

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: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/10/2023 11:00 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 5/10/2023 Time: 11:00 am
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

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

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 FRANCISCAN HEALTH- DYER (15-0090) 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			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			2
3	Signatory Title			3
4	Date			4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	459,608	-67,690	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	199,346	-10	0	0 3.00
4.00	SUBPROVIDER (OTHER)					0 4.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0			0	0 6.00
200.00	TOTAL	0	658,954	-67,700	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: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/10/2023 11:00 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 24 JOLIET STREET	PO Box:		1.00
2.00	City: DYER	State: IN	Zip Code: 46311-1799	2.00
			County: LAKE	

	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	FRANCISCAN HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCISCAN HEALTH - DYER -REHAB	15T090	23844	5	01/01/2002	N	P	T	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)					1		21.00	
						1.00	2.00	3.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/10/2023 11:00 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.	33	21	2,172	541	3,656	132	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	15	19	24	533		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.					1		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.					01/01/2022	12/31/2022	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	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you 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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
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	
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	4.29	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)	INTERN MEDICINE	3900	0.00	0.19	0.000000	

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		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		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		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.	N		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical 1.00		Occupational 2.00		Speech 3.00	
		Respiratory 4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
						1.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		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				0115.00
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.			2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/10/2023 11:00 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	692,393	337,083	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.04
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	158014
		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: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES	Contractor's Number: 08101	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -		142.00
143.00	City: MI SHAWAKA	State: IN	Zip Code: 46546	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
			1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/10/2023 11:00 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/10/2023 11:00 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/10/2023			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/24/2023	Y	04/24/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/10/2023 11:00 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568 EXT 76568		HONG.YANG@FRANCSANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/10/2023 11:00 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.	ADMIN DIR GOVT COST RP 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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/10/2023 11:00 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V	
	Line No.				Visits / Trips		
	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	103	36,684	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)		103	36,684	0.00	0		7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0		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	8	2,920	0.00	0		12.00
13.00 NURSERY	43.00				0		13.00
14.00 Total (see instructions)		125	44,714	0.00	0		14.00
15.00 CAH visits					0		15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0		17.00
18.00 SUBPROVIDER	42.00	0	0		0		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)		155					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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/10/2023 11:00 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,825	4,898	20,144		1.00
2.00	HMO and other (see instructions)	1,011	0			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	7,825	4,898	20,144		7.00
8.00	INTENSIVE CARE UNIT	1,053	835	3,318		8.00
9.00	CORONARY CARE UNIT	0	0	0		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	244	308		12.00
13.00	NURSERY		446	721		13.00
14.00	Total (see instructions)	8,878	6,423	24,491	3.72	692.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	3,592	215	3,807	0.00	49.00
18.00	SUBPROVIDER		0	0	0.00	0.00
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)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				3.72	741.00
28.00	Observation Bed Days		0	2,854		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	132	1,143		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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/10/2023 11:00 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,723	1,264	5,281	1.00
2.00	HMO and other (see instructions)			876	0		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	1,723	1,264	5,281	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	403	0	440	17.00
18.00	SUBPROVIDER	0.00	0		0	0	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						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: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/10/2023 11:00 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	78,665,924	0	78,665,924	1,646,162.00	47.79
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		10,571,441	0	10,571,441	268,849.00	39.32
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,344,088	430	8,344,518	276,070.00	30.23
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		9,101,381	0	9,101,381	65,780.00	138.36
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		179,031	0	179,031	1,120.00	159.85
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,289,189	0	11,289,189	287,102.00	39.32
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,856,641	0	17,856,641		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,118,792	0	2,118,792		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,450,853	0	3,450,853		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/10/2023 11:00 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	147,104	0	147,104	12,109.00	12.15	26.00
27.00	Administrative & General	16,799,566	-75,529	16,724,037	139,388.00	119.98	27.00
28.00	Administrative & General under contract (see inst.)	767,961	0	767,961	5,322.00	144.30	28.00
29.00	Maintenance & Repairs	716,551	0	716,551	16,985.00	42.19	29.00
30.00	Operation of Plant	1,565,579	0	1,565,579	44,524.00	35.16	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,859,455	0	1,859,455	100,089.00	18.58	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,242,965	-746,866	496,099	31,238.00	15.88	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	4	746,866	746,870	27,311.00	27.35	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,403,996	0	2,403,996	47,952.00	50.13	38.00
39.00	Central Services and Supply	373,418	0	373,418	13,575.00	27.51	39.00
40.00	Pharmacy	1,979,779	0	1,979,779	38,876.00	50.93	40.00
41.00	Medical Records & Medical Records Library	352,245	0	352,245	8,617.00	40.88	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/10/2023 11:00 am

	Worksheet A	Amount	Reclassifi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	68,862,444	0	68,862,444	1,382,635.00	49.81	1.00
2.00	Excluded area salaries (see instructions)	8,344,088	430	8,344,518	276,070.00	30.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	60,518,356	-430	60,517,926	1,106,565.00	54.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,569,601	0	20,569,601	354,002.00	58.11	4.00
5.00	Subtotal wage-related costs (see inst.)	21,307,494	0	21,307,494	0.00	35.21	5.00
6.00	Total (sum of lines 3 thru 5)	102,395,451	-430	102,395,021	1,460,567.00	70.11	6.00
7.00	Total overhead cost (see instructions)	28,208,623	-75,529	28,133,094	485,986.00	57.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/10/2023 11:00 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,281,006	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)		3,023,998	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		56,517	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		11,172,610	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		255,547	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		13,944	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)		316,679	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,042,216	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		4,552,053	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,714,570	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: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/10/2023 11:00 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/10/2023 11:00 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.230559	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		26,743,994	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		140,650,608	6.00	
7.00	Medicaid cost (line 1 times line 6)		32,428,264	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)		5,684,270	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)		5,684,270	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)	12,926,060	2,461,379	15,387,439	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,980,219	2,461,379	5,441,598	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)	2,980,219	2,461,379	5,441,598	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)			3,741,172	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			320,011	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			492,325	27.01
28.00	Non-Medicare bad debt expense (see instructions)			3,248,847	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			921,365	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,362,963	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,047,233	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/10/2023 11:00 am			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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			1,420,597	1,420,597	6,680,052	8,100,649	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0	0	4,135,866	4,135,866	2.00
3.00	00300	OTHER CAP REL COSTS			0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	147,104	17,443,727	17,590,831	-4,212	17,586,619	4.00	
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	16,799,566	28,575,355	45,374,921	-4,600,894	40,774,027	5.04	
6.00	00600	MAINTENANCE & REPAIRS	716,551	2,690,168	3,406,719	-660,987	2,745,732	6.00	
7.00	00700	OPERATION OF PLANT	1,565,579	-88,370	1,477,209	-4,495,563	-3,018,354	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	671,751	671,751	0	671,751	8.00	
9.00	00900	HOUSEKEEPING	1,859,455	479,469	2,338,924	-6,758	2,332,166	9.00	
10.00	01000	DIETARY	1,242,965	688,710	1,931,675	-1,180,279	751,396	10.00	
11.00	01100	CAFETERIA	4	728	732	1,160,694	1,161,426	11.00	
13.00	01300	NURSING ADMINISTRATION	2,403,996	1,847,797	4,251,793	-42,344	4,209,449	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	373,418	265,286	638,704	-202,889	435,815	14.00	
15.00	01500	PHARMACY	1,979,779	4,852,130	6,831,909	-80,198	6,751,711	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	352,245	94,399	446,644	0	446,644	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	110,279	81,278	191,557	83,511	275,068	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	15,936,918	6,200,091	22,137,009	-2,712,797	19,424,212	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,637,831	1,331,070	3,968,901	-516,137	3,452,764	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	972,891	980,964	1,953,855	-62,296	1,891,559	35.00	
41.00	04100	SUBPROVIDER - I RF	3,912,876	1,068,834	4,981,710	-346,110	4,635,600	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	1,358,382	1,358,382	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,466,812	9,410,657	10,877,469	-8,352,169	2,525,300	50.00	
50.01	05001	OUTPATIENT SURGERY	778,233	450,635	1,228,868	-381,872	846,996	50.01	
51.00	05100	RECOVERY ROOM	337,896	55,894	393,790	-52,180	341,610	51.00	
53.00	05300	ANESTHESIOLOGY	39,820	5,152,009	5,191,829	-277,494	4,914,335	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,423,788	1,438,721	2,862,509	-1,188,052	1,674,457	54.00	
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,046,921	2,218,888	3,265,809	-697,458	2,568,351	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	280,435	290,368	570,803	-246,992	323,811	56.00	
60.00	06000	LABORATORY	513,172	6,895,578	7,408,750	-4,832	7,403,918	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	391,754	391,754	-391,754	0	63.00	
65.00	06500	RESPIRATORY THERAPY	1,372,975	1,785,712	3,158,687	-361,508	2,797,179	65.00	
66.00	06600	PHYSICAL THERAPY	3,635,168	640,577	4,275,745	-65,558	4,210,187	66.00	
67.00	06700	OCCUPATIONAL THERAPY	872,675	13,331	886,006	-2,549	883,457	67.00	
68.00	06800	SPEECH PATHOLOGY	514,326	217,109	731,435	-38,399	693,036	68.00	
69.00	06900	ELECTROCARDIOLOGY	857,375	181,774	1,039,149	-163,102	876,047	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	225,593	26,307	251,900	-23,902	227,998	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,145,276	10,145,276	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,952,561	8,952,561	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	561,500	561,500	73.00	
76.00	03630	ULTRA SOUND	545,501	346,422	891,923	-125,403	766,520	76.00	
76.01	03951	PAIN CLINIC	545,353	81,253	626,606	-76,832	549,774	76.01	
76.02	03952	CATH LAB	1,857,007	7,564,901	9,421,908	-7,214,095	2,207,813	76.02	
76.03	03953	ACTIVITY THERAPEUTIC	1,183,722	62,631	1,246,353	-837	1,245,516	76.03	
76.04	03954	WOUND CARE CENTER	426,070	127,634	553,704	-114,423	439,281	76.04	
76.05	03340	BIARIATRIC CLINIC	1,266,303	111,007	1,377,310	-10,934	1,366,376	76.05	
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06	
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07	
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08	
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09	
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10	
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11	
76.12	03959	ANTI COAGULATION CLINIC	337,112	37,182	374,294	-36,111	338,183	76.12	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	3,696,998	3,215,870	6,912,868	-866,740	6,046,128	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE		5,727	5,727	2,659,908	2,665,635	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,234,712	109,325,925	183,560,637	133,090	183,693,727	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,084	54,909	102,993	-3,304	99,689	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,422,700	337,894	1,760,594	-50,338	1,710,256	192.00	
192.01	19201	WORKING WELL	4,762	224	4,986	0	4,986	192.01	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet A Date/Time Prepared: 5/10/2023 11:00 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		
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	0	0	0	0	192.03
194.00	07950	RESIDENTIAL	2,954,807	414,100	3,368,907	-79,448	3,289,459	0	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	859	519	1,378	0	1,378	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	78,665,924	110,133,571	188,799,495	0	188,799,495	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A
Date/Time Prepared:
5/10/2023 11:00 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	117,968	8,218,617	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,135,866	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,577,157	19,163,776	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	-9,125,392	31,648,635	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	2,745,732	6.00
7.00	00700	OPERATION OF PLANT	-944,201	-3,962,555	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	671,751	8.00
9.00	00900	HOUSEKEEPING	-6,141	2,326,025	9.00
10.00	01000	DIETARY	-416,639	334,757	10.00
11.00	01100	CAFETERIA	-18	1,161,408	11.00
13.00	01300	NURSING ADMINISTRATION	-133,078	4,076,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17	435,832	14.00
15.00	01500	PHARMACY	289,784	7,041,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	813,668	1,260,312	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-16,192	258,876	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-52	19,424,160	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,416	3,448,348	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-535,299	1,356,260	35.00
41.00	04100	SUBPROVIDER - I RF	-1,880	4,633,720	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,358,382	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,525,300	50.00
50.01	05001	OUTPATIENT SURGERY	0	846,996	50.01
51.00	05100	RECOVERY ROOM	0	341,610	51.00
53.00	05300	ANESTHESIOLOGY	0	4,914,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-160	1,674,297	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	2,568,351	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	323,811	56.00
60.00	06000	LABORATORY	-22,241	7,381,677	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,797,179	65.00
66.00	06600	PHYSICAL THERAPY	-23,851	4,186,336	66.00
67.00	06700	OCCUPATIONAL THERAPY	-13	883,444	67.00
68.00	06800	SPEECH PATHOLOGY	-1,148	691,888	68.00
69.00	06900	ELECTROCARDIOLOGY	0	876,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	227,998	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,145,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,952,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	561,500	73.00
76.00	03630	ULTRA SOUND	-5	766,515	76.00
76.01	03951	PAIN CLINIC	0	549,774	76.01
76.02	03952	CATH LAB	-4,501	2,203,312	76.02
76.03	03953	ACTIVITY THERAPEUTIC	-159,751	1,085,765	76.03
76.04	03954	WOUND CARE CENTER	0	439,281	76.04
76.05	03340	BARIATRIC CLINIC	-41,453	1,324,923	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	338,183	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-55,383	5,990,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-2,665,635	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,358,855	172,334,872	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	99,689	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,710,256	192.00
192.01	19201	WORKING WELL	0	4,986	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	192.02
192.03	19203	MISC	0	0	192.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.00	07950 RESIDENTIAL	0	3,289,459	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952 PSYCHIATRIC	0	0	194.02
194.03	07953 CENTER OF HOPE	0	1,378	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	-11,358,855	177,440,640	200.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
5/10/2023 11:00 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,042,229	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,135,866	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
41.00		0.00	0	0	41.00	
	O		0	11,178,095		
B - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	364,955	1.00	
2.00	INTEREST EXPENSE	113.00	0	3,359,164	2.00	
3.00		0.00	0	0	3.00	
	O		0	3,724,119		
C - CAFETERIA						
1.00	CAFETERIA	11.00	746,866	413,828	1.00	
	O		746,866	413,828		
D - INSURANCE EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	727,132	1.00	
	O		0	727,132		
E - PATIENT TRANSPORT						
1.00	ADULTS & PEDIATRICS	30.00	14,863	88	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	82,925	490	2.00	
3.00	RADIOISOTOPE	56.00	25,202	149	3.00	
4.00	ELECTROCARDIOLOGY	69.00	5,814	34	4.00	
5.00	ULTRA SOUND	76.00	10,339	61	5.00	
6.00	CATH LAB	76.02	5,490	32	6.00	
7.00	EMERGENCY	91.00	9,228	55	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	430	3	8.00	
	O		154,291	912		
F - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,097,837	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	

