

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: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/30/2023 12:37 pm
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PART I - COST REPORT STATUS

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

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

Date: 5/30/2023 Time: 12:37 pm

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 PARKVIEW HOSPITAL (15-0021) 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	Jeanne Wickens	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Jeanne Wickens		2
3	Signatory Title	SVP/CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	274,027	291,670	0	0 1.00
2.00	SUBPROVIDER - IPF	0	27,633	-9		0 2.00
3.00	SUBPROVIDER - IRF	0	96,183	0		0 3.00
5.00	SWING BED - SNF	0	0	0		0 5.00
6.00	SWING BED - NF	0				0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0 7.00
9.00	HOME HEALTH AGENCY I	0		29,228		0 9.00
200.00	TOTAL	0	397,843	320,889	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 12:37 pm
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11109 PARKVIEW PLAZA DRIVE			PO Box:						1.00	
2.00	City: FORT WAYNE			State: IN		Zip Code: 46845		County: ALLEN		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF		PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	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		PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				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
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim UCPS, including supplemental UCPS, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					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	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	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.										

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 12:37 pm	
		1.00	2.00	3.00			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		3	N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
		1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,968	20,445	0	2,812	24,584	0
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.	225	1,273	0	178	1,068	
		Urban/Rural S		Date of Geogr			
		1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.			2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			0			35.00
		Beginning:		Ending:			
		1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			0			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N		Y/N			
		1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			N		N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)			N		N	40.00
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N		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	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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			N		N	48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.			Y		Y	56.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
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
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 Criteria Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.01

		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

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		N		63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	0.00	0.00	0.000000 65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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	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
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	0.00	0.00	0.000000	67.00
67.01		PARKVIEW HOSPITAL	1400	0.00	0.00	0.000000	67.01
						1.00	
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					N	68.00
						1.00	2.00 3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	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	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
				1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.						0 88.00

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N			109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 12:37 pm
		1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.			113.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	187,107	200,249	130,025
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.07	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 12:37 pm	
		1.00	2.00				
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	15H032			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1450 PRODUCTION ROAD	PO Box:				142.00	
143.00	City: FORT WAYNE	State: IN		Zip Code: 46808-1167		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00 2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						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	
		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 12:37 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99	169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 12:37 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type		Date
				1.00	2.00		3.00
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/24/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2022	Y	05/01/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 12:37 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N			21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			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.	ERIC		NICKESON			41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 12:37 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	559	204,035	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)		559	204,035	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	148	54,020	0.00	0	8.00	
8.01 PEDIATRIC ICU	31.01	14	5,110	0.00	0	8.01	
8.02 NEONATAL ICU	31.02	40	14,600	0.00	0	8.02	
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 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		761	277,765	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	70	25,550		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	56	20,440		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE	116.00	0	0			24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	99.10				0	25.10	
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20	
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30	
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40	
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)		887				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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
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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)	27,728	5,874	144,482			1.00
2.00	HMO and other (see instructions)	59,795	47,432				2.00
3.00	HMO IPF Subprovider	0	13,897				3.00
4.00	HMO IRF Subprovider	0	2,519				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)	27,728	5,874	144,482			7.00
8.00	INTENSIVE CARE UNIT	13,144	406	40,217			8.00
8.01	PEDIATRIC ICU	0	0	1,285			8.01
8.02	NEONATAL ICU	0	1,450	11,790			8.02
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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		220	5,686			13.00
14.00	Total (see instructions)	40,872	7,950	203,460	12.98	5,643.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,800	1,782	21,939	0.00	103.60	16.00
17.00	SUBPROVIDER - IRF	4,275	225	14,624	0.00	138.50	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	48,848	0.00	159.50	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	91.40	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				12.98	6,136.50	27.00
28.00	Observation Bed Days		1,051	23,460			28.00
29.00	Ambulance Trips	2,231					29.00
30.00	Employee discount days (see instruction)			4,066			30.00
31.00	Employee discount days - IRF			212			31.00
32.00	Labor & delivery days (see instructions)	0	427	693			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: 15-0021

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

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Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients		
	Nonpaid Workers	Title V	Title XVIII	Title XIX			
	11.00	12.00	13.00	14.00			15.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,419	1,115	55,450	1.00
2.00	HMO and other (see instructions)			9,805	8,278		2.00
3.00	HMO IPF Subprovider				3,018		3.00
4.00	HMO IRF Subprovider				203		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	PEDIATRIC ICU						8.01
8.02	NEONATAL ICU						8.02
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,419	1,115	55,450	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	447	266	3,575	16.00
17.00	SUBPROVIDER - IRF	0.00	0	356	23	1,178	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	623,925,566	-132,835,007	491,090,559	12,763,846.00	38.48
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		2,536,252	0	2,536,252	14,768.00	171.74
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 FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	2,486,242	178	2,486,420	21,621.00	115.00
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		239,410,041	-132,835,007	106,575,034	2,390,260.00	44.59
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		46,879,464	6,542,121	53,421,585	1,286,812.00	41.51
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		753,934	0	753,934	1,294.00	582.64
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		106,575,034	0	106,575,034	2,390,260.00	44.59
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)		157,464,215	0	157,464,215		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		18,120,323	0	18,120,323		
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		474,931	0	474,931		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		40,312,493	0	40,312,493		
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: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
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	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	49,328,213	-48,720,161	608,052	48,206.00	12.61	26.00
27.00	Administrative & General	251,487,964	-122,861,151	128,626,813	2,747,903.00	46.81	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	5,833,989	543,900	6,377,889	216,006.00	29.53	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9,245,329	863,783	10,109,112	487,742.00	20.73	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10,084,856	933,562	11,018,418	494,614.00	22.28	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,862,865	267,531	3,130,396	56,580.00	55.33	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	17,136,397	-1,059,919	16,076,478	353,134.00	45.53	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	6,639,745	808,963	7,448,708	213,785.00	34.84	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2023 12:37 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	382,029,283	-178	382,029,105	10,351,965.00	36.90	1.00
2.00	Excluded area salaries (see instructions)	46,879,464	6,542,121	53,421,585	1,286,812.00	41.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	335,149,819	-6,542,299	328,607,520	9,065,153.00	36.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	107,328,968	0	107,328,968	2,391,554.00	44.88	4.00
5.00	Subtotal wage-related costs (see inst.)	198,251,639	0	198,251,639	0.00	60.33	5.00
6.00	Total (sum of lines 3 thru 5)	640,730,426	-6,542,299	634,188,127	11,456,707.00	55.36	6.00
7.00	Total overhead cost (see instructions)	352,619,358	-169,223,492	183,395,866	4,617,970.00	39.71	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	10,658,556	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	32,978,295	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	77,803	6.00
7.00	Employee Managed Care Program Administration Fees	1,657,639	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)	67,620,711	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	18,439,876	9.00
10.00	Dental, Hearing and Vision Plan	2,135,181	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	414,954	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,640,824	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	245,200	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	38,240,443	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))	1,328,310	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	621,676	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	176,059,468	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: 15-0021

