,551	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	INFUSION CENTER	0.501677	0	379	0	0	90.01
90.26	04975	SPINE CENTER	0.724860	0	0	0	0	90.26
91.00	09100	EMERGENCY	0.119518	0	7,795,045	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	17,088,316	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	17,088,316	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	187,805	0		50.00
51.00	05100	RECOVERY ROOM	46,340	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,999	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	72,136	0		55.00
57.00	05700	CT SCAN	90,824	0		57.00
58.00	05800	MRI	25,400	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	221,914	0		60.00
64.00	06400	INTRAVENOUS THERAPY	78	0		64.00
65.00	06500	RESPIRATORY THERAPY	25,146	0		65.00
66.00	06600	PHYSICAL THERAPY	46,633	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	13,530	0		67.00
68.00	06800	SPEECH PATHOLOGY	6,710	0		68.00
69.00	06900	ELECTROCARDIOLOGY	2,593	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,792	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,245	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,045	0		73.00
73.01	07301	SPECIALTY PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	53,160	0		76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.03
76.04	03953	WOUND CARE	50,822	0		76.04
76.06	03954	IMAGING CENTER	37,027	0		76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	109,966	0		76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	INFUSION CENTER	190	0		90.01
90.26	04975	SPINE CENTER	0	0		90.26
91.00	09100	EMERGENCY	931,648	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	2,349,003	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,349,003	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	73,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	73,422	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)	64,437	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	15,418	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)	117,684,148	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)	117,684,148	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)	117,684,148	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)	1,602.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	24,712,741	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)	24,712,741	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,665,540	7,027	2,371.64	1,643	3,896,605	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	22,191,468	13,571	1,635.21	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	30,399,384	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)	59,008,730	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)	2,006,084	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,143,213	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,149,297	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	54,859,433	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)	8,985	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,602.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	14,401,607	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

	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	8,499,115	117,684,148	0.072220	14,401,607	1,040,084	90.00
91.00	Nursing Program cost	0	117,684,148	0.000000	14,401,607	0	91.00
92.00	Allied health cost	0	117,684,148	0.000000	14,401,607	0	92.00
93.00	All other Medical Education	0	117,684,148	0.000000	14,401,607	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0169 Component CCN: 15-S169	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,452	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,452	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)	4,452	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,708	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,121,448	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)	5,121,448	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)	5,121,448	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)	1,150.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,964,832	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,964,832	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1

Component CCN: 15-S169 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	209,180	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	2,174,012	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)	102,258	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,840	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	111,098	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,062,914	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0169 Component CCN: 15-S169	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	266,552	5,121,448	0.052046	0	0	90.00
91.00	Nursing Program cost	0	5,121,448	0.000000	0	0	91.00
92.00	Allied health cost	0	5,121,448	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,121,448	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	73,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	73,422	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)	64,437	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,960	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)	7,614	15.00
16.00	Nursery days (title V or XIX only)	3,300	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)	118,793,695	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)	118,793,695	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)	118,793,695	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)	1,617.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,171,202	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,171,202	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,784,459	7,614	759.71	3,300	2,507,043	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,665,540	7,027	2,371.64	411	974,744	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	22,191,468	13,571	1,635.21	873	1,427,538	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,172,584	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)	12,253,111	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)	576,221	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	250,504	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	826,725	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	11,426,386	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)	8,985	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,617.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	14,537,371	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

	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	8,499,115	118,793,695	0.071545	14,537,371	1,040,076	90.00
91.00	Nursing Program cost	0	118,793,695	0.000000	14,537,371	0	91.00
92.00	Allied health cost	0	118,793,695	0.000000	14,537,371	0	92.00
93.00	All other Medical Education	0	118,793,695	0.000000	14,537,371	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		36,693,630		30.00
31.00	03100	INTENSIVE CARE UNIT		9,010,004		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000	SUBPROVIDER - IPF		384		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.136656	41,724,895	5,701,957	50.00
51.00	05100	RECOVERY ROOM	0.180449	5,648,457	1,019,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150	3,374,791	665,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558	6,064,467	621,960	55.00
57.00	05700	CT SCAN	0.039685	9,706,158	385,189	57.00
58.00	05800	MRI	0.111390	1,963,154	218,676	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245	1,365,601	64,518	59.00
60.00	06000	LABORATORY	0.177879	15,669,794	2,787,327	60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711	280,789	171,762	64.00