		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
0			0	19,097,837		
G - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	561,500		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
0			0	561,500		
H - INTERNS AND RESIDENTS						
1.00	I & R SERVICES-OTHER PRGM	22.00	75,529	7,982		1.00
	COSTS APPRV					
0			75,529	7,982		
I - NURSERY						
1.00	NURSERY	43.00	1,180,884	177,498		1.00
	TOTALS		1,180,884	177,498		
J - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,952,561		1.00
0			0	8,952,561		
K - INTEREST ADJUSTMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	334,301		1.00
	TOTALS		0	334,301		
500.00	Grand Total: Increases		2,157,570	45,175,765		500.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
5/10/2023 11:00 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAPITAL						
1.00		0.00	0	0	9	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,212	9	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,295,369	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	660,987	0	4.00
5.00	OPERATION OF PLANT	7.00	0	4,419,846	0	5.00
6.00	HOUSEKEEPING	9.00	0	6,758	0	6.00
7.00	DIETARY	10.00	0	19,585	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	42,344	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,303	0	9.00
10.00	PHARMACY	15.00	0	21,665	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	332,358	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	66,251	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	7,040	0	13.00
14.00	SUBPROVIDER - IRF	41.00	0	24,289	0	14.00
15.00	OPERATING ROOM	50.00	0	756,158	0	15.00
16.00	OUTPATIENT SURGERY	50.01	0	30,700	0	16.00
17.00	RECOVERY ROOM	51.00	0	37,513	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	3,012	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,120,094	0	19.00
20.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	33,723	0	20.00
21.00	RADIOISOTOPE	56.00	0	154,182	0	21.00
22.00	LABORATORY	60.00	0	3,735	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	92,841	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	56,490	0	24.00
25.00	SPEECH PATHOLOGY	68.00	0	21,234	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	154,272	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,835	0	27.00
28.00	ULTRASOUND	76.00	0	80,865	0	28.00
29.00	PAIN CLINIC	76.01	0	17,347	0	29.00
30.00	CATH LAB	76.02	0	350,121	0	30.00
31.00	ACTIVITY THERAPEUTIC	76.03	0	600	0	31.00
32.00	WOUND CARE CENTER	76.04	0	4,307	0	32.00
33.00	BARITRIC CLINIC	76.05	0	8,934	0	33.00
35.00	ANTI COAGULATION CLINIC	76.12	0	125	0	35.00
36.00	EMERGENCY	91.00	0	109,477	0	36.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,304	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	50,771	0	39.00
41.00	RESIDENTIAL	194.00	0	79,448	0	41.00
0			0	11,178,095		
B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	364,955	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,283,447	0	2.00
3.00	OPERATION OF PLANT	7.00	0	75,717	0	3.00
0			0	3,724,119		
C - CAFETERIA						
1.00	DIETARY	10.00	746,866	413,828	0	1.00
0			746,866	413,828		
D - INSURANCE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	727,132	10	1.00
0			0	727,132		
E - PATIENT TRANSPORT						
1.00	EMERGENCY	91.00	154,291	912	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
0			154,291	912		
F - CHARGEABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	102,586	0	1.00
2.00	PHARMACY	15.00	0	58,533	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	968,706	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	402,019	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	54,868	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	150,025	0	6.00
7.00	OPERATING ROOM	50.00	0	7,578,284	0	7.00
8.00	OUTPATIENT SURGERY	50.01	0	344,793	0	8.00
9.00	RECOVERY ROOM	51.00	0	12,983	0	9.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
5/10/2023 11:00 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
10.00	ANESTHESIOLOGY	53.00	0	205,517	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	149,650	0	11.00	
12.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	661,982	0	12.00	
13.00	RADIOISOTOPE	56.00	0	9,551	0	13.00	
14.00	LABORATORY	60.00	0	1,097	0	14.00	
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	391,754	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	264,849	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	9,052	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	2,549	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	17,165	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	14,670	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,067	0	21.00	
22.00	ULTRA SOUND	76.00	0	54,918	0	22.00	
23.00	PAIN CLINIC	76.01	0	58,907	0	23.00	
24.00	CATH LAB	76.02	0	6,863,969	0	24.00	
25.00	ACTIVITY THERAPEUTIC	76.03	0	237	0	25.00	
26.00	WOUND CARE CENTER	76.04	0	82,964	0	26.00	
27.00	BARITRIC CLINIC	76.05	0	1,947	0	27.00	
28.00	ANTI COAGULATION CLINIC	76.12	0	35,986	0	28.00	
29.00	EMERGENCY	91.00	0	582,209	0	29.00	
	O			19,097,837			
G - DRUGS CHARGED TO PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	68,302	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	47,867	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	388	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	171,796	0	4.00	
5.00	OPERATING ROOM	50.00	0	17,727	0	5.00	
6.00	OUTPATIENT SURGERY	50.01	0	6,379	0	6.00	
7.00	RECOVERY ROOM	51.00	0	1,684	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	68,965	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,723	0	9.00	
10.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	1,753	0	10.00	
11.00	RADIOISOTOPE	56.00	0	108,610	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	3,818	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	16	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	8	0	14.00	
15.00	ULTRA SOUND	76.00	0	20	0	15.00	
16.00	PAIN CLINIC	76.01	0	578	0	16.00	
17.00	CATH LAB	76.02	0	5,527	0	17.00	
18.00	WOUND CARE CENTER	76.04	0	27,152	0	18.00	
19.00	BARITRIC CLINIC	76.05	0	53	0	19.00	
20.00	EMERGENCY	91.00	0	29,134	0	20.00	
	O			561,500			
H - INTERNS AND RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	75,529	7,982	0	1.00	
	O		75,529	7,982			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,180,884	177,498	0	1.00	
	TOTALS		1,180,884	177,498			
J - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,952,561	0	1.00	
	O			8,952,561			
K - INTEREST ADJUSTMENT							
1.00	INTEREST EXPENSE	113.00	0	334,301	11	1.00	
	TOTALS			334,301			
500.00	Grand Total: Decreases		2,157,570	45,175,765		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part I
Date/Time Prepared:
5/10/2023 11:00 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,365,801	0	0	0	2,671,437	1.00
2.00	Land Improvements	10,343,496	0	0	0	161,106	2.00
3.00	Buildings and Fixtures	75,013,989	1,684,473	0	1,684,473	4,871,832	3.00
4.00	Building Improvements	178,989	0	0	0	0	4.00
5.00	Fixed Equipment	178,423,776	2,931,554	0	2,931,554	3,898,625	5.00
6.00	Movable Equipment	973,898	7,443,362	0	7,443,362	6,070,068	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	268,299,949	12,059,389	0	12,059,389	17,673,068	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	268,299,949	12,059,389	0	12,059,389	17,673,068	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	694,364	0				1.00
2.00	Land Improvements	10,182,390	6,955,689				2.00
3.00	Buildings and Fixtures	71,826,630	5,472,986				3.00
4.00	Building Improvements	178,989	796,915				4.00
5.00	Fixed Equipment	177,456,705	0				5.00
6.00	Movable Equipment	2,347,192	45,558,849				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	262,686,270	58,784,439				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	262,686,270	58,784,439				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part II
Date/Time Prepared:
5/10/2023 11:00 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	1,420,597	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)	1,420,597	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	1,420,597				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,420,597				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part III
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,580,794	-362,177	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,135,866	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,716,660	-362,177	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,218,617	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,135,866	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,354,483	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B		0	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-973,726				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	-2,035,528				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B		0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to 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	B		0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			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	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
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: 15-0090

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

Worksheet A-8

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 RENTAL INCOME	B		0	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 33.00
34.00 MISC INCOME	B		0	ACTIVITY THERAPEUTIC	76.03	0 34.00
35.00 HOUSEKEEPING	B		0	HOUSEKEEPING	9.00	0 35.00
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 36.00
37.00 ADVERTISING EXPENSE	A		0	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 37.00
38.00 MISCELLANEOUS - RADIOLOGY	B		0	RADIOLOGY-DIAGNOSTIC	54.00	0 38.00
40.00 MISCELLANEOUS - OTHER OPERATING	B		0	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 40.00
41.00 MISCELLANEOUS - OTHER OPERATING	B		0	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.00
41.01 REHAB	B		0	SUBPROVIDER - IRF	41.00	0 41.01
42.00 PROGRAM FEES	B		0	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.00
43.00 UNECESSARY BORROWING	A	-427,379		INTEREST EXPENSE	113.00	11 43.00
44.00 LOBBYING EXPENSE	A	4,936		OTHER ADMIN STRATIVE AND GENERAL	5.04	0 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 45.00
46.00 PENSION ADJUSTMENT	A	1,577,337		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00
47.00 DISCOUNTS EARNED/REBATES	B	-180		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.00
48.00 DISCOUNTS EARNED/REBATES	B	-1,176,601		OTHER ADMIN STRATIVE AND GENERAL	5.04	0 48.00
49.00 DISCOUNTS EARNED/REBATES	B	-944,201		OPERATION OF PLANT	7.00	0 49.00
49.01 DISCOUNTS EARNED/REBATES	B	-6,141		HOUSEKEEPING	9.00	0 49.01
49.02 DISCOUNTS EARNED/REBATES	B	-416,639		DIETARY	10.00	0 49.02
49.03 DISCOUNTS EARNED/REBATES	B	-18		CAFETERIA	11.00	0 49.03
49.04 DISCOUNTS EARNED/REBATES	B	-6		NURSING ADMIN STRATION	13.00	0 49.04
49.05 DISCOUNTS EARNED/REBATES	B	17		CENTRAL SERVICES & SUPPLY	14.00	0 49.05
49.06 DISCOUNTS EARNED/REBATES	B	-3,287		PHARMACY	15.00	0 49.06
49.07 DISCOUNTS EARNED/REBATES	B	-52		ADULTS & PEDIATRICS	30.00	0 49.07
49.08 DISCOUNTS EARNED/REBATES	B	-3		SUBPROVIDER - IRF	41.00	0 49.08
49.09 DISCOUNTS EARNED/REBATES	B	-160		RADIOLOGY-DIAGNOSTIC	54.00	0 49.09
49.10 DISCOUNTS EARNED/REBATES	B	-16,851		PHYSICAL THERAPY	66.00	0 49.10
49.11 DISCOUNTS EARNED/REBATES	B	-13		OCCUPATIONAL THERAPY	67.00	0 49.11
49.12 DISCOUNTS EARNED/REBATES	B	-1,148		SPEECH PATHOLOGY	68.00	0 49.12
49.13 DISCOUNTS EARNED/REBATES	B	-5		ULTRA SOUND	76.00	0 49.13
49.14 DISCOUNTS EARNED/REBATES	B	-125,410		ACTIVITY THERAPEUTIC	76.03	0 49.14
49.15 DISCOUNTS EARNED/REBATES	B	-41,453		BARIATRIC CLINIC	76.05	0 49.15
49.16 DISCOUNTS EARNED/REBATES	B	-5,545		EMERGENCY	91.00	0 49.16
49.17 DISCOUNTS EARNED/REBATES	B			LAUNDRY & LINEN SERVICE	8.00	0 49.17
49.18 DISCOUNTS EARNED/REBATES	B			EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.18
49.19 INCENTIVE PAYMENT	A			OUTPATIENT SURGERY	50.01	0 49.19
49.20 DISCOUNTS EARNED/REBATES	A			CATH LAB	76.02	0 49.20
49.21 NET PERIODIC PENSION COST	A			INTEREST EXPENSE	113.00	0 49.21
49.22 MISCELLANEOUS - OTHER OPERATING	A	-6,766,799		OTHER ADMIN STRATIVE AND GENERAL	5.04	0 49.22
49.23 NET PERIODIC PENSION COST	A			ADULTS & PEDIATRICS	30.00	0 49.23
49.24 NET PERIODIC PENSION COST	A			EMERGENCY	91.00	0 49.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,358,855				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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/10/2023 11:00 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 HOME OFFICE COSTS:					
1.00	113.00	INTEREST EXPENSE	1,004,279	3,242,535	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	1,289,539	1,171,571	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	21,001,278	22,023,257	3.00
4.00	15.00	PHARMACY	293,071	0	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	813,668	0	4.01
4.02	0.00		0	0	4.02
4.03	0.00		0	0	4.03
4.04	0.00		0	0	4.04
4.05	0.00		0	0	4.05
4.06	0.00		0	0	4.06
4.07	0.00		0	0	4.07
4.08	0.00		0	0	4.08
4.09	0.00		0	0	4.09
4.10	0.00		0	0	4.10
4.11	0.00		0	0	4.11
4.12	0.00		0	0	4.12
4.13	0.00		0	0	4.13
4.14	0.00		0	0	4.14
4.15	0.00		0	0	4.15
4.16	0.00		0	0	4.16
4.17	0.00		0	0	4.17
4.18	0.00		0	0	4.18
4.19	0.00		0	0	4.19
4.20	0.00		0	0	4.20
4.21	0.00		0	0	4.21
4.22	0.00		0	0	4.22
4.23	0.00		0	0	4.23
4.24	0.00		0	0	4.24
4.25	0.00		0	0	4.25
4.26	0.00		0	0	4.26
4.27	0.00		0	0	4.27
4.28	0.00		0	0	4.28
4.29	0.00		0	0	4.29
4.30	0.00		0	0	4.30
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		24,401,835	26,437,363	5.00

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

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

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

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

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

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/10/2023 11:00 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/10/2023 11:00 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	-2,238,256	11		1.00
2.00	117,968	9		2.00
3.00	-1,021,979	0		3.00
4.00	293,071	0		4.00
4.01	813,668	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
5.00	-2,035,528			5.00