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	176,059,468	1.00
2.00	Hospital	0	176,059,468	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0021 Component CCN: 15-7423		Period: From 01/01/2022 To 12/31/2022		Worksheet S-4 Date/Time Prepared: 5/30/2023 12:37 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,779	0	685	2,464	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,797.00	0.00	1,077.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.93	0.00	0.93	3.00
4.00	Director(s) and Assistant Director(s)			0.24	0.00	0.24	4.00
5.00	Other Administrative Personnel			7.64	0.00	7.64	5.00
6.00	Direct Nursing Service			57.59	0.05	57.64	6.00
7.00	Nursing Supervisor			7.99	0.00	7.99	7.00
8.00	Physical Therapy Service			17.05	0.00	17.05	8.00
9.00	Physical Therapy Supervisor			1.04	0.00	1.04	9.00
10.00	Occupational Therapy Service			6.63	0.00	6.63	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.43	0.00	1.43	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			3.06	0.00	3.06	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			14.12	0.00	14.12	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					2	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					23060	20.00
20.01						99915	20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,589	591	236	91	6,507	21.00
22.00	Skilled Nursing Visit Charges	1,272,676	136,490	57,008	17,326	1,483,500	22.00
23.00	Physical Therapy Visits	2,077	427	42	33	2,579	23.00
24.00	Physical Therapy Visit Charges	497,676	102,297	10,071	4,560	614,604	24.00
25.00	Occupational Therapy Visits	745	248	11	24	1,028	25.00
26.00	Occupational Therapy Visit Charges	178,377	59,427	2,640	2,160	242,604	26.00
27.00	Speech Pathology Visits	96	55	1	3	155	27.00
28.00	Speech Pathology Visit Charges	22,983	13,200	240	0	36,423	28.00
29.00	Medical Social Service Visits	136	29	2	4	171	29.00
30.00	Medical Social Service Visit Charges	34,626	7,377	510	765	43,278	30.00
31.00	Home Health Aide Visits	459	110	4	2	575	31.00
32.00	Home Health Aide Visit Charges	54,998	13,164	480	0	68,642	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,102	1,460	296	157	11,015	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,061,336	331,955	70,949	24,811	2,489,051	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0021
Hospice CCN: 15-1552