65.00	06500	RESPIRATORY THERAPY	0.246030	7,431,545	1,828,383	65.00
66.00	06600	PHYSICAL THERAPY	0.387140	1,535,569	594,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162	1,245,549	448,599	67.00
68.00	06800	SPEECH PATHOLOGY	0.232221	394,147	91,529	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558	2,558,307	152,368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129	434,580	101,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620	7,627,091	2,864,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195	9,981,566	3,844,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467	20,719,143	5,230,900	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.350994	1,408,158	494,255	74.00
76.00	03330	ENDOSCOPY	0.147995	2,509,730	371,427	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.03
76.04	03953	WOUND CARE	0.317975	314,484	99,998	76.04
76.06	03954	IMAGING CENTER	0.090629	38,541	3,493	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	04950	INFUSION CENTER	0.501677	0	0	90.01
90.26	04975	SPINE CENTER	0.724860	0	0	90.26
91.00	09100	EMERGENCY	0.118644	14,569,900	1,728,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335	1,101,311	907,849	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		157,667,727	30,399,384	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)		157,667,727		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF		4,524,266		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.136656	0	0	50.00
51.00	05100	RECOVERY ROOM	0.180449	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150	21,837	4,305	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558	0	0	55.00
57.00	05700	CT SCAN	0.039685	77,396	3,071	57.00
58.00	05800	MRI	0.111390	2,815	314	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245	0	0	59.00
60.00	06000	LABORATORY	0.177879	381,524	67,865	60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711	5,509	3,370	64.00
65.00	06500	RESPIRATORY THERAPY	0.246030	4,563	1,123	65.00
66.00	06600	PHYSICAL THERAPY	0.387140	30,280	11,723	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162	23,027	8,293	67.00
68.00	06800	SPEECH PATHOLOGY	0.232221	1,462	340	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558	26,954	1,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129	2,460	576	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467	292,071	73,738	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.350994	0	0	74.00
76.00	03330	ENDOSCOPY	0.147995	0	0	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.03
76.04	03953	WOUND CARE	0.317975	0	0	76.04
76.06	03954	IMAGING CENTER	0.090629	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	04950	INFUSION CENTER	0.501677	0	0	90.01
90.26	04975	SPINE CENTER	0.724860	0	0	90.26
91.00	09100	EMERGENCY	0.118644	276,939	32,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,146,837	209,180	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)		1,146,837		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/25/2023 11:31 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		7,980,059		30.00
31.00	03100	INTENSIVE CARE UNIT		2,639,178		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		6,925,512		35.00
40.00	04000	SUBPROVIDER - IPF		530,139		40.00
43.00	04300	NURSERY		4,711,282		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.139552	2,620,851	365,745	50.00
51.00	05100	RECOVERY ROOM	0.180449	524,069	94,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.498786	366,437	182,774	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197150	540,208	106,502	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102558	554,712	56,890	55.00
57.00	05700	CT SCAN	0.039685	1,357,839	53,886	57.00
58.00	05800	MRI	0.111390	209,121	23,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047245	39,857	1,883	59.00
60.00	06000	LABORATORY	0.177879	2,598,820	462,276	60.00
64.00	06400	INTRAVENOUS THERAPY	0.611711	57,725	35,311	64.00
65.00	06500	RESPIRATORY THERAPY	0.246030	2,496,990	614,334	65.00
66.00	06600	PHYSICAL THERAPY	0.389948	127,423	49,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.360162	172,579	62,156	67.00
68.00	06800	SPEECH PATHOLOGY	0.232221	51,877	12,047	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059558	294,314	17,529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234129	86,994	20,368	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.375620	1,122,028	421,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.385195	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252467	4,077,451	1,029,422	73.00
73.01	07301	SPECIALTY PHARMACY	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.350994	268,125	94,110	74.00
76.00	03330	ENDOSCOPY	0.147995	235,267	34,818	76.00
76.01	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.01
76.02	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.02
76.03	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.03
76.04	03953	WOUND CARE	0.317975	51,514	16,380	76.04
76.06	03954	IMAGING CENTER	0.090629	0	0	76.06
76.07	03955	BREAST DIAGNOSTIC CENTER	0.464873	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	04950	INFUSION CENTER	0.501677	0	0	90.01
90.26	04975	SPINE CENTER	0.724860	0	0	90.26
91.00	09100	EMERGENCY	0.119518	2,209,851	264,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.824335	185,641	153,030	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		20,249,693	4,172,584	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)		20,249,693		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:31 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)	26,203,846	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,496,394	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)		2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	1,000,742	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	369,273	2.04
3.00	Managed Care Simulated Payments	32,630,609	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	314.84	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 qualifing 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).	4.54	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)	4.54	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	3.97	10.00
11.00	FTE count for residents in dental and podiatric programs.	2.59	11.00
12.00	Current year allowable FTE (see instructions)	6.56	12.00
13.00	Total allowable FTE count for the prior year.	6.92	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.	6.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.	6.54	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	6.54	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.020772	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.023792	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.020772	21.00
22.00	IME payment adjustment (see instructions)	402,949	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	368,302	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)	-0.57	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)	402,949	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	368,302	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)	34.11	31.00
32.00	Sum of lines 30 and 31	37.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)	20.38	33.00
34.00	Disproportionate share adjustment (see instructions)	1,818,927	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:31 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)	0.000277862	0.000369054	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,998,388	2,537,024	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,494,684	639,470	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,134,154		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)	41,426,285		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)	41,794,587	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,143,112	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).	239,171	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	386,743	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 intructions)	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)	45,563,613	59.00