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

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

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

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

6.00	HEALTHCARE SERV		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: 15-0090

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

Worksheet A-8-2

Date/Time Prepared:
5/10/2023 11:00 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	5.04	OTHER ADMINISTRATIVE AND GENERAL	164,949	164,949	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	888,552	133,072	755,480	211,500	7,870	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	65,000	5,000	60,000	211,500	480	3.00
4.00	31.00	INTENSIVE CARE UNIT	4,416	4,416	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	722,699	535,299	187,400	211,500	1,874	5.00
6.00	41.00	SUBPROVIDER - IRF	1,877	1,877	0	0	0	6.00
7.00	50.00	OPERATING ROOM	26,402	0	26,402	211,500	1,189	7.00
8.00	60.00	LABORATORY	22,241	22,241	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	7,000	7,000	0	0	0	9.00
10.00	76.02	CATH LAB	10,500	0	10,500	211,500	59	10.00
11.00	76.03	ACTIVITY THERAPEUTIC	39,730	0	39,730	211,500	53	11.00
12.00	91.00	EMERGENCY	59,091	4,836	54,255	211,500	91	12.00
200.00			2,012,457	878,690	1,133,767		11,616	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	800,243	40,012	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	48,808	2,440	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	190,553	9,528	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	120,901	6,045	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	76.02	CATH LAB	5,999	300	0	0	0	10.00
11.00	76.03	ACTIVITY THERAPEUTIC	5,389	269	0	0	0	11.00
12.00	91.00	EMERGENCY	9,253	463	0	0	0	12.00
200.00			1,181,146	59,057	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	164,949		1.00
2.00	13.00	NURSING ADMINISTRATION	0	800,243	0	133,072		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	48,808	11,192	16,192		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	4,416		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	190,553	0	535,299		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	1,877		6.00
7.00	50.00	OPERATING ROOM	0	120,901	0	0		7.00
8.00	60.00	LABORATORY	0	0	0	22,241		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	7,000		9.00
10.00	76.02	CATH LAB	0	5,999	4,501	4,501		10.00
11.00	76.03	ACTIVITY THERAPEUTIC	0	5,389	34,341	34,341		11.00
12.00	91.00	EMERGENCY	0	9,253	45,002	49,838		12.00
200.00			0	1,181,146	95,036	973,726		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/10/2023 11:00 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	8,218,617	8,218,617			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,135,866		4,135,866		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,163,776	33,927	1,558	19,199,261	4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	31,648,635	613,084	849,280	4,089,326	5.04
6.00 00600	MAINTENANCE & REPAIRS	2,745,732	1,240,521	244,563	175,210	6.00
7.00 00700	OPERATION OF PLANT	-3,962,555	351,793	1,635,335	382,812	-1,592,615 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	671,751	0	0	0	671,751 8.00
9.00 00900	HOUSEKEEPING	2,326,025	94,099	2,500	454,670	2,870,794 9.00
10.00 01000	DIETARY	334,757	83,011	7,246	121,305	546,319 10.00
11.00 01100	CAFETERIA	1,161,408	119,837	0	182,623	1,463,868 11.00
13.00 01300	NURSING ADMINISTRATION	4,076,371	12,677	15,667	587,820	4,692,535 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	435,832	106,881	37,112	91,307	671,132 14.00
15.00 01500	PHARMACY	7,041,495	59,665	8,016	484,092	7,593,268 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,260,312	85,316	0	86,130	1,431,758 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	258,876	0	0	45,433	304,309 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,424,160	1,384,995	122,971	3,611,750	24,543,876 30.00
31.00 03100	INTENSIVE CARE UNIT	3,448,348	173,408	24,513	644,997	4,291,266 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,356,260	9,307	2,605	237,889	1,606,061 35.00
41.00 04100	SUBPROVIDER - I RF	4,633,720	103,685	8,987	956,769	5,703,161 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,358,382	0	0	288,747	1,647,129 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,525,300	287,902	279,776	358,662	3,451,640 50.00
50.01 05001	OUTPATIENT SURGERY	846,996	245,908	11,359	190,292	1,294,555 50.01
51.00 05100	RECOVERY ROOM	341,610	96,928	13,879	82,622	535,039 51.00
53.00 05300	ANESTHESIOLOGY	4,914,335	0	1,114	9,737	4,925,186 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,674,297	411,266	414,431	368,418	2,868,412 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	2,568,351	26,925	12,477	255,991	2,863,744 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	323,811	86,102	57,047	74,734	541,694 56.00
60.00 06000	LABORATORY	7,381,677	120,623	1,382	125,480	7,629,162 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	49,433	0	0	49,433 63.00
65.00 06500	RESPIRATORY THERAPY	2,797,179	37,367	34,351	335,717	3,204,614 65.00
66.00 06600	PHYSICAL THERAPY	4,186,336	25,354	20,901	888,864	5,121,455 66.00
67.00 06700	OCCUPATIONAL THERAPY	883,444	9,708	0	213,385	1,106,537 67.00
68.00 06800	SPEECH PATHOLOGY	691,888	0	7,857	125,762	825,507 68.00
69.00 06900	ELECTROCARDIOLOGY	876,047	66,493	57,080	211,065	1,210,685 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	227,998	91,881	2,899	55,162	377,940 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,145,276	0	0	0	10,145,276 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,952,561	0	0	0	8,952,561 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	561,500	0	0	0	561,500 73.00
76.00 03630	ULTRA SOUND	766,515	39,969	29,920	135,913	972,317 76.00
76.01 03951	PAIN CLINIC	549,774	215,176	6,418	133,349	904,717 76.01
76.02 03952	CATH LAB	2,203,312	157,815	129,544	455,414	2,946,085 76.02
76.03 03953	ACTIVITY THERAPEUTIC	1,085,765	99,634	222	289,441	1,475,062 76.03
76.04 03954	WOUND CARE CENTER	439,281	111,124	1,594	104,182	656,181 76.04
76.05 03340	BARIATRIC CLINIC	1,324,923	33,648	3,306	309,634	1,671,511 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0	0 76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	0 76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.11
76.12 03959	ANTI COAGULATION CLINIC	338,183	7,683	47	82,430	428,343 76.12
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	5,990,745	280,813	40,506	868,512	7,180,576 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	172,334,872	6,973,958	4,086,463	18,115,646	169,957,195 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,689	13,899	1,222	11,757	126,567 190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/10/2023 11:00 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	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,710,256	239,167	18,785	347,981	2,316,189	192.00
192.01 19201 WORKING WELL	4,986	0	0	1,164	6,150	192.01
192.02 19202 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03 19203 MISC	0	0	0	0	0	192.03
194.00 07950 RESIDENTIAL	3,289,459	529,200	29,396	722,503	4,570,558	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	462,393	0	0	462,393	194.02
194.03 07953 CENTER OF HOPE	1,378	0	0	210	1,588	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118 through 201)	177,440,640	8,218,617	4,135,866	19,199,261	177,440,640	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/10/2023 11:00 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	37,200,325					5.04
6.00	00600	MAINTENANCE & REPAIRS	1,155,626	5,561,652				6.00
7.00	00700	OPERATION OF PLANT	0	309,039	-1,283,576			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	176,189	0	0	847,940		8.00
9.00	00900	HOUSEKEEPING	754,665	82,663	0	0	3,714,622	9.00
10.00	01000	DIETARY	143,290	72,922	0	0	52,395	10.00
11.00	01100	CAFETERIA	383,948	105,273	0	0	75,639	11.00
13.00	01300	NURSING ADMINISTRATION	1,230,772	11,136	0	0	8,001	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	176,027	93,891	0	0	67,461	14.00
15.00	01500	PHARMACY	1,991,585	52,414	0	0	37,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	375,526	74,947	0	0	53,850	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	79,815	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,437,400	1,216,671	0	450,754	874,182	30.00
31.00	03100	INTENSIVE CARE UNIT	1,125,526	152,333	0	71,437	109,452	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	421,242	8,176	0	6,631	5,874	35.00
41.00	04100	SUBPROVIDER - I RF	1,495,842	91,084	0	212,738	65,444	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	432,014	0	0	15,524	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	905,306	252,913	0	0	181,718	50.00
50.01	05001	OUTPATIENT SURGERY	339,540	216,022	0	0	155,212	50.01
51.00	05100	RECOVERY ROOM	140,332	85,148	0	0	61,179	51.00
53.00	05300	ANESTHESIOLOGY	1,291,793	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	752,336	361,284	0	0	259,583	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	751,111	23,653	0	0	16,995	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	142,077	75,638	0	0	54,346	56.00
60.00	06000	LABORATORY	2,000,999	105,963	0	0	76,135	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,965	43,425	0	0	31,201	63.00
65.00	06500	RESPIRATORY THERAPY	840,516	32,826	0	0	23,585	65.00
66.00	06600	PHYSICAL THERAPY	1,343,271	22,273	0	0	16,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	290,226	8,529	0	0	6,128	67.00
68.00	06800	SPEECH PATHOLOGY	216,516	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	317,542	58,412	0	0	41,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,127	80,715	0	0	57,994	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,660,933	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,348,105	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	147,272	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	255,022	35,111	0	0	25,228	76.00
76.01	03951	PAIN CLINIC	237,292	189,025	0	0	135,815	76.01
76.02	03952	CATH LAB	772,708	138,636	0	0	99,610	76.02
76.03	03953	ACTIVITY THERAPEUTIC	386,884	87,525	0	0	62,887	76.03
76.04	03954	WOUND CARE CENTER	172,105	97,619	0	0	70,139	76.04
76.05	03340	BARIATRIC CLINIC	438,409	29,559	0	0	21,238	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	112,347	6,749	0	0	4,849	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,883,343	246,685	0	0	177,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,237,544	4,468,259	0	757,084	2,929,016	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,196	12,210	0	0	8,773	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	607,497	210,101	0	0	150,958	192.00
192.01	19201	WORKING WELL	1,613	0	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.04	6.00	7.00	8.00	9.00	
194.00	07950 RESIDENTIAL	1,198,780	464,885	0	0	334,021	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952 PSYCHIATRIC	121,278	406,197	0	90,856	291,854	194.02
194.03	07953 CENTER OF HOPE	417	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	-1,283,576	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	37,200,325	5,561,652	-1,283,576	847,940	3,714,622	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	814,926					10.00
11.00	01100	CAFETERIA	0	2,028,728				11.00
13.00	01300	NURSING ADMINISTRATION	0	76,314	6,018,758			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,620	0	1,030,131		14.00
15.00	01500	PHARMACY	0	61,879	0	403,487	10,140,293	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,707	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,125	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	444,521	441,195	2,154,182	57	98,044	30.00
31.00	03100	INTENSIVE CARE UNIT	70,557	97,768	186,253	466	87,476	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	29,301	32,291	33	0	35.00
41.00	04100	SUBPROVIDER - I&R	210,115	161,335	202,059	0	351,263	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	57,509	504,254	230,894	35,822	50.00
50.01	05001	OUTPATIENT SURGERY	0	27,579	500,681	7,442	7,381	50.01
51.00	05100	RECOVERY ROOM	0	12,482	416,875	1,671	4,461	51.00
53.00	05300	ANESTHESIOLOGY	0	3,576	0	0	110,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	64,395	311	3,496	11,823	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	36,386	77,437	18,990	2,038	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	10,164	0	29,650	537,970	56.00
60.00	06000	LABORATORY	0	25,096	0	31,661	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,324	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	36,088	0	54,980	20,198	65.00
66.00	06600	PHYSICAL THERAPY	0	127,367	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,400	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,018	0	2,640	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,459	269,108	1,122	39	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,310	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	8,731,511	73.00
76.00	03630	ULTRA SOUND	0	20,891	39	1,155	0	76.00
76.01	03951	PAIN CLINIC	0	19,269	33,418	873	1,123	76.01
76.02	03952	CATH LAB	0	56,118	568,837	222,984	8,827	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	55,986	4,641	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	17,746	0	1,762	82,137	76.04
76.05	03340	BARITRIC CLINIC	0	26,751	264,214	3	6	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTICOAGULATION CLINIC	0	12,316	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	141,471	112,622	441	49,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	725,193	1,750,621	5,327,222	1,030,131	10,140,293	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,609	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	105,813	629,633	0	0	192.00
192.01	19201	WORKING WELL	0	132	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 RESIDENTIAL	0	168,520	61,903	0	0	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	89,733	0	0	0	0	194.02
194.03 07953 CENTER OF HOPE	0	33	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	814,926	2,028,728	6,018,758	1,030,131	10,140,293	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	16.00	17.00	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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,949,788					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	390,249			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	196,129	0	390,249	37,247,260	-390,249	30.00
31.00	03100	INTENSIVE CARE UNIT	43,068	0	0	6,235,602	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,286	0	0	2,113,895	0	35.00
41.00	04100	SUBPROVIDER - IRF	64,371	0	0	8,557,412	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,164	0	0	2,100,831	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	187,529	0	0	5,807,585	0	50.00
50.01	05001	OUTPATIENT SURGERY	11,539	0	0	2,559,951	0	50.01
51.00	05100	RECOVERY ROOM	22,399	0	0	1,279,586	0	51.00
53.00	05300	ANESTHESIOLOGY	50,777	0	0	6,382,126	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,375	0	0	4,503,015	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	26,115	0	0	3,816,469	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	24,667	0	0	1,416,206	0	56.00
60.00	06000	LABORATORY	198,840	0	0	10,067,856	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,807	0	0	157,155	0	63.00
65.00	06500	RESPIRATORY THERAPY	41,686	0	0	4,254,493	0	65.00
66.00	06600	PHYSICAL THERAPY	54,141	0	0	6,684,510	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,907	0	0	1,454,727	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,547	0	0	1,072,228	0	68.00
69.00	06900	ELECTROCARDIOLOGY	74,678	0	0	2,009,014	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,073	0	0	638,159	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,759	0	0	12,920,968	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,105	0	0	11,350,771	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,773	0	0	9,543,056	0	73.00
76.00	03630	ULTRA SOUND	34,916	0	0	1,344,679	0	76.00
76.01	03951	PAIN CLINIC	26,404	0	0	1,547,936	0	76.01
76.02	03952	CATH LAB	170,917	0	0	4,984,722	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	16,963	0	0	2,089,948	0	76.03
76.04	03954	WOUND CARE CENTER	7,511	0	0	1,105,200	0	76.04
76.05	03340	BARIATRIC CLINIC	13,551	0	0	2,465,242	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	3,255	0	0	567,859	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	178,536	0	0	9,970,298	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,949,788	0	390,249	166,248,759	-390,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	184,355	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
				SERVICES-OTHER PRGM COSTS APPRV				
		16.00	17.00	22.00	24.00	25.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,020,191	0	192.00
192.01	19201	WORKING WELL	0	0	0	7,895	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	0	0	0	192.03
194.00	07950	RESIDENTIAL	0	0	0	6,798,667	0	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	1,462,311	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	2,038	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	-1,283,576	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,949,788	0	390,249	177,440,640	-390,249	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Total	
		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
5.04	00593 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	36,857,011	30.00
31.00	03100 INTENSIVE CARE UNIT	6,235,602	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,113,895	35.00
41.00	04100 SUBPROVIDER - IRF	8,557,412	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,100,831	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	5,807,585	50.00
50.01	05001 OUTPATIENT SURGERY	2,559,951	50.01
51.00	05100 RECOVERY ROOM	1,279,586	51.00
53.00	05300 ANESTHESIOLOGY	6,382,126	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,503,015	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	3,816,469	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	1,416,206	56.00
60.00	06000 LABORATORY	10,067,856	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	157,155	63.00
65.00	06500 RESPIRATORY THERAPY	4,254,493	65.00
66.00	06600 PHYSICAL THERAPY	6,684,510	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,454,727	67.00
68.00	06800 SPEECH PATHOLOGY	1,072,228	68.00
69.00	06900 ELECTROCARDIOLOGY	2,009,014	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	638,159	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,920,968	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,350,771	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,543,056	73.00
76.00	03630 ULTRA SOUND	1,344,679	76.00
76.01	03951 PAIN CLINIC	1,547,936	76.01
76.02	03952 CATH LAB	4,984,722	76.02
76.03	03953 ACTIVITY THERAPEUTIC	2,089,948	76.03
76.04	03954 WOUND CARE CENTER	1,105,200	76.04
76.05	03340 BARIATRIC CLINIC	2,465,242	76.05
76.06	03030 HEALTHY LIVING CENTER	0	76.06
76.07	03950 CV RESOURCE CENTER	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	76.08
76.09	03956 LACTATION CLINIC	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	567,859	76.12
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	9,970,298	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	165,858,510	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	184,355	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,020,191	192.00
192.01	19201 WORKING WELL	7,895	192.01
192.02	19202 PHYSICIANS' PRIVATE OFFICES	0	192.02
192.03	19203 MISC	0	192.03