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/30/2023 12:37 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	60,842	3,855	5,398	70,095	11.00
12.00	Hospice Inpatient Respite Care	281	18	25	324	12.00
13.00	Hospice General Inpatient Care	2,599	165	230	2,994	13.00
14.00	Total Hospice Days	63,722	4,038	5,653	73,413	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/30/2023 12:37 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.213426	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		49,217,251	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	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		471,754,103	6.00	
7.00	Medicaid cost (line 1 times line 6)		100,684,591	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)		51,467,340	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		2,082,350	9.00	
10.00	Stand-alone CHIP charges		6,517,139	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		1,390,927	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)		92,735,050	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		501,877,070	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		107,113,616	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)		14,378,566	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)		65,845,906	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)	65,226,887	8,491,637	73,718,524	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,921,114	8,491,637	22,412,751	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)	13,921,114	8,491,637	22,412,751	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)		54,703,766	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		749,422	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,152,958	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		53,550,808	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		11,832,671	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		34,245,422	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		100,091,328	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/30/2023 12:37 pm		
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		63,399,285	63,399,285	-34,727,610	28,671,675	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	35,578,678	35,578,678	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	49,328,213	124,094,003	173,422,216	-42,329,181	131,093,035	4.00
5.01	00540	COMMUNICATIONS	0	0	0	2,114,025	2,114,025	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	0	0	0	5.03
5.04	00570	PATIENT SERVICES	3,596,171	869,709	4,465,880	496,475	4,962,355	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	247,891,793	330,554,009	578,445,802	6,597,028	585,042,830	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,286,849	9,158,088	10,444,937	120,189	10,565,126	7.00
7.01	00701	FACILITY ENGINEERING	4,547,140	2,754,927	7,302,067	420,627	7,722,694	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,515,379	4,515,379	0	4,515,379	8.00
9.00	00900	HOUSEKEEPING	9,245,329	2,757,437	12,002,766	862,438	12,865,204	9.00
10.00	01000	DIETARY	10,084,856	10,525,077	20,609,933	-15,713,905	4,896,028	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	16,634,730	16,634,730	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,862,865	475,176	3,338,041	267,015	3,605,056	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	15,613,500	133,866,716	149,480,216	-119,705,537	29,774,679	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	1,522,897	979,116	2,502,013	386,058	2,888,071	15.02
15.03	01503	MED SURG SUPPLY	0	-3,332,633	-3,332,633	94,515,564	91,182,931	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,547,959	4,740,638	10,288,597	808,856	11,097,453	17.00
17.01	01701	REHAB ADMIN	1,091,786	134,117	1,225,903	-80	1,225,823	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,486,242	0	2,486,242	178	2,486,420	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,502,814	3,502,814	-525,849	2,976,965	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	1,459,701	1,459,701	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,387,816	62,758,061	131,145,877	6,182,031	137,327,908	30.00
31.00	03100	INTENSIVE CARE UNIT	25,176,240	20,525,351	45,701,591	2,789,870	48,491,461	31.00
31.01	03101	PEDIATRIC ICU	1,356,518	728,553	2,085,071	197,840	2,282,911	31.01
31.02	03102	NEONATAL ICU	7,960,299	3,346,172	11,306,471	849,067	12,155,538	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	7,223,387	8,975,940	16,199,327	545,516	16,744,843	40.00
41.00	04100	SUBPROVIDER - I RF	8,746,944	7,539,782	16,286,726	1,394,210	17,680,936	41.00
43.00	04300	NURSERY	0	0	0	5,725,290	5,725,290	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,856,702	67,469,868	84,326,570	-45,971,818	38,354,752	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	2,108,736	9,089,957	11,198,693	-5,549,558	5,649,135	50.01
51.00	05100	RECOVERY ROOM	4,298,535	2,506,480	6,805,015	4,191,581	10,996,596	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	835,621	11,127	846,748	-765,984	80,764	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,233,406	18,094,198	32,327,604	-6,656,627	25,670,977	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	303,192	84,029	387,221	28,325	415,546	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	621,769	130,447	752,216	58,540	810,756	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	5,461,046	2,576,173	8,037,219	451,463	8,488,682	55.00
56.00	05600	RADIOISOTOPE	314,501	500,109	814,610	-258,992	555,618	56.00
58.00	05800	MRI	1,026,674	467,504	1,494,178	88,535	1,582,713	58.00
60.00	06000	LABORATORY	18,212,534	36,501,551	54,714,085	-1,066,385	53,647,700	60.00
60.01	06001	ANATOMICAL PATHOLOGY	910,526	3,016,179	3,926,705	276,300	4,203,005	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	103	3,706,468	3,706,571	336,836	4,043,407	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	8,497,693	3,084,148	11,581,841	-2,479,582	9,102,259	65.00
65.02	06502	DIALYSIS	119,012	3,360,567	3,479,579	10,493	3,490,072	65.02
65.03	03330	ENDOSCOPY	5,390,979	9,191,611	14,582,590	-4,628,950	9,953,640	65.03
66.00	06600	PHYSICAL THERAPY	9,800,637	615,528	10,416,165	-4,283,934	6,132,231	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	620,249	-54,807	565,442	3,736,279	4,301,721	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,458,821	1,458,821	68.00
68.01	06801	NEURO REHAB	1,584,329	117,605	1,701,934	135,751	1,837,685	68.01
69.00	06900	ELECTROCARDIOLOGY	493,755	360,463	854,218	1,852,910	2,707,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	226,281	83,508	309,789	1,052,170	1,361,959	70.00
70.01	03950	NUTRITION SUPPORT	1,075,770	27,485	1,103,255	100,380	1,203,635	70.01
70.03	03952	CARDIAC CATH LAB	4,634,114	29,461,650	34,095,764	-25,830,316	8,265,448	70.03
70.04	03953	CARDIAC REHA SERVICES	423,506	37,761	461,267	39,499	500,766	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
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	117,899,629	117,899,629	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	954,024	1,578,069	2,532,093	-128,481	2,403,612	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,539,669	655,480	3,195,149	43,510	3,238,659	90.00
90.01	09001	ANTI COAG CLINIC	907,010	222,083	1,129,093	2,673,255	3,802,348	90.01
90.02	09002	INFECTIOUS DISEASES	887,189	185,171	1,072,360	82,113	1,154,473	90.02
90.03	09003	RHEUMATOLOGY	358,379	184,422	542,801	30,373	573,174	90.03
91.00	09100	EMERGENCY	15,223,343	12,811,894	28,035,237	1,723,849	29,759,086	91.00
91.01	09101	PARTIAL HOSPITALIZATION	140,345	12,771	153,116	9,675	162,791	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,464,064	6,483,127	9,947,191	265,417	10,212,608	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	17,045,991	23,565,510	40,611,501	-17,417,426	23,194,075	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	13,348,622	13,348,622	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	613,526,488	1,029,005,853	1,642,532,341	-200,503	1,642,331,838	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-3,041	-3,041	0	-3,041	190.00
194.00	07950	NON ALLOWABLE	89,619	1,778,831	1,868,450	5,095	1,873,545	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	379	379	-375	4	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	127,864	96,293	224,157	11,939	236,096	194.05
194.06	07956	STUCKY RESEARCH CTR	4,762,578	881,677	5,644,255	23,567	5,667,822	194.06
194.07	07957	OCCUPATIONAL HEALTH	569	0	569	0	569	194.07
194.08	07958	FOUNDATION	2,116,424	919,778	3,036,202	-7,634	3,028,568	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	215,691	9,980	225,671	20,150	245,821	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	81,284	225,895	307,179	7,594	314,773	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,432,322	404,938	1,837,260	-15,144	1,822,116	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	341	-1,517	-1,176	0	-1,176	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	-6,777	-6,777	0	-6,777	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	244,359	321,409	565,768	22,901	588,669	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
194.29	07978 OUTPATIENT PHARMACY	1,328,027	94,680,730	96,008,757	132,410	96,141,167
200.00	TOTAL (SUM OF LINES 118 through 199)	623,925,566	1,128,314,428	1,752,239,994	0	1,752,239,994
						194.29
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,836,178	25,835,497	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,417	35,601,095	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,981,316	129,111,719	4.00
5.01	00540	COMMUNICATIONS	-306,326	1,807,699	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	-253,204	4,709,151	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-283,159,627	301,883,203	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-16,386	10,548,740	7.00
7.01	00701	FACILITY ENGINEERING	149,599	7,872,293	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	559,923	5,075,302	8.00
9.00	00900	HOUSEKEEPING	-65	12,865,139	9.00
10.00	01000	DIETARY	-7,633,855	-2,737,827	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	16,634,730	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-50	3,605,006	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-7,326,853	22,447,826	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	15.01
15.02	01502	IV SOLUTIONS	0	2,888,071	15.02
15.03	01503	MED SURG SUPPLY	-16,869	91,166,062	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-101,429	10,996,024	17.00
17.01	01701	REHAB ADMIN	0	1,225,823	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-546,300	1,940,120	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,976,965	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	1,459,701	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-479,438	136,848,470	30.00
31.00	03100	INTENSIVE CARE UNIT	-141	48,491,320	31.00
31.01	03101	PEDIATRIC ICU	0	2,282,911	31.01
31.02	03102	NEONATAL ICU	-127	12,155,411	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-148,476	16,596,367	40.00
41.00	04100	SUBPROVIDER - I RF	0	17,680,936	41.00
43.00	04300	NURSERY	0	5,725,290	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,010	38,353,742	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	-730,489	4,918,646	50.01
51.00	05100	RECOVERY ROOM	-78	10,996,518	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,764	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-369,264	25,301,713	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-40,169	375,377	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-63,311	747,445	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-148,549	8,340,133	55.00
56.00	05600	RADIOISOTOPE	0	555,618	56.00
58.00	05800	MRI	0	1,582,713	58.00
60.00	06000	LABORATORY	-19,519,151	34,128,549	60.00
60.01	06001	ANATOMICAL PATHOLOGY	-11,793	4,191,212	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-149	4,043,258	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-4,081	9,098,178	65.00
65.02	06502	DIALYSIS	0	3,490,072	65.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.03	03330	ENDOSCOPY	-597,678	9,355,962	65.03
66.00	06600	PHYSICAL THERAPY	-219,993	5,912,238	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	61,257	4,362,978	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,458,821	68.00
68.01	06801	NEURO REHAB	-3,000	1,834,685	68.01
69.00	06900	ELECTROCARDIOLOGY	0	2,707,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-267	1,361,692	70.00
70.01	03950	NUTRITION SUPPORT	0	1,203,635	70.01
70.03	03952	CARDIAC CATH LAB	-72,693	8,192,755	70.03
70.04	03953	CARDIAC REHA SERVICES	-2,534	498,232	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-57,234	-57,234	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	117,899,629	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,403,612	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-733,743	2,504,916	90.00
90.01	09001	ANTI COAG CLINIC	0	3,802,348	90.01
90.02	09002	INFECTIOUS DISEASES	-123,101	1,031,372	90.02
90.03	09003	RHEUMATOLOGY	-159,459	413,715	90.03
91.00	09100	EMERGENCY	-1,286,008	28,473,078	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	162,791	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-336,123	9,876,485	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-561,881	22,632,194	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	13,348,622	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-329,055,202	1,313,276,636	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-3,041	190.00
194.00	07950	NON ALLOWABLE	0	1,873,545	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	4	194.03
194.04	07954	PARK CENTER CLINIC	0	0	194.04
194.05	07955	EDUCARE CTR	0	236,096	194.05
194.06	07956	STUCKY RESEARCH CTR	-165,432	5,502,390	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	569	194.07
194.08	07958	FOUNDATION	0	3,028,568	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	245,821	194.12
194.13	07963	HUNTINGTON ARC	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	314,773	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-12,146	1,809,970	194.15
194.16	07966	FITNESS	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-11,529	-12,705	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	-6,777	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-826,749	-238,080	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	-2,270,390	93,870,777	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	-332,341,448	1,419,898,546	200.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
5/30/2023 12:37 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DIETARY PERSONNEL						
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	8,139,709	8,495,021	1.00	
	O		8,139,709	8,495,021		
B - PHARMACY SALARIES AND SOLUTIONS						
1.00	IV SOLUTIONS	15.02	0	202,899	1.00	
	O		0	202,899		
C - OTHER A&G						
1.00	PATIENT SERVICES	5.04	171,293	0	1.00	
	O		171,293	0		
D - BLOOD BANK						
1.00	ANTI COAG CLINIC	90.01	536,442	2,052,057	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	63	334,899	2.00	
	O		536,505	2,386,956		
F - BLOOD BANK LAB ADMIN						
1.00	ANATOMICAL PATHOLOGY	60.01	156,714	37,600	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	8	1,856	2.00	
	O		156,722	39,456		
I - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	35,325,208	1.00	
2.00	O	0.00	0	0	2.00	
	O		0	35,325,208		
J - MED SURG/IV SUPPLIES						
1.00	IV SOLUTIONS	15.02	0	1,790,148	1.00	
2.00	MED SURG SUPPLY	15.03	0	94,548,118	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	LABORATORY	60.00	0	1,805	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00	CLINIC	90.00	0	936	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
	O		0	96,341,007		
K - OPERATION OF PLANT						
1.00	OPERATION OF PLANT	7.00	0	6	1.00	
	O		0	6		
L - IV SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	903,904	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	35,680	0	2.00	
3.00	PEDIATRIC ICU	31.01	35,680	0	3.00	
4.00	NEONATAL ICU	31.02	23,787	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	59,467	0	5.00	