60.00	Primary payer payments	11,906	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	45,551,707	61.00
62.00	Deductibles billed to program beneficiaries	3,636,820	62.00
63.00	Coinsurance billed to program beneficiaries	221,626	63.00
64.00	Allowable bad debts (see instructions)	136,085	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	88,455	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	31,713	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	41,781,716	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)		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)	-46,705	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:31 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)		324,782	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,410,229	71.00
71.01	Sequestration adjustment (see instructions)		521,769	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			71.03
72.00	Interim payments		40,265,472	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)		622,988	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		691,376	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	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	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	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision 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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E Part B Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	80,893	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,748,440	2.00
3.00	OPPS payments	16,329,435	3.00
4.00	Outlier payment (see instructions)	253,831	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)	80,893	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	320,409	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)	320,409	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	320,409	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	239,516	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)	80,893	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)	16,583,266	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)	2,989,937	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)	13,674,222	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	81,403	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)	13,755,625	30.00
31.00	Primary payer payments	10,185	31.00
32.00	Subtotal (line 30 minus line 31)	13,745,440	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)	162,778	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	105,806	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	130,127	36.00
37.00	Subtotal (see instructions)	13,851,246	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-157	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	13,851,403	40.00
40.01	Sequestration adjustment (see instructions)	174,528	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		40.03
41.00	Interim payments	13,683,264	41.00
41.01	Interim payments-PARHM or CHART		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-6,389	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,011	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: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0169 Component CCN: 15-S169	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	504	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	190	2.00
3.00	OPPS payments	556	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	504	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,996	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)	1,996	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,996	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,492	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)	504	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)	556	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)	16	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)	1,044	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)	1,044	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,044	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)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,044	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,044	40.00
40.01	Sequestration adjustment (see instructions)	14	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		40.03
41.00	Interim payments	1,038	41.00
41.01	Interim payments-PARHM or CHART		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-8	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0169 Component CCN: 15-S169	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Subprovider - IPF	PPS

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-1 Part I | Date/Time Prepared: 5/25/2023 11:31 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		40,265,472		13,683,264	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)		40,265,472		13,683,264	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		622,988		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		6,389	6.02
7.00	Total Medicare program liability (see instructions)		40,888,460		13,676,875	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0169 | Component CCN: 15-S169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-1 Part I | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,523,783		1,038	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)		1,523,783		1,038	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,041		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		8	6.02
7.00	Total Medicare program liability (see instructions)		1,524,824		1,030	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: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 11:31 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0169 Component CCN: 15-S169	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part II Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,733,842	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	12.197260	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,733,842	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,733,842	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,733,842	18.00
19.00	Deductibles	133,600	19.00
20.00	Subtotal (line 18 minus line 19)	1,600,242	20.00
21.00	Coinsurance	59,517	21.00
22.00	Subtotal (line 20 minus line 21)	1,540,725	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,472	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	3,557	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,632	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,544,282	26.00
27.00	Direct graduate medical education payments (see instructions)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.98	Recovery of accelerated depreciation.	0	30.98
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,544,282	31.00
31.01	Sequestration adjustment (see instructions)	19,458	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,523,783	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	1,041	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00
	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE		
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.	0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)	0.000000	99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-4 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			4.54	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27			4.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.97	6.00