194.00	07950 RESIDENTIAL	6,798,667	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Total	
		26.00	
194.02	07952 PSYCHIATRIC	1,462,311	194.02
194.03	07953 CENTER OF HOPE	2,038	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-1,283,576	201.00
202.00	TOTAL (sum lines 118 through 201)	177,050,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	33,927	1,558	35,485	4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	0	613,084	849,280	1,462,364	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	1,240,521	244,563	1,485,084	6.00
7.00 00700	OPERATION OF PLANT	0	351,793	1,635,335	1,987,128	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	94,099	2,500	96,599	9.00
10.00 01000	DIETARY	0	83,011	7,246	90,257	10.00
11.00 01100	CAFETERIA	0	119,837	0	119,837	11.00
13.00 01300	NURSING ADMINISTRATION	0	12,677	15,667	28,344	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	106,881	37,112	143,993	14.00
15.00 01500	PHARMACY	0	59,665	8,016	67,681	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	85,316	0	85,316	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,384,995	122,971	1,507,966	30.00
31.00 03100	INTENSIVE CARE UNIT	0	173,408	24,513	197,921	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	9,307	2,605	11,912	35.00
41.00 04100	SUBPROVIDER - I RF	0	103,685	8,987	112,672	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	287,902	279,776	567,678	50.00
50.01 05001	OUTPATIENT SURGERY	0	245,908	11,359	257,267	50.01
51.00 05100	RECOVERY ROOM	0	96,928	13,879	110,807	51.00
53.00 05300	ANESTHESIOLOGY	0	0	1,114	1,114	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	411,266	414,431	825,697	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	26,925	12,477	39,402	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	86,102	57,047	143,149	56.00
60.00 06000	LABORATORY	0	120,623	1,382	122,005	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	49,433	0	49,433	63.00
65.00 06500	RESPIRATORY THERAPY	0	37,367	34,351	71,718	65.00
66.00 06600	PHYSICAL THERAPY	0	25,354	20,901	46,255	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,708	0	9,708	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	7,857	7,857	68.00
69.00 06900	ELECTROCARDIOLOGY	0	66,493	57,080	123,573	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	91,881	2,899	94,780	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03630	ULTRA SOUND	0	39,969	29,920	69,889	76.00
76.01 03951	PAIN CLINIC	0	215,176	6,418	221,594	76.01
76.02 03952	CATH LAB	0	157,815	129,544	287,359	76.02
76.03 03953	ACTIVITY THERAPEUTIC	0	99,634	222	99,856	76.03
76.04 03954	WOUND CARE CENTER	0	111,124	1,594	112,718	76.04
76.05 03340	BARIATRIC CLINIC	0	33,648	3,306	36,954	76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.11
76.12 03959	ANTI COAGULATION CLINIC	0	7,683	47	7,730	76.12
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	280,813	40,506	321,319	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	6,973,958	4,086,463	11,060,421	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,899	1,222	15,121	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	239,167	18,785	257,952	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
192.01 19201 WORKING WELL	0	0	0	0		2 192.01
192.02 19202 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.02
192.03 19203 MISC	0	0	0	0		0 192.03
194.00 07950 RESIDENTIAL	0	529,200	29,396	558,596	1,336	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0 194.01
194.02 07952 PSYCHIATRIC	0	462,393	0	462,393	0	0 194.02
194.03 07953 CENTER OF HOPE	0	0	0	0		0 194.03
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	8,218,617	4,135,866	12,354,483	35,485	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	1,469,919				5.04
6.00	00600	MAINTENANCE & REPAIRS	45,664	1,531,072			6.00
7.00	00700	OPERATION OF PLANT	0	85,076	2,072,912		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,962	0	0	6,962	8.00
9.00	00900	HOUSEKEEPING	29,820	22,756	0	0	150,015 9.00
10.00	01000	DIETARY	5,662	20,075	0	0	2,116 10.00
11.00	01100	CAFETERIA	15,172	28,981	0	0	3,055 11.00
13.00	01300	NURSING ADMINISTRATION	48,633	3,066	0	0	323 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,956	25,847	0	0	2,724 14.00
15.00	01500	PHARMACY	78,697	14,429	0	0	1,521 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,839	20,632	0	0	2,175 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,154	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	254,333	334,938	0	3,701	35,304 30.00
31.00	03100	INTENSIVE CARE UNIT	44,475	41,936	0	587	4,420 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,645	2,251	0	54	237 35.00
41.00	04100	SUBPROVIDER - I RF	59,108	25,075	0	1,747	2,643 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	17,071	0	0	127	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,773	69,625	0	0	7,339 50.00
50.01	05001	OUTPATIENT SURGERY	13,417	59,469	0	0	6,268 50.01
51.00	05100	RECOVERY ROOM	5,545	23,440	0	0	2,471 51.00
53.00	05300	ANESTHESIOLOGY	51,045	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,728	99,458	0	0	10,483 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	29,680	6,511	0	0	686 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	5,614	20,822	0	0	2,195 56.00
60.00	06000	LABORATORY	79,069	29,171	0	0	3,075 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	512	11,955	0	0	1,260 63.00
65.00	06500	RESPIRATORY THERAPY	33,213	9,037	0	0	952 65.00
66.00	06600	PHYSICAL THERAPY	53,079	6,131	0	0	646 66.00
67.00	06700	OCCUPATIONAL THERAPY	11,468	2,348	0	0	247 67.00
68.00	06800	SPEECH PATHOLOGY	8,556	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	12,548	16,080	0	0	1,695 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,917	22,220	0	0	2,342 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	105,146	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,784	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,819	0	0	0	0 73.00
76.00	03630	ULTRA SOUND	10,077	9,666	0	0	1,019 76.00
76.01	03951	PAIN CLINIC	9,376	52,037	0	0	5,485 76.01
76.02	03952	CATH LAB	30,533	38,165	0	0	4,023 76.02
76.03	03953	ACTIVITY THERAPEUTIC	15,288	24,095	0	0	2,540 76.03
76.04	03954	WOUND CARE CENTER	6,801	26,874	0	0	2,833 76.04
76.05	03340	BARIATRIC CLINIC	17,324	8,137	0	0	858 76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0 76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0 76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.11
76.12	03959	ANTI COAGULATION CLINIC	4,439	1,858	0	0	196 76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	74,419	67,910	0	0	7,158 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,392,361	1,230,071	0	6,216	118,289 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,312	3,361	0	0	354 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,005	57,839	0	0	6,096 192.00
192.01	19201	WORKING WELL	64	0	0	0	0 192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.02
192.03	19203	MISC	0	0	0	0	0 192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.04	6.00	7.00	8.00	9.00	
194.00	07950 RESIDENTIAL	47,369	127,979	0	0	13,489	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952 PSYCHIATRIC	4,792	111,822	0	746	11,787	194.02
194.03	07953 CENTER OF HOPE	16	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	2,072,912	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,469,919	1,531,072	2,072,912	6,962	150,015	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	118,334					10.00
11.00	01100	CAFETERIA	0	167,383				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,296	87,749			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,784	0	181,473		14.00
15.00	01500	PHARMACY	0	5,105	0	71,056	239,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,131	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	505	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,549	36,402	31,404	10	2,315	30.00
31.00	03100	INTENSIVE CARE UNIT	10,245	8,066	2,715	82	2,065	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,417	471	6	0	35.00
41.00	04100	SUBPROVIDER - I RF	30,510	13,311	2,946	0	8,292	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,745	7,352	40,685	846	50.00
50.01	05001	OUTPATIENT SURGERY	0	2,275	7,300	1,311	174	50.01
51.00	05100	RECOVERY ROOM	0	1,030	6,078	295	105	51.00
53.00	05300	ANESTHESIOLOGY	0	295	0	0	2,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,313	5	616	279	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	3,002	1,129	3,346	48	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	839	0	5,224	12,700	56.00
60.00	06000	LABORATORY	0	2,071	0	5,579	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,876	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,977	0	9,688	477	65.00
66.00	06600	PHYSICAL THERAPY	0	10,509	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,426	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,404	0	465	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,926	3,923	198	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	686	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	206,126	73.00
76.00	03630	ULTRA SOUND	0	1,724	1	203	0	76.00
76.01	03951	PAIN CLINIC	0	1,590	487	154	27	76.01
76.02	03952	CATH LAB	0	4,630	8,293	39,291	208	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	4,619	68	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	1,464	0	310	1,939	76.04
76.05	03340	BARITRIC CLINIC	0	2,207	3,852	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTICOAGULATION CLINIC	0	1,016	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	11,672	1,642	78	1,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,304	144,437	77,666	181,473	239,384	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	298	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,730	9,180	0	0	192.00
192.01	19201	WORKING WELL	0	11	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	0	0	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
194.00	07950 RESIDENTIAL	0	13,904	903	0	0	0	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.01
194.02	07952 PSYCHIATRIC	13,030	0	0	0	0	0	194.02
194.03	07953 CENTER OF HOPE	0	3	0	0	0	0	194.03
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	118,334	167,383	87,749	181,473	239,384		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	16.00	17.00	22.00	24.00	25.00
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
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	124,252			16.00
17.00 01700	SOCIAL SERVICE	0	0		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,743		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	12,520	0	2,290,118	0 30.00
31.00 03100	INTENSIVE CARE UNIT	2,749	0	316,453	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	274	0	34,707	0 35.00
41.00 04100	SUBPROVIDER - IRF	4,109	0	262,182	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	393	0	18,125	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	11,971	0	746,677	0 50.00
50.01 05001	OUTPATIENT SURGERY	737	0	348,570	0 50.01
51.00 05100	RECOVERY ROOM	1,430	0	151,354	0 51.00
53.00 05300	ANESTHESIOLOGY	3,242	0	58,330	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,579	0	983,839	0 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,667	0	85,944	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	1,575	0	192,256	0 56.00
60.00 06000	LABORATORY	12,476	0	253,678	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	243	0	66,279	0 63.00
65.00 06500	RESPIRATORY THERAPY	2,661	0	131,344	0 65.00
66.00 06600	PHYSICAL THERAPY	3,456	0	121,719	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	888	0	27,479	0 67.00
68.00 06800	SPEECH PATHOLOGY	673	0	19,187	0 68.00
69.00 06900	ELECTROCARDIOLOGY	4,767	0	166,101	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	898	0	124,945	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,326	0	112,472	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,199	0	95,983	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,561	0	218,506	0 73.00
76.00 03630	ULTRA SOUND	2,229	0	95,059	0 76.00
76.01 03951	PAIN CLINIC	1,686	0	292,682	0 76.01
76.02 03952	CATH LAB	10,911	0	424,255	0 76.02
76.03 03953	ACTIVITY THERAPEUTIC	1,083	0	148,084	0 76.03
76.04 03954	WOUND CARE CENTER	479	0	153,611	0 76.04
76.05 03340	BARIATRIC CLINIC	865	0	70,769	0 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0 76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0 76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 76.11
76.12 03959	ANTI COAGULATION CLINIC	208	0	15,599	0 76.12
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	11,397	0	498,366	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	124,252	0	8,524,673	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,468	0 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	24.00	25.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	364,445	0	192.00
192.01	19201	WORKING WELL	0	0	77	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.02
192.03	19203	MISC	0	0	0	0	192.03
194.00	07950	RESIDENTIAL	0	0	763,576	0	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	604,570	0	194.02
194.03	07953	CENTER OF HOPE	0	0	19	0	194.03
200.00		Cross Foot Adjustments			3,743	0	200.00
201.00		Negative Cost Centers	0	0	2,072,912	0	201.00
202.00		TOTAL (sum lines 118 through 201)	124,252	0	3,743	12,354,483	0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Total	
		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
5.04	00593 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,290,118	30.00
31.00	03100 INTENSIVE CARE UNIT	316,453	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	34,707	35.00
41.00	04100 SUBPROVIDER - IRF	262,182	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	18,125	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	746,677	50.00
50.01	05001 OUTPATIENT SURGERY	348,570	50.01
51.00	05100 RECOVERY ROOM	151,354	51.00
53.00	05300 ANESTHESIOLOGY	58,330	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	983,839	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	85,944	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	192,256	56.00
60.00	06000 LABORATORY	253,678	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	66,279	63.00
65.00	06500 RESPIRATORY THERAPY	131,344	65.00
66.00	06600 PHYSICAL THERAPY	121,719	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,479	67.00
68.00	06800 SPEECH PATHOLOGY	19,187	68.00
69.00	06900 ELECTROCARDIOLOGY	166,101	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,945	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	112,472	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	95,983	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	218,506	73.00
76.00	03630 ULTRA SOUND	95,059	76.00
76.01	03951 PAIN CLINIC	292,682	76.01
76.02	03952 CATH LAB	424,255	76.02
76.03	03953 ACTIVITY THERAPEUTIC	148,084	76.03
76.04	03954 WOUND CARE CENTER	153,611	76.04
76.05	03340 BARIATRIC CLINIC	70,769	76.05
76.06	03030 HEALTHY LIVING CENTER	0	76.06
76.07	03950 CV RESOURCE CENTER	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	76.08
76.09	03956 LACTATION CLINIC	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	15,599	76.12
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	498,366	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,524,673	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,468	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	364,445	192.00
192.01	19201 WORKING WELL	77	192.01
192.02	19202 PHYSICIANS' PRIVATE OFFICES	0	192.02
192.03	19203 MISC	0	192.03
194.00	07950 RESIDENTIAL	763,576	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/10/2023 11:00 am
Cost Center Description		Total		
		26.00		
194.02	07952 PSYCHIATRIC	604,570		194.02
194.03	07953 CENTER OF HOPE	19		194.03
200.00	Cross Foot Adjustments	3,743		200.00
201.00	Negative Cost Centers	2,072,912		201.00
202.00	TOTAL (sum lines 118 through 201)	12,354,483		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,676				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,178,096			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,943	4,212	78,518,820		4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	35,111	2,295,369	16,724,037	-37,200,325	141,832,930
6.00 00600	MAINTENANCE & REPAIRS	71,044	660,987	716,551	0	4,406,026
7.00 00700	OPERATION OF PLANT	20,147	4,419,846	1,565,579	1,592,615	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	671,751
9.00 00900	HOUSEKEEPING	5,389	6,758	1,859,455	0	2,877,294
10.00 01000	DIETARY	4,754	19,585	496,099	0	546,319
11.00 01100	CAFETERIA	6,863	0	746,870	0	1,463,868
13.00 01300	NURSING ADMINISTRATION	726	42,344	2,403,996	0	4,692,535
14.00 01400	CENTRAL SERVICES & SUPPLY	6,121	100,303	373,418	0	671,132
15.00 01500	PHARMACY	3,417	21,665	1,979,779	0	7,593,268
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	0	352,245	0	1,431,758
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	185,808	0	304,309
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	79,318	332,358	14,770,897	0	24,543,876
31.00 03100	INTENSIVE CARE UNIT	9,931	66,251	2,637,831	0	4,291,266
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	533	7,040	972,891	0	1,606,061
41.00 04100	SUBPROVIDER - I RF	5,938	24,289	3,912,876	0	5,703,161
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	1,180,884	0	1,647,129
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	756,158	1,466,812	0	3,451,640
50.01 05001	OUTPATIENT SURGERY	14,083	30,700	778,233	0	1,294,555
51.00 05100	RECOVERY ROOM	5,551	37,512	337,896	0	535,039
53.00 05300	ANESTHESIOLOGY	0	3,012	39,820	0	4,925,186
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,553	1,120,094	1,506,713	0	2,868,412
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	33,723	1,046,921	0	2,863,744
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	4,931	154,182	305,637	0	541,694
60.00 06000	LABORATORY	6,908	3,735	513,172	0	7,629,162
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	49,433
65.00 06500	RESPIRATORY THERAPY	2,140	92,841	1,372,975	0	3,204,614
66.00 06600	PHYSICAL THERAPY	1,452	56,490	3,635,168	0	5,121,455
67.00 06700	OCCUPATIONAL THERAPY	556	0	872,675	0	1,106,537
68.00 06800	SPEECH PATHOLOGY	0	21,234	514,326	0	825,507
69.00 06900	ELECTROCARDIOLOGY	3,808	154,272	863,189	0	1,210,685
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	7,835	225,593	0	377,940
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,145,276
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,952,561
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	561,500
76.00 03630	ULTRA SOUND	2,289	80,865	555,840	0	972,317
76.01 03951	PAIN CLINIC	12,323	17,347	545,353	0	904,717
76.02 03952	CATH LAB	9,038	350,121	1,862,497	0	2,946,085
76.03 03953	ACTIVITY THERAPEUTIC	5,706	600	1,183,722	0	1,475,062
76.04 03954	WOUND CARE CENTER	6,364	4,307	426,070	0	656,181
76.05 03340	BARITRIC CLINIC	1,927	8,934	1,266,303	0	1,671,511
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07 03950	CV RESOURCE CENTER	0	0	0	0	0
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.09 03956	LACTATION CLINIC	0	0	0	0	0
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.12 03959	ANTI COAGULATION CLINIC	440	127	337,112	0	428,343
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	16,082	109,477	3,551,935	0	7,180,576
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	399,395	11,044,573	74,087,178	-35,607,710	134,349,485
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	3,304	48,084	0	126,567