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	SUBPROVIDER - IRF	41.00	35,680	0	6.00
7.00	EMERGENCY	91.00	95,149	0	7.00
	O		1,189,347	0	
M - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	117,899,629	1.00
	O		0	117,899,629	
N - PBH ADMIN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	250,257	221,965	1.00
	O		250,257	221,965	
S - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	586,039	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	253,470	2.00
	O		0	839,509	
T - HOSPICE RECLASS					
1.00	HOSPICE	116.00	6,813,177	5,063,600	1.00
	O		6,813,177	5,063,600	
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE					
1.00	HOSPICE	116.00	609,304	862,541	1.00
	O		609,304	862,541	
W - RECLASS PTO DOLLARS					
1.00	PATIENT SERVICES	5.04	9	0	1.00
2.00	OTHER A&G	5.07	11,233	0	2.00
3.00	OPERATION OF PLANT	7.00	5,265	0	3.00
4.00	FACILITY ENGINEERING	7.01	18,877	0	4.00
5.00	HOUSEKEEPING	9.00	29,848	0	5.00
6.00	DIETARY	10.00	29,204	0	6.00
7.00	NURSING ADMINISTRATION	13.00	9,917	0	7.00
8.00	PHARMACY	15.00	24,799	0	8.00
9.00	I.V. SOLUTIONS	15.02	3,077	0	9.00
10.00	SOCIAL SERVICE	17.00	19,814	0	10.00
12.00	ADULTS & PEDIATRICS	30.00	270,389	0	12.00
13.00	SUBPROVIDER - IPF	40.00	33,191	0	13.00
14.00	SUBPROVIDER - IRF	41.00	149,827	0	14.00
15.00	OPERATING ROOM	50.00	61,713	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	32,598	0	16.00
17.00	RADIOLOGY - NHMP	54.05	2,998	0	17.00
18.00	RADIOISOTOPE	56.00	931	0	18.00
19.00	MRI	58.00	3,177	0	19.00
20.00	RESPIRATORY THERAPY	65.00	26,500	0	20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	6,467	0	21.00
23.00	ENDOSCOPY	65.03	3,766	0	23.00
24.00	PHYSICAL THERAPY	66.00	46,868	0	24.00
25.00	NEURO REHAB	68.01	15,099	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	1,399	0	26.00
27.00	NUTRITION SUPPORT	70.01	2,791	0	27.00
28.00	CARDIAC REHA SERVICES	70.04	1,716	0	28.00
29.00	CLINIC	90.00	1,714	0	29.00
30.00	ANTI COAG CLINIC	90.01	3,991	0	30.00
31.00	INFECTIOUS DISEASES	90.02	5,079	0	31.00
32.00	EMERGENCY	91.00	81,459	0	32.00
33.00	AMBULANCE SERVICES	95.00	294	0	33.00
34.00	EDUCARE CTR	194.05	2	0	34.00
35.00	GUEST SERVICES	194.12	2,132	0	35.00
36.00	SENIOR HEALTH SERVICES	194.14	804	0	36.00
37.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	1,546	0	37.00
38.00	OUTPATIENT PHARMACY	194.29	2,774	0	38.00
	O		911,268	0	
Y - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,398,712	1.00
2.00	PHARMACY	15.00	0	143,200	2.00
3.00	SUBPROVIDER - IPF	40.00	0	1,296	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
	O		0	6,543,208	
Z - PTO ACCRUAL RECLASS PVHOS					
1.00	PATIENT SERVICES	5.04	273,336	0	1.00
2.00	OTHER A&G	5.07	701,485	0	2.00
3.00	OPERATION OF PLANT	7.00	107,498	0	3.00
4.00	FACILITY ENGINEERING	7.01	375,786	0	4.00
5.00	HOUSEKEEPING	9.00	748,123	0	5.00
6.00	DIETARY	10.00	812,194	0	6.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 12:37 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	NURSING ADMINISTRATION	13.00	239,151	0		7.00
8.00	PHARMACY	15.00	1,177,260	0		8.00
9.00	IV SOLUTIONS	15.02	127,216	0		9.00
10.00	MED SURG SUPPLY	15.03	118,052	0		10.00
11.00	SOCIAL SERVICE	17.00	723,108	0		11.00
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	159	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	9,018,250	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	3,394,937	0		15.00
16.00	PEDIATRIC ICU	31.01	155,961	0		16.00
17.00	NEONATAL ICU	31.02	844,955	0		17.00
18.00	SUBPROVIDER - IPF	40.00	280,443	0		18.00
19.00	SUBPROVIDER - IRF	41.00	1,265,930	0		19.00
20.00	OPERATING ROOM	50.00	1,902,402	0		20.00
21.00	PARKVIEW PREMIER SURGERY	50.01	176,154	0		21.00
22.00	RECOVERY ROOM	51.00	520,808	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	69,804	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	1,396,814	0		24.00
25.00	RADIOLOGY - NHMP	54.05	25,327	0		25.00
26.00	RADIOLOGY - PULM CLINIC	54.08	53,640	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	456,177	0		27.00
28.00	RADIOISOTOPE	56.00	26,272	0		28.00
29.00	MRI	58.00	85,764	0		29.00
30.00	LABORATORY	60.00	1,834,327	0		30.00
31.00	ANATOMICAL PATHOLOGY	60.01	76,061	0		31.00
32.00	RESPIRATORY THERAPY	65.00	865,536	0		32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	79,546	0		33.00
34.00	DIALYSIS	65.02	9,942	0		34.00
35.00	ENDOSCOPY	65.03	450,338	0		35.00
36.00	PHYSICAL THERAPY	66.00	818,701	0		36.00
37.00	NEURO REHAB	68.01	132,348	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	41,246	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	18,756	0		39.00
40.00	NUTRITION SUPPORT	70.01	89,857	0		40.00
41.00	CARDIAC CATH LAB	70.03	387,113	0		41.00
42.00	CARDIAC REHA SERVICES	70.04	35,315	0		42.00
43.00	CLINIC	90.00	186,411	0		43.00
44.00	ANTI COAG CLINIC	90.01	75,768	0		44.00
45.00	INFECTIOUS DISEASES	90.02	73,895	0		45.00
46.00	RHEUMATOLOGY	90.03	26,988	0		46.00
47.00	EMERGENCY	91.00	1,920,865	0		47.00
48.00	AMBULANCE SERVICES	95.00	289,372	0		48.00
50.00	NON ALLOWABLE	194.00	4,554	0		50.00
51.00	EDUCARE CTR	194.05	10,681	0		51.00
54.00	GUEST SERVICES	194.12	18,018	0		54.00
55.00	SENIOR HEALTH SERVICES	194.14	6,790	0		55.00
56.00	MEDICAL OFFICE BUILDINGS	194.23	20,468	0		56.00
57.00	OUTPATIENT PHARMACY	194.29	110,937	0		57.00
58.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	9	0		58.00
			32,660,848	0		
	AA - PTO RECLASS PVN					
1.00	PATIENT SERVICES	5.04	32,476	0		1.00
2.00	OTHER A&G	5.07	72,088	0		2.00
3.00	OPERATION OF PLANT	7.00	7,488	0		3.00
4.00	FACILITY ENGINEERING	7.01	25,705	0		4.00
5.00	HOUSEKEEPING	9.00	58,939	0		5.00
6.00	DIETARY	10.00	67,200	0		6.00
7.00	NURSING ADMINISTRATION	13.00	18,463	0		7.00
8.00	PHARMACY	15.00	115,009	0		8.00
9.00	IV SOLUTIONS	15.02	12,029	0		9.00
10.00	MED SURG SUPPLY	15.03	14,030	0		10.00
11.00	SOCIAL SERVICE	17.00	66,041	0		11.00
13.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	19	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	800,262	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	403,472	0		15.00
16.00	PEDIATRIC ICU	31.01	18,535	0		16.00
17.00	NEONATAL ICU	31.02	100,419	0		17.00
18.00	OPERATING ROOM	50.00	164,122	0		18.00
19.00	PARKVIEW PREMIER SURGERY	50.01	20,935	0		19.00
20.00	RECOVERY ROOM	51.00	61,895	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	8,296	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	133,271	0		22.00