7.00	Enter the lesser of line 5 or line 6			3.97	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.24	2.73	3.97	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	1.24	2.73	3.97	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.59		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.59		10.01
11.00	Total weighted FTE count	1.24	5.32		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.30	5.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.87	6.06		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.14	5.71		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	1.14	5.71		17.00
18.00	Per resident amount	110,509.20	110,509.20		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	125,980	631,008	756,988	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			756,988	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-4 | Date/Time Prepared: 5/25/2023 11:31 am

Title XVIII | Hospital | PPS

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	18,769	20,500		26.00
27.00	Total Inpatient Days (see instructions)	91,150	91,150		27.00
28.00	Ratio of inpatient days to total inpatient days	0.205913	0.224904		28.00
29.00	Program direct GME amount	155,874	170,250	326,124	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,550	5,550	30.00
31.00	Net Program direct GME amount			320,574	31.00
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,985,128	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
	Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			61,182,742	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			11,906	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			61,170,836	41.00
	Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			20,830,027	42.00
43.00	Primary payer payments (see instructions)			10,185	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			20,819,842	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			81,990,678	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.746071	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.253929	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			320,574	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			239,171	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			81,403	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 11:31 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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G | Date/Time Prepared: 5/25/2023 11:31 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	8,600	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	361,147,936	0	0	0	4.00
5.00	Other receivable	-272,367,019	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	919,766	0	0	0	6.00
7.00	Inventory	5,739,540	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	-262	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)	95,448,561	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	2,705,851	0	0	0	12.00
13.00	Land improvements	4,358,832	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	332,441,667	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	3,615,740	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	128,564,909	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	19,930	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	-277,690,699	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	316,270	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	194,332,500	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,319,077,746	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,319,077,746	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,608,858,807	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,917,654	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)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,333,675	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,251,329	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	3,822,293	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,822,293	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,073,622	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,596,785,185				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,596,785,185	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,608,858,807	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-1 | Date/Time Prepared: 5/25/2023 11:31 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		1,513,400,347		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		83,384,835				2.00
3.00	Total (sum of line 1 and line 2)		1,596,785,182		0		3.00
4.00	ROUNDING	3		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,596,785,185		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,596,785,185		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: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/25/2023 11:31 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	204,832,447		204,832,447	1.00
2.00	SUBPROVIDER - IPF	11,919,618		11,919,618	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)	216,752,065		216,752,065	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	37,608,427		37,608,427	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	135,328,281		135,328,281	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	172,936,708		172,936,708	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	389,688,773		389,688,773	17.00
18.00	Ancillary services	652,043,584	811,218,560	1,463,262,144	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	948,209	948,209	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,041,732,357	812,166,769	1,853,899,126	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		497,579,210		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)		497,579,210		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0169 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-3 | Date/Time Prepared: 5/25/2023 11:31 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,853,899,126	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,288,697,019	2.00
3.00	Net patient revenues (line 1 minus line 2)	565,202,107	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	497,579,210	4.00
5.00	Net income from service to patients (line 3 minus line 4)	67,622,897	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	660	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	24,277	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	2,464,351	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	22,950	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	1,246,143	24.00
24.50	COVID-19 PHE Funding	12,003,557	24.50
25.00	Total other income (sum of lines 6-24)	15,761,938	25.00
26.00	Total (line 5 plus line 25)	83,384,835	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)	83,384,835	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0169	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 11:31 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,703,128	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	204,541	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)	243.67	3.00
4.00	Number of interns & residents (see instructions)	6.54	4.00
5.00	Indirect medical education percentage (see instructions)	0.76	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)	20,544	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	34.11	8.00
9.00	Sum of lines 7 and 8	37.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.95	10.00
11.00	Disproportionate share adjustment (see instructions)	214,899	11.00
12.00	Total prospective capital payments (see instructions)	3,143,112	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