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	13,697	50,771	1,423,130	0	2,316,189	192.00
192.01 19201 WORKING WELL	0	0	4,762	0	6,150	192.01
192.02 19202 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03 19203 MISC	0	0	0	0	0	192.03
194.00 07950 RESIDENTIAL	30,307	79,448	2,954,807	0	4,570,558	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	26,481	0	0	0	462,393	194.02
194.03 07953 CENTER OF HOPE	0	0	859	0	1,588	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,218,617	4,135,866	19,199,261		37,200,325	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.461305	0.369997	0.244518		0.262283	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			35,485		1,469,919	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000452		0.010364	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: 15-0090

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

Worksheet B-1

Date/Time Prepared: 5/10/2023 11:00 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.04	00593						5.04
6.00	00600	362,578					6.00
7.00	00700	20,147	342,431				7.00
8.00	00800	0	0	462,150			8.00
9.00	00900	5,389	5,389	0	337,042		9.00
10.00	01000	4,754	4,754	0	4,754	122,048	10.00
11.00	01100	6,863	6,863	0	6,863	0	11.00
13.00	01300	726	726	0	726	0	13.00
14.00	01400	6,121	6,121	0	6,121	0	14.00
15.00	01500	3,417	3,417	0	3,417	0	15.00
16.00	01600	4,886	4,886	0	4,886	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	79,318	79,318	245,673	79,318	66,574	30.00
31.00	03100	9,931	9,931	38,935	9,931	10,567	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	533	533	3,614	533	0	35.00
41.00	04100	5,938	5,938	115,948	5,938	31,468	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	8,461	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,488	16,488	0	16,488	0	50.00
50.01	05001	14,083	14,083	0	14,083	0	50.01
51.00	05100	5,551	5,551	0	5,551	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	23,553	23,553	0	23,553	0	54.00
54.01	05401	1,542	1,542	0	1,542	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	4,931	4,931	0	4,931	0	56.00
60.00	06000	6,908	6,908	0	6,908	0	60.00
63.00	06300	2,831	2,831	0	2,831	0	63.00
65.00	06500	2,140	2,140	0	2,140	0	65.00
66.00	06600	1,452	1,452	0	1,452	0	66.00
67.00	06700	556	556	0	556	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,808	3,808	0	3,808	0	69.00
70.00	07000	5,262	5,262	0	5,262	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03630	2,289	2,289	0	2,289	0	76.00
76.01	03951	12,323	12,323	0	12,323	0	76.01
76.02	03952	9,038	9,038	0	9,038	0	76.02
76.03	03953	5,706	5,706	0	5,706	0	76.03
76.04	03954	6,364	6,364	0	6,364	0	76.04
76.05	03340	1,927	1,927	0	1,927	0	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	0	0	0	76.07
76.08	03955	0	0	0	0	0	76.08
76.09	03956	0	0	0	0	0	76.09
76.10	03957	0	0	0	0	0	76.10
76.11	03958	0	0	0	0	0	76.11
76.12	03959	440	440	0	440	0	76.12
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	16,082	16,082	0	16,082	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		291,297	271,150	412,631	265,761	108,609	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	796	796	0	796	0	190.00
192.00	19200	13,697	13,697	0	13,697	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
192.03	19203 MISC	0	0	0	0	0	192.03
194.00	07950 RESIDENTIAL	30,307	30,307	0	30,307	0	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952 PSYCHIATRIC	26,481	26,481	49,519	26,481	13,439	194.02
194.03	07953 CENTER OF HOPE	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,561,652	-1,283,576	847,940	3,714,622	814,926	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.339188	0.000000	1.834772	11.021244	6.677094	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,531,072	2,072,912	6,962	150,015	118,334	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.222738	6.053517	0.015064	0.445093	0.969569	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.04	00593						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	61,276					11.00
13.00	01300	2,305	309,965				13.00
14.00	01400	653	0	98,758,910			14.00
15.00	01500	1,869	0	38,683,784	4,721,698		15.00
16.00	01600	414	0	0	0	719,376,971	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	185	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,326	110,940	5,492	45,653	72,372,439	30.00
31.00	03100	2,953	9,592	44,670	40,732	15,892,355	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	885	1,663	3,120	0	1,581,420	35.00
41.00	04100	4,873	10,406	0	163,561	23,753,000	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	2,274,484	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,737	25,969	22,135,405	16,680	69,198,843	50.00
50.01	05001	833	25,785	713,484	3,437	4,258,017	50.01
51.00	05100	377	21,469	160,230	2,077	8,265,498	51.00
53.00	05300	108	0	0	51,590	18,737,042	53.00
54.00	05400	1,945	16	335,190	5,505	66,928,182	54.00
54.01	05401	1,099	3,988	1,820,494	949	9,636,549	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	307	0	2,842,489	250,499	9,102,386	56.00
60.00	06000	758	0	3,035,269	0	73,270,506	60.00
63.00	06300	0	0	1,564,986	0	1,404,643	63.00
65.00	06500	1,090	0	5,270,814	9,405	15,382,450	65.00
66.00	06600	3,847	0	0	0	19,978,323	66.00
67.00	06700	888	0	0	0	5,131,595	67.00
68.00	06800	514	0	253,068	514	3,891,921	68.00
69.00	06900	1,071	13,859	107,563	18	27,556,508	69.00
70.00	07000	251	0	0	0	5,192,885	70.00
71.00	07100	0	0	0	0	42,346,338	71.00
72.00	07200	0	0	0	0	18,489,109	72.00
73.00	07300	0	0	0	4,065,717	37,923,463	73.00
76.00	03630	631	2	110,700	0	12,884,112	76.00
76.01	03951	582	1,721	83,666	523	9,743,027	76.01
76.02	03952	1,695	29,295	21,377,007	4,110	63,068,844	76.02
76.03	03953	1,691	239	0	0	6,259,406	76.03
76.04	03954	536	0	168,919	38,246	2,771,666	76.04
76.05	03340	808	13,607	240	3	5,000,548	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	0	0	0	76.07
76.08	03955	0	0	0	0	0	76.08
76.09	03956	0	0	0	0	0	76.09
76.10	03957	0	0	0	0	0	76.10
76.11	03958	0	0	0	0	0	76.11
76.12	03959	372	0	0	0	1,201,052	76.12
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,273	5,800	42,320	22,993	65,880,360	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		52,876	274,351	98,758,910	4,721,698	719,376,971	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	109	0	0	0	0	190.00
192.00	19200	3,196	32,426	0	0	0	192.00
192.01	19201	4	0	0	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.03	19203	MISC	0	0	0	0	0
194.00	07950	RESIDENTIAL	5,090	3,188	0	0	0
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	0	0	0
194.03	07953	CENTER OF HOPE	1	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,028,728	6,018,758	1,030,131	10,140,293	1,949,788
203.00		Unit cost multiplier (Wkst. B, Part I)	33.108036	19.417541	0.010431	2.147595	0.002710
204.00		Cost to be allocated (per Wkst. B, Part II)	167,383	87,749	181,473	239,384	124,252
205.00		Unit cost multiplier (Wkst. B, Part II)	2.731624	0.283093	0.001838	0.050699	0.000173
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: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	17.00		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
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE	719,376,971		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	100	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	72,372,439	100	30.00
31.00 03100	INTENSIVE CARE UNIT	15,892,355	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,581,420	0	35.00
41.00 04100	SUBPROVIDER - IRF	23,753,000	0	41.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	2,274,484	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	69,198,843	0	50.00
50.01 05001	OUTPATIENT SURGERY	4,258,017	0	50.01
51.00 05100	RECOVERY ROOM	8,265,498	0	51.00
53.00 05300	ANESTHESIOLOGY	18,737,042	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	66,928,182	0	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	9,636,549	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	9,102,386	0	56.00
60.00 06000	LABORATORY	73,270,506	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,404,643	0	63.00
65.00 06500	RESPIRATORY THERAPY	15,382,450	0	65.00
66.00 06600	PHYSICAL THERAPY	19,978,323	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	5,131,595	0	67.00
68.00 06800	SPEECH PATHOLOGY	3,891,921	0	68.00
69.00 06900	ELECTROCARDIOLOGY	27,556,508	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,192,885	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,346,338	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,489,109	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	37,923,463	0	73.00
76.00 03630	ULTRA SOUND	12,884,112	0	76.00
76.01 03951	PAIN CLINIC	9,743,027	0	76.01
76.02 03952	CATH LAB	63,068,844	0	76.02
76.03 03953	ACTIVITY THERAPEUTIC	6,259,406	0	76.03
76.04 03954	WOUND CARE CENTER	2,771,666	0	76.04
76.05 03340	BARIATRIC CLINIC	5,000,548	0	76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	76.06
76.07 03950	CV RESOURCE CENTER	0	0	76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09 03956	LACTATION CLINIC	0	0	76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12 03959	ANTI COAGULATION CLINIC	1,201,052	0	76.12
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100	EMERGENCY	65,880,360	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	719,376,971	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	22.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 WORKING WELL	0	0	192.01
192.02	19202 PHYSICIANS' PRIVATE OFFICES	0	0	192.02
192.03	19203 MISC	0	0	192.03
194.00	07950 RESIDENTIAL	0	0	194.00
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952 PSYCHIATRIC	0	0	194.02
194.03	07953 CENTER OF HOPE	0	0	194.03
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	390,249	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	3,902.490000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	3,743	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	37.430000	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: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
5/10/2023 11:00 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		36,857,011	0	36,857,011	30.00	
31.00	03100 INTENSIVE CARE UNIT		6,235,602	0	6,235,602	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		2,113,895	0	2,113,895	35.00	
41.00	04100 SUBPROVIDER - IRF		8,557,412	0	8,557,412	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		2,100,831	0	2,100,831	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		5,807,585	0	5,807,585	50.00	
50.01	05001 OUTPATIENT SURGERY		2,559,951	0	2,559,951	50.01	
51.00	05100 RECOVERY ROOM		1,279,586	0	1,279,586	51.00	
53.00	05300 ANESTHESIOLOGY		6,382,126	0	6,382,126	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,503,015	0	4,503,015	54.00	
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		3,816,469	0	3,816,469	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		1,416,206	0	1,416,206	56.00	
60.00	06000 LABORATORY		10,067,856	0	10,067,856	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		157,155	0	157,155	63.00	
65.00	06500 RESPIRATORY THERAPY	0	4,254,493	0	4,254,493	65.00	
66.00	06600 PHYSICAL THERAPY	0	6,684,510	0	6,684,510	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,454,727	0	1,454,727	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,072,228	0	1,072,228	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,009,014	0	2,009,014	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		638,159	0	638,159	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,920,968	0	12,920,968	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,350,771	0	11,350,771	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		9,543,056	0	9,543,056	73.00	
76.00	03630 ULTRA SOUND		1,344,679	0	1,344,679	76.00	
76.01	03951 PAIN CLINIC		1,547,936	0	1,547,936	76.01	
76.02	03952 CATH LAB		4,984,722	4,501	4,989,223	76.02	
76.03	03953 ACTIVITY THERAPEUTIC		2,089,948	34,341	2,124,289	76.03	
76.04	03954 WOUND CARE CENTER		1,105,200	0	1,105,200	76.04	
76.05	03340 BARIATRIC CLINIC		2,465,242	0	2,465,242	76.05	
76.06	03030 HEALTHY LIVING CENTER		0	0	0	76.06	
76.07	03950 CV RESOURCE CENTER		0	0	0	76.07	
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.08	
76.09	03956 LACTATION CLINIC		0	0	0	76.09	
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.10	
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.11	
76.12	03959 ANTI COAGULATION CLINIC		567,859	0	567,859	76.12	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION		0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		9,970,298	45,002	10,015,300	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,573,877	0	4,573,877	92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		170,432,387	83,844	170,516,231	200.00	
201.00	Less Observation Beds		4,573,877		4,573,877	201.00	
202.00	Total (see instructions)		165,858,510	83,844	165,942,354	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/10/2023 11:00 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	62,415,690		62,415,690				30.00
31.00	03100	INTENSIVE CARE UNIT	15,892,355		15,892,355				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,581,420		1,581,420				35.00
41.00	04100	SUBPROVIDER - IRF	23,753,000		23,753,000				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,274,484		2,274,484				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,745,291	47,453,552	69,198,843	0.083926	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	2,315,653	1,942,364	4,258,017	0.601207	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,683,128	5,582,370	8,265,498	0.154811	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	7,788,484	10,948,558	18,737,042	0.340615	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,893,048	44,035,134	66,928,182	0.067281	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	4,735,864	4,900,685	9,636,549	0.396041	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,269,399	7,832,987	9,102,386	0.155586	0.000000		56.00
60.00	06000	LABORATORY	38,034,175	35,236,331	73,270,506	0.137407	0.000000		60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,042,688	361,955	1,404,643	0.111883	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	14,699,647	682,803	15,382,450	0.276581	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,124,860	14,853,463	19,978,323	0.334588	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,763,729	367,866	5,131,595	0.283484	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,572,946	1,318,975	3,891,921	0.275501	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	9,964,299	17,592,209	27,556,508	0.072905	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619,421	4,573,464	5,192,885	0.122891	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,088,621	20,257,717	42,346,338	0.305126	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,527,276	3,961,833	18,489,109	0.613917	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,432,187	9,491,276	37,923,463	0.251640	0.000000		73.00
76.00	03630	ULTRA SOUND	3,913,257	8,970,855	12,884,112	0.104367	0.000000		76.00
76.01	03951	PAIN CLINIC	38,710	9,704,317	9,743,027	0.158876	0.000000		76.01
76.02	03952	CATH LAB	22,394,660	40,674,184	63,068,844	0.079036	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,176,864	3,082,542	6,259,406	0.333889	0.000000		76.03
76.04	03954	WOUND CARE CENTER	12,788	2,758,878	2,771,666	0.398749	0.000000		76.04
76.05	03340	BIATRIC CLINIC	1,320	4,999,228	5,000,548	0.492994	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	1,660	1,199,392	1,201,052	0.472801	0.000000		76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	23,948,795	41,931,565	65,880,360	0.151339	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,416,997	8,539,752	9,956,749	0.459375	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	366,122,716	353,254,255	719,376,971				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	366,122,716	353,254,255	719,376,971				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/10/2023 11:00 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.083926		50.00
50.01	05001	OUTPATIENT SURGERY	0.601207		50.01
51.00	05100	RECOVERY ROOM	0.154811		51.00
53.00	05300	ANESTHESIOLOGY	0.340615		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067281		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.396041		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.155586		56.00
60.00	06000	LABORATORY	0.137407		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.111883		63.00
65.00	06500	RESPIRATORY THERAPY	0.276581		65.00
66.00	06600	PHYSICAL THERAPY	0.334588		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283484		67.00
68.00	06800	SPEECH PATHOLOGY	0.275501		68.00
69.00	06900	ELECTROCARDIOLOGY	0.072905		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122891		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.305126		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613917		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251640		73.00
76.00	03630	ULTRA SOUND	0.104367		76.00
76.01	03951	PAIN CLINIC	0.158876		76.01
76.02	03952	CATH LAB	0.079108		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.339375		76.03
76.04	03954	WOUND CARE CENTER	0.398749		76.04
76.05	03340	BARIATRIC CLINIC	0.492994		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	0.472801		76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.152023		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.459375		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
5/10/2023 11:00 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		36,857,011	0	36,857,011	30.00	
31.00	03100 INTENSIVE CARE UNIT		6,235,602	0	6,235,602	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		2,113,895	0	2,113,895	35.00	
41.00	04100 SUBPROVIDER - IRF		8,557,412	0	8,557,412	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		2,100,831	0	2,100,831	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		5,807,585	0	5,807,585	50.00	
50.01	05001 OUTPATIENT SURGERY		2,559,951	0	2,559,951	50.01	
51.00	05100 RECOVERY ROOM		1,279,586	0	1,279,586	51.00	
53.00	05300 ANESTHESIOLOGY		6,382,126	0	6,382,126	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,503,015	0	4,503,015	54.00	
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		3,816,469	0	3,816,469	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		1,416,206	0	1,416,206	56.00	
60.00	06000 LABORATORY		10,067,856	0	10,067,856	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		157,155	0	157,155	63.00	
65.00	06500 RESPIRATORY THERAPY	0	4,254,493	0	4,254,493	65.00	
66.00	06600 PHYSICAL THERAPY	0	6,684,510	0	6,684,510	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,454,727	0	1,454,727	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,072,228	0	1,072,228	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,009,014	0	2,009,014	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		638,159	0	638,159	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		12,920,968	0	12,920,968	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,350,771	0	11,350,771	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		9,543,056	0	9,543,056	73.00	
76.00	03630 ULTRA SOUND		1,344,679	0	1,344,679	76.00	
76.01	03951 PAIN CLINIC		1,547,936	0	1,547,936	76.01	
76.02	03952 CATH LAB		4,984,722	4,501	4,989,223	76.02	
76.03	03953 ACTIVITY THERAPEUTIC		2,089,948	34,341	2,124,289	76.03	
76.04	03954 WOUND CARE CENTER		1,105,200	0	1,105,200	76.04	
76.05	03340 BARIATRIC CLINIC		2,465,242	0	2,465,242	76.05	
76.06	03030 HEALTHY LIVING CENTER		0	0	0	76.06	
76.07	03950 CV RESOURCE CENTER		0	0	0	76.07	
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.08	
76.09	03956 LACTATION CLINIC		0	0	0	76.09	
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.10	
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.11	
76.12	03959 ANTI COAGULATION CLINIC		567,859	0	567,859	76.12	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION		0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		9,970,298	45,002	10,015,300	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,573,877	0	4,573,877	92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		170,432,387	83,844	170,516,231	200.00	
201.00	Less Observation Beds		4,573,877		4,573,877	201.00	
202.00	Total (see instructions)		165,858,510	83,844	165,942,354	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/10/2023 11:00 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,415,690		62,415,690			30.00
31.00	03100	INTENSIVE CARE UNIT	15,892,355		15,892,355			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,581,420		1,581,420			35.00
41.00	04100	SUBPROVIDER - IRF	23,753,000		23,753,000			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,274,484		2,274,484			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,745,291	47,453,552	69,198,843	0.083926	0.083926	50.00
50.01	05001	OUTPATIENT SURGERY	2,315,653	1,942,364	4,258,017	0.601207	0.601207	50.01
51.00	05100	RECOVERY ROOM	2,683,128	5,582,370	8,265,498	0.154811	0.154811	51.00
53.00	05300	ANESTHESIOLOGY	7,788,484	10,948,558	18,737,042	0.340615	0.340615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,893,048	44,035,134	66,928,182	0.067281	0.067281	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	4,735,864	4,900,685	9,636,549	0.396041	0.396041	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,269,399	7,832,987	9,102,386	0.155586	0.155586	56.00
60.00	06000	LABORATORY	38,034,175	35,236,331	73,270,506	0.137407	0.137407	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,042,688	361,955	1,404,643	0.111883	0.111883	63.00
65.00	06500	RESPIRATORY THERAPY	14,699,647	682,803	15,382,450	0.276581	0.276581	65.00
66.00	06600	PHYSICAL THERAPY	5,124,860	14,853,463	19,978,323	0.334588	0.334588	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,763,729	367,866	5,131,595	0.283484	0.283484	67.00
68.00	06800	SPEECH PATHOLOGY	2,572,946	1,318,975	3,891,921	0.275501	0.275501	68.00
69.00	06900	ELECTROCARDIOLOGY	9,964,299	17,592,209	27,556,508	0.072905	0.072905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619,421	4,573,464	5,192,885	0.122891	0.122891	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,088,621	20,257,717	42,346,338	0.305126	0.305126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,527,276	3,961,833	18,489,109	0.613917	0.613917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,432,187	9,491,276	37,923,463	0.251640	0.251640	73.00
76.00	03630	ULTRA SOUND	3,913,257	8,970,855	12,884,112	0.104367	0.104367	76.00
76.01	03951	PAIN CLINIC	38,710	9,704,317	9,743,027	0.158876	0.158876	76.01
76.02	03952	CATH LAB	22,394,660	40,674,184	63,068,844	0.079036	0.079036	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,176,864	3,082,542	6,259,406	0.333889	0.333889	76.03
76.04	03954	WOUND CARE CENTER	12,788	2,758,878	2,771,666	0.398749	0.398749	76.04
76.05	03340	BIARIATRIC CLINIC	1,320	4,999,228	5,000,548	0.492994	0.492994	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.11
76.12	03959	ANTI COAGULATION CLINIC	1,660	1,199,392	1,201,052	0.472801	0.472801	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,948,795	41,931,565	65,880,360	0.151339	0.151339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,416,997	8,539,752	9,956,749	0.459375	0.459375	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	366,122,716	353,254,255	719,376,971			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	366,122,716	353,254,255	719,376,971			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	OUTPATIENT SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03630	ULTRA SOUND	0.000000			76.00