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00	RADIOLOGY - PULM CLINIC	54.08	6,375	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	54,214	0	24.00
25.00	RADIOISOTOPE	56.00	2,188	0	25.00
26.00	MRI	58.00	7,003	0	26.00
27.00	LABORATORY	60.00	218,001	0	27.00
28.00	ANATOMICAL PATHOLOGY	60.01	9,040	0	28.00
29.00	RESPIRATORY THERAPY	65.00	76,255	0	29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	2,960	0	30.00
31.00	DIALYSIS	65.02	1,181	0	31.00
32.00	ENDOSCOPY	65.03	49,738	0	32.00
33.00	PHYSICAL THERAPY	66.00	50,236	0	33.00
34.00	NEURO REHAB	68.01	568	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	3,497	0	35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	2,229	0	36.00
37.00	NUTRITION SUPPORT	70.01	7,877	0	37.00
38.00	CARDIAC CATH LAB	70.03	46,007	0	38.00
39.00	CARDIAC REHA SERVICES	70.04	2,474	0	39.00
40.00	CLINIC	90.00	23,448	0	40.00
41.00	ANTI COAG CLINIC	90.01	4,997	0	41.00
42.00	INFECTIOUS DISEASES	90.02	3,682	0	42.00
43.00	RHEUMATOLOGY	90.03	3,385	0	43.00
44.00	EMERGENCY	91.00	146,488	0	44.00
45.00	AMBULANCE SERVICES	95.00	34,095	0	45.00
47.00	NON ALLOWABLE	194.00	541	0	47.00
48.00	EDUCARE CTR	194.05	1,268	0	48.00
49.00	STUCKY RESEARCH CTR	194.06	48,093	0	49.00
50.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	12,667	0	50.00
51.00	MEDICAL OFFICE BUILDINGS	194.23	2,433	0	51.00
52.00	OUTPATIENT PHARMACY	194.29	10,399	0	52.00
53.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	1	0	53.00
			3,032,034	0	
AB - PTO RECLASS PBH					
1.00	PATIENT SERVICES	5.04	2,080	0	1.00
2.00	OTHER A&G	5.07	444	0	2.00
3.00	FACILITY ENGINEERING	7.01	351	0	3.00
4.00	HOUSEKEEPING	9.00	2,877	0	4.00
5.00	DIETARY	10.00	2,673	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	33,107	0	6.00
7.00	SUBPROVIDER - IPF	40.00	84,123	0	7.00
8.00	OCCUPATIONAL THERAPY	67.00	4,571	0	8.00
9.00	PARTIAL HOSPITALIZATION	91.01	1,036	0	9.00
			131,262	0	
AC - PTO ACCRUAL RECLASS PBH					
1.00	PATIENT SERVICES	5.04	17,343	0	1.00
2.00	OTHER A&G	5.07	3,699	0	2.00
3.00	FACILITY ENGINEERING	7.01	2,930	0	3.00
4.00	HOUSEKEEPING	9.00	23,996	0	4.00
5.00	DIETARY	10.00	22,291	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	276,087	0	6.00
7.00	SUBPROVIDER - IPF	40.00	701,519	0	7.00
8.00	OCCUPATIONAL THERAPY	67.00	38,122	0	8.00
9.00	PARTIAL HOSPITALIZATION	91.01	8,639	0	9.00
			1,094,626	0	
AD - PTO RECLASS HOME HEALTH					
1.00	OTHER A&G	5.07	537	0	1.00
2.00	HOME HEALTH AGENCY	101.00	164,545	0	2.00
			165,082	0	
AE - PTO ACCRUAL RECLASS HOME HEALTH					
1.00	OTHER A&G	5.07	6,691	0	1.00
2.00	HOME HEALTH AGENCY	101.00	2,050,667	0	2.00
			2,057,358	0	
AF - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PHARMACY	23.02	1,459,701	0	1.00
			1,459,701	0	
AH - CORPORATE ALLOCATION RECLASS					
1.00	OTHER A&G	5.07	0	132,835,007	1.00
			0	132,835,007	
AI - INTERNAL MEDICINE PHYSICIAN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	350,400	1.00
			0	350,400	

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
AK - TELEPHONE EXPENSE RECLASS						
1.00	COMMUNICATIONS	5.01	0	2,114,025		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
0			0	2,114,025		
AM - NEW LIFE CENTER NURSING ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	499,266	6,648		1.00
2.00	NURSERY	43.00	336,356	4,479		2.00
0			835,622	11,127		
AO - CONVERSION TABLE RECLASS						
1.00	RECOVERY ROOM	51.00	465,162	1,827,581		1.00
2.00	OUTPATIENT PHARMACY	194.29	2,343	6,597		2.00
3.00	OCCUPATIONAL THERAPY	67.00	3,629,318	64,285		3.00
4.00	SPEECH PATHOLOGY	68.00	1,433,431	25,390		4.00
5.00	ELECTROCARDIOLOGY	69.00	1,614,565	192,427		5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	921,657	109,845		6.00
7.00	RECOVERY ROOM	51.00	269,375	1,058,352		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	2,304	377		8.00
0			8,338,155	3,284,854		
AP - NURSERY RECLASS NORTH						
1.00	NURSERY	43.00	2,983,181	1,291,506		1.00
0			2,983,181	1,291,506		
AQ - NURSERY RECLASS PVHOS						
1.00	NURSERY	43.00	753,298	356,470		1.00
0			753,298	356,470		

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
AR - BONUS SALARY RECLASS						
1.00	OTHER A&G	5.07	8,681,142	0	1.00	
	0		8,681,142	0		
500.00	Grand Total: Increases		80,969,891	414,464,394	500.00	

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DIETARY PERSONNEL							
1.00	DIETARY	10.00	8,139,709	8,495,021	0		1.00
	O		8,139,709	8,495,021			
B - PHARMACY SALARIES AND SOLUTIONS							
1.00	PHARMACY	15.00	0	202,899	0		1.00
	O		0	202,899			
C - OTHER A&G							
1.00	EMERGENCY	91.00	171,293	0	0		1.00
	O		171,293	0			
D - BLOOD BANK							
1.00	LABORATORY	60.00	536,505	2,386,956	0		1.00
2.00		0.00	0	0	0		2.00
	O		536,505	2,386,956			
F - BLOOD BANK LAB ADMIN							
1.00	LABORATORY	60.00	156,722	39,456	0		1.00
2.00		0.00	0	0	0		2.00
	O		156,722	39,456			
I - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	35,313,649	9		1.00
2.00	DIETARY	10.00	0	11,559	0		2.00
	O		0	35,325,208			
J - MED SURG/IV SUPPLIES							
1.00		0.00	0	0	0		1.00
2.00	OTHER A&G	5.07	0	7,103	0		2.00
3.00	HOUSEKEEPING	9.00	0	828	0		3.00
4.00	DIETARY	10.00	0	1,147	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	424	0		5.00
6.00	PHARMACY	15.00	0	1,594,511	0		6.00
7.00	IV SOLUTIONS	15.02	0	559,952	0		7.00
8.00	MED SURG SUPPLY	15.03	0	164,636	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,050,358	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	1,103,510	0		10.00
11.00	PEDIATRIC ICU	31.01	0	12,327	0		11.00
12.00	NEONATAL ICU	31.02	0	120,075	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	1,568	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	57,195	0		14.00
15.00	OPERATING ROOM	50.00	0	44,476,911	0		15.00
16.00	PARKVIEW PREMIER SURGERY	50.01	0	5,746,647	0		16.00
17.00	RECOVERY ROOM	51.00	0	10,908	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,218,918	0		18.00
19.00	RADIOLOGY - PULM CLINIC	54.08	0	768	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	55,472	0		20.00
21.00	RADIOISOTOPE	56.00	0	288,361	0		21.00
22.00	MRI	58.00	0	7,403	0		22.00
23.00		0.00	0	0	0		23.00
24.00	ANATOMICAL PATHOLOGY	60.01	0	3,115	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	609,152	0		25.00
26.00	DIALYSIS	65.02	0	612	0		26.00
27.00	ENDOSCOPY	65.03	0	5,132,775	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	47,164	0		28.00
29.00	NEURO REHAB	68.01	0	12,264	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	199	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	275	0		31.00
32.00	CARDIAC CATH LAB	70.03	0	26,263,119	0		32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	217,433	0		33.00
34.00		0.00	0	0	0		34.00
35.00	INFECTIOUS DISEASES	90.02	0	37	0		35.00
36.00	EMERGENCY	91.00	0	346,236	0		36.00
37.00	AMBULANCE SERVICES	95.00	0	52,429	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	173,601	0		38.00
39.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	2,946	0		39.00
40.00	OUTPATIENT PHARMACY	194.29	0	628	0		40.00
	O		0	96,341,007			
K - OPERATION OF PLANT							
1.00	EDUCARE CTR	194.05	0	6	0		1.00
	O		0	6			
L - IV SALARIES							
1.00	IV SOLUTIONS	15.02	1,189,347	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00		0.00	0	0	0		7.00
			1,189,347		0		
M - COST OF DRUGS SOLD							
1.00	PHARMACY	15.00	0	117,899,629	0		1.00
			0	117,899,629			
N - PBH ADMIN COSTS							
1.00	SUBPROVIDER - IPF	40.00	250,257	221,965	0		1.00
			250,257	221,965			
S - CAPITAL INSURANCE							
1.00	OTHER A&G	5.07	0	839,509	12		1.00
2.00		0.00	0	0	12		2.00
			0	839,509			
T - HOSPICE RECLASS							
1.00	HOME HEALTH AGENCY	101.00	6,813,177	5,063,600	0		1.00
			6,813,177	5,063,600			
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	609,304	862,541	0		1.00
			609,304	862,541			
W - RECLASS PTO DOLLARS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	911,268	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
			911,268		0		
Y - EMPLOYEE BENEFIT RECLASS							
1.00	OTHER A&G	5.07	0	13,078	0		1.00
2.00		0.00	0	0	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	525,085	0		3.00
4.00	OPERATING ROOM	50.00	0	2,034	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	960	0		5.00
6.00	CLINIC	90.00	0	159,381	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	5,842,670	0		7.00
			0	6,543,208			
Z - PTO ACCRUAL RECLASS PVHOS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,647,415	0	0		1.00
2.00	FOUNDATION	194.08	214	0	0		2.00
3.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	11,317	0	0		3.00
4.00	STUCKY RESEARCH CTR	194.06	1,902	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00