76.01	03951	PAIN CLINIC	0.000000			76.01
76.02	03952	CATH LAB	0.000000			76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000			76.03
76.04	03954	WOUND CARE CENTER	0.000000			76.04
76.05	03340	BARIATRIC CLINIC	0.000000			76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000			76.06
76.07	03950	CV RESOURCE CENTER	0.000000			76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.08
76.09	03956	LACTATION CLINIC	0.000000			76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.11
76.12	03959	ANTI COAGULATION CLINIC	0.000000			76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,290,118	0	2,290,118	22,998	99.58	30.00
31.00	INTENSIVE CARE UNIT	316,453		316,453	3,318	95.37	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	34,707		34,707	308	112.69	35.00
41.00	SUBPROVIDER - IRF	262,182	0	262,182	3,807	68.87	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	18,125		18,125	721	25.14	43.00
200.00	Total (lines 30 through 199)	2,921,585		2,921,585	31,152		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,825	779,214				
31.00	INTENSIVE CARE UNIT	1,053	100,425				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	3,592	247,381				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	12,470	1,127,020				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	746,677	69,198,843	0.010790	9,501,007	102,516	50.00
50.01	05001	OUTPATIENT SURGERY	348,570	4,258,017	0.081862	851,044	69,668	50.01
51.00	05100	RECOVERY ROOM	151,354	8,265,498	0.018312	877,294	16,065	51.00
53.00	05300	ANESTHESIOLOGY	58,330	18,737,042	0.003113	2,067,119	6,435	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	983,839	66,928,182	0.014700	3,507,356	51,558	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	85,944	9,636,549	0.008919	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	192,256	9,102,386	0.021121	597,560	12,621	56.00
60.00	06000	LABORATORY	253,678	73,270,506	0.003462	12,996,734	44,995	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,279	1,404,643	0.047186	521,713	24,618	63.00
65.00	06500	RESPIRATORY THERAPY	131,344	15,382,450	0.008539	5,382,901	45,965	65.00
66.00	06600	PHYSICAL THERAPY	121,719	19,978,323	0.006093	1,242,338	7,570	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,479	5,131,595	0.005355	1,117,294	5,983	67.00
68.00	06800	SPEECH PATHOLOGY	19,187	3,891,921	0.004930	646,698	3,188	68.00
69.00	06900	ELECTROCARDIOLOGY	166,101	27,556,508	0.006028	9,826,324	59,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,945	5,192,885	0.024061	215,382	5,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	112,472	42,346,338	0.002656	6,351,181	16,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,983	18,489,109	0.005191	3,069,551	15,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,506	37,923,463	0.005762	8,544,561	49,234	73.00
76.00	03630	ULTRA SOUND	95,059	12,884,112	0.007378	0	0	76.00
76.01	03951	PAIN CLINIC	292,682	9,743,027	0.030040	0	0	76.01
76.02	03952	CATH LAB	424,255	63,068,844	0.006727	634	4	76.02
76.03	03953	ACTIVITY THERAPEUTIC	148,084	6,259,406	0.023658	28,602	677	76.03
76.04	03954	WOUND CARE CENTER	153,611	2,771,666	0.055422	0	0	76.04
76.05	03340	BARIATRIC CLINIC	70,769	5,000,548	0.014152	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	15,599	1,201,052	0.012988	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	498,366	65,880,360	0.007565	5,284,315	39,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	284,198	9,956,749	0.028543	1,416,997	40,445	92.00
200.00		Total (lines 50 through 199)	5,887,286	613,460,022		74,046,605	618,736	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
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	22,998	0.00	7,825	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,318	0.00	1,053	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	308	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,807	0.00	3,592	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	721	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	31,152		12,470	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
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
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: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Title XVIII					Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health				
		1.00	2A	2.00	3A	3.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	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	69,198,843	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	4,258,017	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	8,265,498	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	18,737,042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	66,928,182	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	9,636,549	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	9,102,386	0.000000	56.00
60.00	06000	LABORATORY	0	0	73,270,506	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,404,643	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	15,382,450	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,978,323	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,131,595	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,891,921	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	27,556,508	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,192,885	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	42,346,338	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,489,109	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	37,923,463	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	12,884,112	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	9,743,027	0.000000	76.01
76.02	03952	CATH LAB	0	0	63,068,844	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	6,259,406	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	2,771,666	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	5,000,548	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	1,201,052	0.000000	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	65,880,360	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	9,956,749	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	613,460,022		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9,501,007	0	10,688,144	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.000000	851,044	0	32,958	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	877,294	0	2,855,131	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,067,119	0	1,613,118	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,507,356	0	5,147,110	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	597,560	0	3,938,492	0	56.00
60.00	06000 LABORATORY	0.000000	12,996,734	0	1,749,064	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	521,713	0	87,538	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,382,901	0	131,395	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,242,338	0	11,419	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,117,294	0	6,428	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	646,698	0	154,636	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,826,324	0	17,592,209	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	215,382	0	977,024	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,351,181	0	4,130,550	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,069,551	0	3,961,833	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,544,561	0	2,924,623	0	73.00
76.00	03630 ULTRA SOUND	0.000000	0	0	0	0	76.00
76.01	03951 PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02	03952 CATH LAB	0.000000	634	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.000000	28,602	0	545,636	0	76.03
76.04	03954 WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	5,284,315	0	6,217,948	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,416,997	0	1,703,916	0	92.00
200.00	Total (lines 50 through 199)		74,046,605	0	64,469,172	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.083926	10,688,144	0	0	897,013	50.00
50.01	05001	OUTPATIENT SURGERY	0.601207	32,958	0	0	19,815	50.01
51.00	05100	RECOVERY ROOM	0.154811	2,855,131	0	0	442,006	51.00
53.00	05300	ANESTHESIOLOGY	0.340615	1,613,118	0	0	549,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067281	5,147,110	0	0	346,303	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.396041	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.155586	3,938,492	0	0	612,774	56.00
60.00	06000	LABORATORY	0.137407	1,749,064	0	0	240,334	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.111883	87,538	0	0	9,794	63.00
65.00	06500	RESPIRATORY THERAPY	0.276581	131,395	0	0	36,341	65.00
66.00	06600	PHYSICAL THERAPY	0.334588	11,419	0	0	3,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283484	6,428	0	0	1,822	67.00
68.00	06800	SPEECH PATHOLOGY	0.275501	154,636	0	0	42,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072905	17,592,209	0	0	1,282,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122891	977,024	0	0	120,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.305126	4,130,550	0	0	1,260,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613917	3,961,833	0	0	2,432,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251640	2,924,623	0	7,651	735,952	73.00
76.00	03630	ULTRA SOUND	0.104367	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.158876	0	0	0	0	76.01
76.02	03952	CATH LAB	0.079036	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.333889	545,636	0	0	182,182	76.03
76.04	03954	WOUND CARE CENTER	0.398749	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.492994	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959	ANTICOAGULATION CLINIC	0.472801	0	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.151339	6,217,948	0	0	941,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459375	1,703,916	0	0	782,736	92.00
200.00		Subtotal (see instructions)		64,469,172	0	7,651	10,939,167	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		64,469,172	0	7,651	10,939,167	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/10/2023 11:00 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,925		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0		76.12
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	1,925		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	1,925		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/10/2023 11:00 am		
				Title XVIII	Subprovider - IRF	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	746,677	69,198,843	0.010790	143,995	1,554	50.00
50.01	05001	OUTPATIENT SURGERY	348,570	4,258,017	0.081862	10,126	829	50.01
51.00	05100	RECOVERY ROOM	151,354	8,265,498	0.018312	6,850	125	51.00
53.00	05300	ANESTHESIOLOGY	58,330	18,737,042	0.003113	13,980	44	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	983,839	66,928,182	0.014700	278,169	4,089	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	85,944	9,636,549	0.008919	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	192,256	9,102,386	0.021121	14,356	303	56.00
60.00	06000	LABORATORY	253,678	73,270,506	0.003462	1,206,067	4,175	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,279	1,404,643	0.047186	19,904	939	63.00
65.00	06500	RESPIRATORY THERAPY	131,344	15,382,450	0.008539	822,045	7,019	65.00
66.00	06600	PHYSICAL THERAPY	121,719	19,978,323	0.006093	2,734,073	16,659	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,479	5,131,595	0.005355	2,781,941	14,897	67.00
68.00	06800	SPEECH PATHOLOGY	19,187	3,891,921	0.004930	1,158,874	5,713	68.00
69.00	06900	ELECTROCARDIOLOGY	166,101	27,556,508	0.006028	137,975	832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,945	5,192,885	0.024061	6,194	149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	112,472	42,346,338	0.002656	699,761	1,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,983	18,489,109	0.005191	17,874	93	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,506	37,923,463	0.005762	1,191,390	6,865	73.00
76.00	03630	ULTRA SOUND	95,059	12,884,112	0.007378	0	0	76.00
76.01	03951	PAIN CLINIC	292,682	9,743,027	0.030040	0	0	76.01
76.02	03952	CATH LAB	424,255	63,068,844	0.006727	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	148,084	6,259,406	0.023658	0	0	76.03
76.04	03954	WOUND CARE CENTER	153,611	2,771,666	0.055422	0	0	76.04
76.05	03340	BARIATRIC CLINIC	70,769	5,000,548	0.014152	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	15,599	1,201,052	0.012988	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	498,366	65,880,360	0.007565	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,956,749	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,603,088	613,460,022		11,243,574	66,144	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
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	Title XVIII	Subprovider - IRF	PPS
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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	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	69,198,843	0.000000 50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	4,258,017	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,265,498	0.000000 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,737,042	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	66,928,182	0.000000 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	9,636,549	0.000000 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,102,386	0.000000 56.00
60.00	06000	LABORATORY	0	0	0	73,270,506	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,404,643	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,382,450	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,978,323	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,131,595	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,891,921	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,556,508	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,192,885	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,346,338	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,489,109	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,923,463	0.000000 73.00
76.00	03630	ULTRA SOUND	0	0	0	12,884,112	0.000000 76.00
76.01	03951	PAIN CLINIC	0	0	0	9,743,027	0.000000 76.01
76.02	03952	CATH LAB	0	0	0	63,068,844	0.000000 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	6,259,406	0.000000 76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,771,666	0.000000 76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	5,000,548	0.000000 76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000 76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000 76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0.000000 76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.11
76.12	03959	ANTICOAGULATION CLINIC	0	0	0	1,201,052	0.000000 76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000 77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	65,880,360	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,956,749	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	613,460,022	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	143,995	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0.000000	10,126	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	6,850	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.000000	13,980	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	278,169	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	14,356	0	0	0	56.00
60.00 06000 LABORATORY	0.000000	1,206,067	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	19,904	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	822,045	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	2,734,073	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	2,781,941	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1,158,874	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	137,975	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	6,194	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	699,761	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	17,874	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	1,191,390	0	0	0	73.00
76.00 03630 ULTRA SOUND	0.000000	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02 03952 CATH LAB	0.000000	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.000000	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		11,243,574	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/10/2023 11:00 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.083926	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.601207	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.154811	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.340615	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067281	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.396041	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.155586	0	0	0	0	56.00
60.00	06000	LABORATORY	0.137407	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.111883	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.276581	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.334588	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283484	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.275501	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072905	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122891	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.305126	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613917	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251640	0	0	480	0	73.00
76.00	03630	ULTRA SOUND	0.104367	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.158876	0	0	0	0	76.01
76.02	03952	CATH LAB	0.079036	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.333889	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.398749	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.492994	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.472801	0	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.151339	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459375	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	480	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	480	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/10/2023 11:00 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	121		73.00
76.00 03630 ULTRA SOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTI COAGULATION CLINIC	0	0		76.12
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	121		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	121		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/10/2023 11:00 am	
			Title XIX		Subprovider - IRF		TEFRA	
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	746,677	69,198,843	0.010790	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	348,570	4,258,017	0.081862	0	0	50.01
51.00	05100	RECOVERY ROOM	151,354	8,265,498	0.018312	0	0	51.00
53.00	05300	ANESTHESIOLOGY	58,330	18,737,042	0.003113	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	983,839	66,928,182	0.014700	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	85,944	9,636,549	0.008919	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	192,256	9,102,386	0.021121	0	0	56.00
60.00	06000	LABORATORY	253,678	73,270,506	0.003462	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,279	1,404,643	0.047186	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	131,344	15,382,450	0.008539	0	0	65.00
66.00	06600	PHYSICAL THERAPY	121,719	19,978,323	0.006093	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,479	5,131,595	0.005355	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,187	3,891,921	0.004930	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	166,101	27,556,508	0.006028	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,945	5,192,885	0.024061	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	112,472	42,346,338	0.002656	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,983	18,489,109	0.005191	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,506	37,923,463	0.005762	0	0	73.00
76.00	03630	ULTRA SOUND	95,059	12,884,112	0.007378	0	0	76.00
76.01	03951	PAIN CLINIC	292,682	9,743,027	0.030040	0	0	76.01
76.02	03952	CATH LAB	424,255	63,068,844	0.006727	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	148,084	6,259,406	0.023658	0	0	76.03
76.04	03954	WOUND CARE CENTER	153,611	2,771,666	0.055422	0	0	76.04
76.05	03340	BARIATRIC CLINIC	70,769	5,000,548	0.014152	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	15,599	1,201,052	0.012988	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	498,366	65,880,360	0.007565	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,956,749	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,603,088	613,460,022		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
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	Title XIX	Subprovider - IRF	TEFRA
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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	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am	
				Title XIX		Subprovider - IRF	TEFRA
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	69,198,843	0.000000 50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	4,258,017	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,265,498	0.000000 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,737,042	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	66,928,182	0.000000 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	9,636,549	0.000000 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,102,386	0.000000 56.00
60.00	06000	LABORATORY	0	0	0	73,270,506	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,404,643	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,382,450	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,978,323	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,131,595	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,891,921	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,556,508	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,192,885	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,346,338	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,489,109	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,923,463	0.000000 73.00
76.00	03630	ULTRA SOUND	0	0	0	12,884,112	0.000000 76.00
76.01	03951	PAIN CLINIC	0	0	0	9,743,027	0.000000 76.01
76.02	03952	CATH LAB	0	0	0	63,068,844	0.000000 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	6,259,406	0.000000 76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,771,666	0.000000 76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	5,000,548	0.000000 76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000 76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000 76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0.000000 76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000 76.11
76.12	03959	ANTICOAGULATION CLINIC	0	0	0	1,201,052	0.000000 76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000 77.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	65,880,360	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,956,749	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	613,460,022	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/10/2023 11:00 am
	Title XIX	Subprovider - IRF	TEFRA