Provider CCN: 15-0021

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

Worksheet A-6
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
50.00	0.00	0	0	0	0	50.00	
51.00	0.00	0	0	0	0	51.00	
54.00	0.00	0	0	0	0	54.00	
55.00	0.00	0	0	0	0	55.00	
56.00	0.00	0	0	0	0	56.00	
57.00	0.00	0	0	0	0	57.00	
58.00	0.00	0	0	0	0	58.00	
0		32,660,848	0				
AA - PTO RECLASS PVN							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,032,008	0	0	1.00	
2.00	FOUNDATION	194.08	26	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
41.00	0.00	0	0	0	0		41.00
42.00	0.00	0	0	0	0		42.00
43.00	0.00	0	0	0	0		43.00
44.00	0.00	0	0	0	0		44.00
45.00	0.00	0	0	0	0		45.00
47.00	0.00	0	0	0	0		47.00
48.00	0.00	0	0	0	0		48.00
49.00	0.00	0	0	0	0		49.00
50.00	0.00	0	0	0	0		50.00
51.00	0.00	0	0	0	0		51.00
52.00	0.00	0	0	0	0		52.00
53.00	0.00	0	0	0	0		53.00
0		3,032,034		0			
AB - PTO RECLASS PBH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	131,262	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
0			131,262	0			
AC - PTO ACCRUAL RECLASS PBH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,094,626	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
0			1,094,626	0			
AD - PTO RECLASS HOME HEALTH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	165,082	0	0		1.00
2.00		0.00	0	0	0		2.00
0			165,082	0			
AE - PTO ACCRUAL RECLASS HOME HEALTH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,057,358	0	0		1.00
2.00		0.00	0	0	0		2.00
0			2,057,358	0			
AF - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	1,459,701	0	0		1.00
0			1,459,701	0			
AH - CORPORATE ALLOCATION RECLASS							
1.00	OTHER A&G	5.07	132,835,007	0	0		1.00
0			132,835,007	0			
AI - INTERNAL MEDICINE PHYSICIAN RECLASS							
1.00	OTHER A&G	5.07	0	350,400	0		1.00
0			0	350,400			
AK - TELEPHONE EXPENSE RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,732	0		1.00
2.00	PATIENT SERVICES	5.04	0	62	0		2.00
3.00	OTHER A&G	5.07	0	1,670,201	0		3.00
4.00	OPERATION OF PLANT	7.00	0	68	0		4.00
5.00	FACILITY ENGINEERING	7.01	0	3,022	0		5.00
6.00	HOUSEKEEPING	9.00	0	517	0		6.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Decreases			Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
7.00	DIETARY	10.00	0	31	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	92	0	8.00
9.00	PHARMACY	15.00	0	125	0	9.00
10.00	IV SOLUTIONS	15.02	0	12	0	10.00
11.00	SOCIAL SERVICE	17.00	0	107	0	11.00
12.00	REHAB ADMIN	17.01	0	80	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	11,010	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	176	0	14.00
15.00	PEDIATRIC ICU	31.01	0	9	0	15.00
16.00	NEONATAL ICU	31.02	0	19	0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	32	0	17.00
18.00	SUBPROVIDER - IPF	40.00	0	81,266	0	18.00
19.00	OPERATING ROOM	50.00	0	640	0	19.00
20.00	RECOVERY ROOM	51.00	0	684	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	392	0	22.00
23.00	RADIOLOGY - PULM CLINIC	54.08	0	707	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,496	0	24.00
25.00	RADIOISOTOPE	56.00	0	22	0	25.00
26.00	MRI	58.00	0	6	0	26.00
27.00	LABORATORY	60.00	0	879	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	227	0	28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	21	0	29.00
30.00	DIALYSIS	65.02	0	18	0	30.00
31.00	ENDOSCOPY	65.03	0	17	0	31.00
32.00	PHYSICAL THERAPY	66.00	0	151	0	32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	17	0	33.00
34.00	ELECTROCARDIOLOGY	69.00	0	25	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	42	0	35.00
36.00	NUTRITION SUPPORT	70.01	0	145	0	36.00
37.00	CARDIAC CATH LAB	70.03	0	317	0	37.00
38.00	CARDIAC REHA SERVICES	70.04	0	6	0	38.00
39.00	CLINIC	90.00	0	9,618	0	39.00
40.00	EMERGENCY	91.00	0	2,583	0	40.00
41.00	INFECTIOUS DISEASES	90.02	0	506	0	41.00
42.00	AMBULANCE SERVICES	95.00	0	5,915	0	42.00
43.00	HOME HEALTH AGENCY	101.00	0	267,745	0	43.00
44.00	OP CLINIC	194.03	0	375	0	44.00
45.00	FOUNDATION	194.08	0	7,394	0	45.00
46.00	EDUCARE CTR	194.05	0	6	0	46.00
47.00	STUCKY RESEARCH CTR	194.06	0	22,624	0	47.00
48.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	15,094	0	48.00
49.00	OUTPATIENT PHARMACY	194.29	0	12	0	49.00
50.00	I&R SERVICES-OTHER PRGM	22.00	0	764	0	50.00
	COSTS APPRV		0			
	O			2,114,025		
AM - NEW LIFE CENTER NURSING ADMIN						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	835,622	11,127	0	1.00
2.00		0.00	0	0	0	2.00
	O		835,622	11,127		
AO - CONVERSION TABLE RECLASS						
1.00	OPERATING ROOM	50.00	465,162	1,827,581	0	1.00
2.00	PHARMACY	15.00	2,343	6,597	0	2.00
3.00	PHYSICAL THERAPY	66.00	3,629,318	64,285	0	3.00
4.00	PHYSICAL THERAPY	66.00	1,433,431	25,390	0	4.00
5.00	RESPIRATORY THERAPY	65.00	1,614,565	192,427	0	5.00
6.00	RESPIRATORY THERAPY	65.00	921,657	109,845	0	6.00
7.00	OPERATING ROOM	50.00	269,375	1,058,352	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	2,304	377	0	8.00
	O		8,338,155	3,284,854		
AP - NURSERY RECLASS NORTH						
1.00	ADULTS & PEDIATRICS	30.00	2,983,181	1,291,506	0	1.00
	O		2,983,181	1,291,506		
AQ - NURSERY RECLASS PVHOS						
1.00	ADULTS & PEDIATRICS	30.00	753,298	356,470	0	1.00
	O		753,298	356,470		
AR - BONUS SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,681,142	0	0	1.00
	O		8,681,142	0		
500.00	Grand Total: Decreases		213,804,898	281,629,387		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,770,269	0	0	0	521,818	1.00
2.00	Land Improvements	75,071,526	832,166	0	832,166	0	2.00
3.00	Buildings and Fixtures	970,163,376	51,438,855	0	51,438,855	11,419,121	3.00
4.00	Building Improvements	12,536,234	2,080,814	0	2,080,814	0	4.00
5.00	Fixed Equipment	20,064,437	217,647	0	217,647	0	5.00
6.00	Movable Equipment	202,012,321	31,886,614	0	31,886,614	23,136,886	6.00
7.00	HIT designated Assets	41,190,854	1,769,435	0	1,769,435	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,328,809,017	88,225,531	0	88,225,531	35,077,825	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,328,809,017	88,225,531	0	88,225,531	35,077,825	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,248,451	0				1.00
2.00	Land Improvements	75,903,692	19,344,074				2.00
3.00	Buildings and Fixtures	1,010,183,110	178,084,031				3.00
4.00	Building Improvements	14,617,048	10,759,350				4.00
5.00	Fixed Equipment	20,282,084	2,313,512				5.00
6.00	Movable Equipment	210,762,049	113,007,387				6.00
7.00	HIT designated Assets	42,960,289	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,381,956,723	323,508,354				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,381,956,723	323,508,354				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	63,399,285	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)	63,399,285	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	63,399,285				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	63,399,285				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,128,234,385	0	1,128,234,385	0.816404	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	253,722,338	0	253,722,338	0.183596	0	2.00
3.00	Total (sum of lines 1-2)	1,381,956,723	0	1,381,956,723	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	25,249,458	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	35,347,625	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	60,597,083	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	586,039	0	0	25,835,497	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	253,470	0	0	35,601,095	2.00
3.00	Total (sum of lines 1-2)	0	839,509	0	0	61,436,592	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
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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)	B	-4,179,232	CAP REL COSTS-BLDG & FIXT		1.00	9	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		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)	A	-306,326	COMMUNICATIONS		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-8,680	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,821,052				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	28,933,739				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-15,831	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-1,632,218	OUTPATIENT PHARMACY		194.29	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 HAF TAX EXPENSE	A	-73,150,372	OTHER A&G		5.07	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
37.00 EKG NONPATIENT EXPENSE	A	-57,234	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 37.00
37.04 FITNESS CENTER	B		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.04
37.05 HEALTH FITNESS EMPLOYEE DUES	B		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.05
37.06 NONALLOWABLE LOBBYING FEES	A	-64,711	OTHER A&G		5.07	0 37.06
37.09 CAPITAL COST NEW B&F	A	4,152,469	CAP REL COSTS-BLDG & FIXT		1.00	9 37.09
37.10 CAPITAL COST NEW M&E	A	22,417	CAP REL COSTS-MVBLE EQUIP		2.00	9 37.10
38.00 TELEMETRY	A	-206,358	ADULTS & PEDIATRICS		30.00	0 38.00
38.06 SELF FUNDED INSURANCE ADJUSTMEN	A		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.06
38.36 CAPITAL COSTS NEW M&E	A	-78,266	CAP REL COSTS-BLDG & FIXT		1.00	9 38.36
39.00 EMPLOYEE HEALTH TESTS	A		BREAST DIAGNOSTIC CTR		194.18	0 39.00
39.02 LIQUOR EXPENSE	A	-10,752	OTHER A&G		5.07	0 39.02
39.03 LIQUOR EXPENSE	A		DIETARY		10.00	0 39.03
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-7,617,805	DIETARY		10.00	0 39.09
39.10 REMOVE PPG LOSSES ALLOCATED TO PARKV	A		ANATOMICAL PATHOLOGY		60.01	0 39.10
39.11 REMOVE PPG LOSSES ALLOCATED TO PARKV	A		PHYSICAL THERAPY		66.00	0 39.11
39.12 REMOVE PPG LOSSES ALLOCATED TO PARKV	A	-14	CARDIAC CATH LAB		70.03	0 39.12
39.13 REMOVE PPG LOSSES ALLOCATED TO PARKV	A		FOUNDATION		194.08	0 39.13
40.00 OTHER OTHER REV	B		DIETARY		10.00	0 40.00
40.01 OTHER ADJUSTMENTS (SPECIFY (3)					0.00	0 40.01
40.02 OFFSET LAB SERVICES BILLED	B	-2,894,797	LABORATORY		60.00	0 40.02
40.03 OFFSET LAB SERVICES BILLED	B	-2,363,656	LABORATORY		60.00	0 40.03
40.04 OFFSET LAB SERVICES BILLED	B	-2,759,785	LABORATORY		60.00	0 40.04
40.05 OTHER OPERATING REVENUE	B	-3,236	OTHER A&G		5.07	0 40.05
40.06 LAB SERVICES BILLED	B	-2,608,041	LABORATORY		60.00	0 40.06
40.07 MISC OPERATING REVENUE	B	-92,566	ADULTS & PEDIATRICS		30.00	0 40.07
40.08 OFFSET OTHER OPERATING REVENUE	B	-6,989,074	PHARMACY		15.00	0 40.08
40.09 OFFSET OTHER OPERATING REVENUE	B	-20,427	PHARMACY		15.00	0 40.09
40.10 OFFSET OTHER OPERATING REVENUE	B	-543,969	CLINIC		90.00	0 40.10
40.11 OFFSET LAB SERVICES BILLED NORTH HOS	B	-7,087,996	LABORATORY		60.00	0 40.11
40.13 OFFSET LAB SERVICES BILLED AVIL	B	-186,102	LABORATORY		60.00	0 40.13
40.14 OFFSET LAB SERVICES BILLED LAGR	B	-1,288,468	LABORATORY		60.00	0 40.14
40.16 OFFSET OTHER OPERATING REVENUE	B	-3,000	NEURO REHAB		68.01	0 40.16
40.18 OFFSET OTHER OPERATING REVENUE	B	-315,764	PHARMACY		15.00	0 40.18
40.19 OFFSET OTHER OPERATING REVENUE	B		ADULTS & PEDIATRICS		30.00	0 40.19
40.20 REAL ESTATE INCOME	B	-2,634,574	CAP REL COSTS-BLDG & FIXT		1.00	9 40.20
40.21 OFFSET OTHER OPERATING REVENUE	B		FACILITY ENGINEERING		7.01	0 40.21
40.22 REAL ESTATE INCOME	B	-1,013,585	OTHER A&G		5.07	0 40.22
40.23 RETAIL TANGIBLE	B	-61,332	RADIOLOGY-THERAPEUTIC		55.00	0 40.23
40.24 OFFSET OTHER OPERATING REVENUE	B	-2,534	CARDIAC REHA SERVICES		70.04	0 40.24
40.26 RETAIL TANGIBLE	B	-2,056	ADULTS & PEDIATRICS		30.00	0 40.26
40.28 RETAIL TANGIBLE	B	-13,009	RADIOLOGY-THERAPEUTIC		55.00	0 40.28
41.00 FOOD INTERNAL TAXIBLE	B		DIETARY		10.00	0 41.00
41.07 VENDING MACHINES	A	-7,706	OPERATION OF PLANT		7.00	0 41.07
41.08 VENDING MACHINES	A	-17,221	CAP REL COSTS-BLDG & FIXT		1.00	9 41.08
41.09 VENDING MACHINES	A	-191	OTHER A&G		5.07	0 41.09
41.10 VENDING MACHINES	A	-360	OTHER A&G		5.07	0 41.10
42.00 INERUNIT RENT INCOME OFFSET	B		RADIOLOGY - PULM CLINIC		54.08	0 42.00
43.00 RENTAL PROPERTY ADJUSTMENT	A	-13,811	OTHER A&G		5.07	0 43.00
44.00 FILM DUPLICATION	B	-10,012	RADIOLOGY-DIAGNOSTIC		54.00	0 44.00
44.01 REMOVE PMG LOSSES ALLOCATED TO PARKV	A		MEDICAL OFFICE BUILDINGS		194.23	0 44.01
45.00 OFFSET OTHER OPERATING REVENUE	B	-1,418	PARKVIEW PREMIER SURGERY		50.01	0 45.00
46.00 GOODWILL CAREW MRI	A		PARK CENTER CLINIC		194.04	0 46.00
46.01 INTEREST EXPENSE	A	-16,869	MED SURG SUPPLY		15.03	0 46.01
47.00 HHA PHYSICIAN OFFSET	A	-86,790	HOME HEALTH AGENCY		101.00	0 47.00
47.01 MEDICAL PARK 11	A	-666,411	MEDICAL OFFICE BUILDINGS		194.23	0 47.01
47.03 HOPD LIBERTY MILLS	A	-111,101	LABORATORY		60.00	0 47.03
47.04 HOPD LIBERTY MILLS	A	-111,101	RADIOLOGY-DIAGNOSTIC		54.00	0 47.04
48.04 OFFSET PULM REHAB REVENUE	B	-108	RESPIRATORY THERAPY		65.00	0 48.04
48.11 OFFSET HHC REVENUE	B	-62	HOME HEALTH AGENCY		101.00	0 48.11