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
50.01 05001 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	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	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	0.000000	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02 03952 CATH LAB	0.000000	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.000000	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,998	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,998	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)		20,144	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)		7,825	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)		36,857,011	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)		36,857,011	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)		36,857,011	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)		1,602.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,540,502	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)		12,540,502	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	6,235,602	3,318	1,879.33	1,053	1,978,934	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,113,895	308	6,863.30	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				14,900,883		48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)				0		48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)				29,420,319		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)				879,639		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				618,736		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,498,375		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				27,921,944		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				2,854		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,602.62		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				4,573,877		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,290,118	36,857,011	0.062135	4,573,877	284,198	90.00
91.00	Nursing Program cost	0	36,857,011	0.000000	4,573,877	0	91.00
92.00	Allied health cost	0	36,857,011	0.000000	4,573,877	0	92.00
93.00	All other Medical Education	0	36,857,011	0.000000	4,573,877	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,807	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,807	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,807	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)		3,592	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)		8,557,412	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)		8,557,412	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)		8,557,412	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,247.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,074,134	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)		8,074,134	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T090		Date/Time Prepared: 5/10/2023 11:00 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	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	0	0	0.00	0	0	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)					2,998,059	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)					11,072,193	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)					247,381	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					66,144	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					313,525	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,758,668	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: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am
	Title XVIII	Subprovider - IRF	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	262,182	8,557,412	0.030638	0	0	90.00
91.00	Nursing Program cost	0	8,557,412	0.000000	0	0	91.00
92.00	Allied health cost	0	8,557,412	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,557,412	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am
		Title XIX	Subprovider - IRF	TEFRA
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,807	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,807	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,807	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)		215	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)		721	15.00
16.00	Nursery days (title V or XIX only)		446	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)		8,557,412	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)		8,557,412	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)		8,557,412	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,247.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		483,279	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)		483,279	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T090		Date/Time Prepared: 5/10/2023 11:00 am	
				Title XIX	Subprovider - IRF	TEFRA	
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	0	0	0.00	0	0	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)					0	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)					483,279	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					483,279	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)					-483,279	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: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/10/2023 11:00 am
	Title XIX	Subprovider - IRF	TEFRA

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	0	8,557,412	0.000000	0	0	90.00
91.00	Nursing Program cost	0	8,557,412	0.000000	0	0	91.00
92.00	Allied health cost	0	8,557,412	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,557,412	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/10/2023 11:00 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,664,218	30.00
31.00	03100	INTENSIVE CARE UNIT		5,103,405	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.083926	9,501,007	797,382 50.00
50.01	05001	OUTPATIENT SURGERY	0.601207	851,044	511,654 50.01
51.00	05100	RECOVERY ROOM	0.154811	877,294	135,815 51.00
53.00	05300	ANESTHESIOLOGY	0.340615	2,067,119	704,092 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067281	3,507,356	235,978 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.396041	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.155586	597,560	92,972 56.00
60.00	06000	LABORATORY	0.137407	12,996,734	1,785,842 60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.111883	521,713	58,371 63.00
65.00	06500	RESPIRATORY THERAPY	0.276581	5,382,901	1,488,808 65.00
66.00	06600	PHYSICAL THERAPY	0.334588	1,242,338	415,671 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283484	1,117,294	316,735 67.00
68.00	06800	SPEECH PATHOLOGY	0.275501	646,698	178,166 68.00
69.00	06900	ELECTROCARDIOLOGY	0.072905	9,826,324	716,388 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122891	215,382	26,469 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.305126	6,351,181	1,937,910 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613917	3,069,551	1,884,450 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251640	8,544,561	2,150,153 73.00
76.00	03630	ULTRA SOUND	0.104367	0	0 76.00
76.01	03951	PAIN CLINIC	0.158876	0	0 76.01
76.02	03952	CATH LAB	0.079108	634	50 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.339375	28,602	9,707 76.03
76.04	03954	WOUND CARE CENTER	0.398749	0	0 76.04
76.05	03340	BARIATRIC CLINIC	0.492994	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0 76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0 76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.11
76.12	03959	ANTI COAGULATION CLINIC	0.472801	0	0 76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.152023	5,284,315	803,337 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.459375	1,416,997	650,933 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		74,046,605	14,900,883 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		74,046,605	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/10/2023 11:00 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF		8,448,074	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.083926	143,995	50.00
50.01	05001	OUTPATIENT SURGERY	0.601207	10,126	50.01
51.00	05100	RECOVERY ROOM	0.154811	6,850	51.00
53.00	05300	ANESTHESIOLOGY	0.340615	13,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.067281	278,169	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.396041	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.155586	14,356	56.00
60.00	06000	LABORATORY	0.137407	1,206,067	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.111883	19,904	63.00
65.00	06500	RESPIRATORY THERAPY	0.276581	822,045	65.00
66.00	06600	PHYSICAL THERAPY	0.334588	2,734,073	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283484	2,781,941	67.00
68.00	06800	SPEECH PATHOLOGY	0.275501	1,158,874	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072905	137,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122891	6,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.305126	699,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613917	17,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251640	1,191,390	73.00
76.00	03630	ULTRA SOUND	0.104367	0	76.00
76.01	03951	PAIN CLINIC	0.158876	0	76.01
76.02	03952	CATH LAB	0.079108	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.339375	0	76.03
76.04	03954	WOUND CARE CENTER	0.398749	0	76.04
76.05	03340	BARIATRIC CLINIC	0.492994	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.472801	0	76.12
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.152023	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.459375	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,243,574	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)		11,243,574	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/10/2023 11:00 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)		14,145,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,028,905	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)		556,795	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		28,992	2.04
3.00	Managed Care Simulated Payments		10,984,224	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		114.68	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)		7.80	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.89	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		6.91	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.79	11.00
12.00	Current year allowable FTE (see instructions)		3.79	12.00
13.00	Total allowable FTE count for the prior year.		4.56	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.		7.07	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.14	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		5.14	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.044820	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.048728	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044820	21.00
22.00	IME payment adjustment (see instructions)		463,779	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		265,675	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)		-6.91	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)		463,779	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		265,675	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.65	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.57	31.00
32.00	Sum of lines 30 and 31		28.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.50	33.00
34.00	Disproportionate share adjustment (see instructions)		599,210	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/10/2023 11:00 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)	0.000244105	0.000243131	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,755,609	1,671,379	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,313,099	421,279	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,734,378		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)	22,557,891		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	33,278,180		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		30,863,783	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,505,234	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).		184,457	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		170,353	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		32,723,827	59.00
60.00	Primary payer payments		14,199	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		32,709,628	61.00
62.00	Deductibles billed to program beneficiaries		1,798,636	62.00
63.00	Coinurance billed to program beneficiaries		81,301	63.00
64.00	Allowable bad debts (see instructions)		342,089	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		222,358	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		235,111	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,052,049	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		-31,526	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)		-75,529	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/10/2023 11:00 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)		232,773	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		30,712,221	71.00
71.01	Sequestration adjustment (see instructions)		386,974	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	71.03
72.00	Interim payments		29,865,639	72.00
72.01	Interim payments-PARHM or CHART		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		459,608	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		8,148,419	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		6,013,642	2,026,575
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0000000000	1.0000000000
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9956	0.9975
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-26,460	-5,066
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.			
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			
202.00	Medicare discharges (see instructions)			
203.00	Case-mix adjustment factor (see instructions)			
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			
205.00	Case-mix adjusted target amount (line 203 times line 204)			
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			
209.00	Adjustment to Medicare IPPS payments (see instructions)			
210.00	Reserved for future use			
211.00	Total adjustment to Medicare IPPS payments (see instructions)			
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			
213.00	Low-volume adjustment (see instructions)			
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/10/2023 11:00 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,145,832	0	14,145,832		14,145,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,028,905	0		5,028,905	5,028,905	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	556,795	0	556,795		556,795	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	28,992	0		28,992	28,992	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,984,224	0	7,940,369	3,043,855	10,984,224	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044820	0.044820	0.044820	0.044820		5.00
6.00	IME payment adjustment (see instructions)	22.00	463,779	0	342,145	121,634	463,779	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	265,675	0	192,053	73,622	265,675	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	463,779	0	342,145	121,634	463,779	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	265,675	0	192,053	73,622	265,675	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1250	0.1250	0.1250	0.1250		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	599,210	0	442,057	157,153	599,210	11.00
11.01	Uncompensated care payments	36.00	1,734,378	0	1,313,099	421,279	1,734,378	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,557,891	0	16,799,928	5,757,963	22,557,891	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	33,278,180	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,863,783	0	25,032,198	5,831,585	30,863,783	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,505,234	0	1,118,008	387,226	1,505,234	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/10/2023 11:00 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	170,353	0	152,219	18,134	170,353	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	26,302,425	6,236,945	32,539,370	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,452,802	0	1,075,770	377,032	1,452,802	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	21,197	0	19,109	2,088	21,197	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0215	0.0215	0.0215	0.0215		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	31,235	0	23,129	8,106	31,235	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,505,234	0	1,118,008	387,226	1,505,234	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/10/2023 11:00 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,145,832	14,145,832		14,145,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,028,905		5,028,905	5,028,905	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	556,795	556,795		556,795	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	28,992		28,992	28,992	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,984,224	7,940,369	3,043,855	10,984,224	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044820	0.044820	0.044820		5.00
6.00	IME payment adjustment (see instructions)	22.00	463,779	342,145	121,634	463,779	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	265,675	192,053	73,622	265,675	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	463,779	342,145	121,634	463,779	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	265,675	192,053	73,622	265,675	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1250	0.1250	0.1250		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	599,210	442,057	157,153	599,210	11.00
11.01	Uncompensated care payments	36.00	1,734,378	1,313,099	421,279	1,734,378	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,557,891	16,799,928	5,757,963	22,557,891	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	33,278,180	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,863,783	25,032,198	5,831,585	30,863,783	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,505,234	1,118,008	387,226	1,505,234	16.00
17.00	Special add-on payments for new technologies	54.00	170,353	152,219	18,134	170,353	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,302,425	6,236,945	32,539,370	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/10/2023 11:00 am

		Title XVIII			Hospital	PPS		
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,452,802	1,075,770	377,032	1,452,802	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	21,197	19,109	2,088	21,197	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0215	0.0215	0.0215		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	31,235	23,129	8,106	31,235	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,505,234	1,118,008	387,226	1,505,234	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-75,529	-62,911	-12,618	-75,529	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-31,526	-26,460	-5,066	-31,526	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		262,131		0	262,131	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,925	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,939,167	2.00
3.00	OPPS payments		10,639,644	3.00
4.00	Outlier payment (see instructions)		92,605	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)		1,925	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,651	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)		7,651	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		7,651	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,726	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)		1,925	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)		10,732,249	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)		1,759,771	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)		8,974,403	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		49,857	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)		9,024,260	30.00
31.00	Primary payer payments		426	31.00
32.00	Subtotal (line 30 minus line 31)		9,023,834	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)		150,236	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		97,653	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		99,438	36.00
37.00	Subtotal (see instructions)		9,121,487	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,121,487	40.00
40.01	Sequestration adjustment (see instructions)		114,931	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		9,074,246	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-67,690	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		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: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		121	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		198	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)		121	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		480	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)		480	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		480	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		359	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)		121	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)		198	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)		0	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)		319	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)		319	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		319	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)		319	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)		319	40.00
40.01	Sequestration adjustment (see instructions)		4	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		325	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)		-10	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: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/10/2023 11:00 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		29,865,639		9,074,246	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)		29,865,639		9,074,246	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		459,608		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		67,690	6.02	
7.00	Total Medicare program liability (see instructions)		30,325,247		9,006,556	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: 15-0090
Component CCN: 15-T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/10/2023 11:00 am

Title XVIII

Subprovider -
IRF

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					1.00
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		9,401,105		325	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)		9,401,105		325	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		199,346		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		10	6.02
7.00	Total Medicare program liability (see instructions)		9,600,451		315	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: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/10/2023 11:00 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: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		9,095,453	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0288	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		501,159	3.00
4.00	Outlier Payments		241,103	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		10.430137	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		9,837,715	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		9,837,715	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		9,837,715	19.00
20.00	Deductibles		32,676	20.00
21.00	Subtotal (line 19 minus line 20)		9,805,039	21.00
22.00	Coinsurance		82,079	22.00
23.00	Subtotal (line 21 minus line 22)		9,722,960	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		9,722,960	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.98	Recovery of accelerated depreciation.		0	31.98
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		9,722,960	32.00
32.01	Sequestration adjustment (see instructions)		122,509	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		9,401,105	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		199,346	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		241,103	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/10/2023 11:00 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/10/2023 11:00 am	
		Title XIX	Subprovider - IRF	TEFRA	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/10/2023 11:00 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.			7.76	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			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			6.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.79		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.79		10.01
11.00	Total weighted FTE count	0.00	3.79		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.21	4.15		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.41	6.33		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.21	4.76		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.21	4.76		17.00
18.00	Per resident amount	104,026.58	100,538.21		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	21,846	478,562	500,408	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)			500,408	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/10/2023 11:00 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)	12,470	1,011		26.00
27.00	Total Inpatient Days (see instructions)	28,720	28,720		27.00
28.00	Ratio of inpatient days to total inpatient days	0.434192	0.035202		28.00
29.00	Program direct GME amount	217,273	17,615	234,888	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		574	574	30.00
31.00	Net Program direct GME amount			234,314	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)			0	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)			40,492,512	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)			14,199	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			40,478,313	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			10,941,213	42.00
43.00	Primary payer payments (see instructions)			426	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			10,940,787	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			51,419,100	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.787223	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.212777	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			234,314	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			184,457	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			49,857	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/10/2023 11:00 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: 15-0090

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

Worksheet G

Date/Time Prepared:
5/10/2023 11:00 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	-24,522,358	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	98,949,500	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-76,418,041	0	0	0	6.00
7.00	Inventory	4,532,786	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,098,805	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)	6,640,692	0	0	0	11.00
FIXED ASSETS						
12.00	Land	694,364	0	0	0	12.00
13.00	Land improvements	10,182,390	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	71,826,630	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	178,989	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	177,456,706	0	0	0	19.00
20.00	Accumulated depreciation	-170,535,809	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,347,192	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	92,150,462	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	-56,733,256	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-56,733,256	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	42,057,898	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,998,364	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	4,715,618	0	0	0	39.00
40.00	Notes and loans payable (short term)	286,085	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,171,442	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,171,509	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	3,396,984	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,396,984	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,568,493	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	23,489,405	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	23,489,405	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	42,057,898	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0090

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

Worksheet G-1

Date/Time Prepared:
5/10/2023 11:00 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		49,378,664		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-25,392,872			2.00
3.00	Total (sum of line 1 and line 2)		23,985,792		0	3.00
4.00	ADDITIONS	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		23,985,792		0	11.00
12.00	ADJUSTMENT TO BALANCE	496,382		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		496,382		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		23,489,410		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ADDITIONS		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	ADJUSTMENT TO BALANCE		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: 15-0090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/10/2023 11:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,636,913		69,636,913	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	69,636,913		69,636,913	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,203,019		17,203,019	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,203,019		17,203,019	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,839,932		86,839,932	17.00
18.00	Ancillary services	233,225,168	318,262,567	551,487,735	18.00
19.00	Outpatient services	26,918,926	44,648,999	71,567,925	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	OTHER	11,249,814	438,797	11,688,611	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	358,233,840	363,350,363	721,584,203	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		188,799,495		29.00
30.00	ADD	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	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)		188,799,495		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0090

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

Worksheet G-3

Date/Time Prepared:
5/10/2023 11:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	721,584,203	1.00
2.00	Less contractual allowances and discounts on patients' accounts	548,883,042	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,701,161	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	188,799,495	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,098,334	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	147,883	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	873,862	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	7	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	19,365	21.00
22.00	Rental of hospital space	1,061,351	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	946,252	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	3,048,720	25.00
26.00	Total (line 5 plus line 25)	-13,049,614	26.00
27.00	OTHER EXPENSE	12,343,258	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,343,258	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-25,392,872	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0090	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/10/2023 11:00 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,452,802	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		21,197	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)		68.25	3.00
4.00	Number of interns & residents (see instructions)		5.14	4.00
5.00	Indirect medical education percentage (see instructions)		2.15	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)		31,235	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,505,234	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