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
48.15	OFFSET PARK CENTER REVENUE	B	-873	SUBPROVIDER - IPF	40.00	0	48.15
49.07	GROSS UP BREAST DIAGNOSTIC EXP	A	-11,529	BREAST DIAGNOSTIC CTR	194.18	0	49.07
49.12	INTERUNIT RENT EXPENSE	A		EDUCARE CTR	194.05	0	49.12
49.13	INTERUNIT RENT EXPENSE	A	-157,934	RHEUMATOLOGY	90.03	0	49.13
49.14	INTERUNIT RENT EXPENSE	A		SUBPROVIDER - IPF	40.00	0	49.14
49.17	INDIANA SALES TAX DISCOUNT	B	-330,000	OTHER A&G	5.07	0	49.17
49.18	INDIANA SALES TAX DISCOUNT	A	-4,433	EMERGENCY	91.00	0	49.18
49.19	INTERUNIT RENT EXPENSE	A	-159,592	STUCKY RESEARCH CTR	194.06	0	49.19
49.20	INTERUNIT RENT EXPENSE	A	-40,169	RADIOLOGY - NHMP	54.05	0	49.20
49.21	INTERUNIT RENT EXPENSE	A	-247,761	RADIOLOGY-DIAGNOSTIC	54.00	0	49.21
49.22	INTERUNIT RENT EXPENSE	A	-724,564	PARKVIEW PREMIER SURGERY	50.01	0	49.22
49.23	INTERUNIT RENT EXPENSE	A	-392,204	ADULTS & PEDIATRICS	30.00	0	49.23
49.24	INTERUNIT RENT EXPENSE	A	-633,472	OTHER A&G	5.07	0	49.24
49.25	INTERUNIT RENT EXPENSE	A	-99,454	EMERGENCY	91.00	0	49.25
49.26	INTERUNIT RENT EXPENSE	A	-253,204	PATIENT SERVICES	5.04	0	49.26
49.27	INTERUNIT RENT EXPENSE	A	-62,813	RADIOLOGY - PULM CLINIC	54.08	0	49.27
49.28	INTERUNIT RENT EXPENSE	A	-179,629	LABORATORY	60.00	0	49.28
49.29	INTERUNIT RENT EXPENSE	A	-11,787	ANATOMICAL PATHOLOGY	60.01	0	49.29
49.30	INTERUNIT RENT EXPENSE	A	-595,581	ENDOSCOPY	65.03	0	49.30
49.31	INTERUNIT RENT EXPENSE	A	-219,993	PHYSICAL THERAPY	66.00	0	49.31
49.32	INTERUNIT RENT EXPENSE	A	-122,834	INFECTIOUS DISEASES	90.02	0	49.32
49.33	INTERUNIT RENT EXPENSE	A		NEURO REHAB	68.01	0	49.33
49.35	INTERUNIT RENT EXPENSE	B	-636,939	OUTPATIENT PHARMACY	194.29	0	49.35
49.38	INTERUNIT RENT EXPENSE	A	-11,998	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.38
49.43	INTERUNIT RENT EXPENSE	A	-148,530	MEDICAL OFFICE BUILDINGS	194.23	0	49.43
49.45	INTERUNIT RENT EXPENSE	A	-190,556	CLINIC	90.00	0	49.45
49.46	INTERUNIT RENT EXPENSE	A	-466,845	HOME HEALTH AGENCY	101.00	0	49.46
49.51	REMOVE PPG SUBSIDY	A		SUBPROVIDER - IRF	41.00	0	49.51
49.52	REMOVE PPG SUBSIDY	A		ADULTS & PEDIATRICS	30.00	0	49.52
49.53	REMOVE PPG SUBSIDY	A	-267	INFECTIOUS DISEASES	90.02	0	49.53
49.54	REMOVE PPG SUBSIDY	A	-1,233	OUTPATIENT PHARMACY	194.29	0	49.54
49.55	REMOVE PPG SUBSIDY	A	-65	HOUSEKEEPING	9.00	0	49.55
49.56	ONCOLOGY OTHER REVENUE	B	-1,525	RHEUMATOLOGY	90.03	0	49.56
49.63	A&G OTHER REVENUE	B	-53,200	OTHER A&G	5.07	0	49.63
49.69	ADMINISTRATION PHYSICIAN ADD BACK	A	1,673,288	OTHER A&G	5.07	0	49.69
49.71	REMOVE PPG SUBSIDY	A	-239,032,064	OTHER A&G	5.07	0	49.71
49.72	REMOVE PPG SUBSIDY	A	-219	DIETARY	10.00	0	49.72
49.73	REMOVE PPG SUBSIDY	A	-1,588	PHARMACY	15.00	0	49.73
49.74	REMOVE PPG SUBSIDY	A	-50	NURSING ADMINISTRATION	13.00	0	49.74
49.75	REMOVE PPG SUBSIDY	A		REHAB ADMIN	17.01	0	49.75
49.76	REMOVE PPG SUBSIDY	A	213,746	ADULTS & PEDIATRICS	30.00	0	49.76
49.77	REMOVE PPG SUBSIDY	A	-141	INTENSIVE CARE UNIT	31.00	0	49.77
49.78	REMOVE PPG SUBSIDY	A	-127	NEONATAL ICU	31.02	0	49.78
49.79	REMOVE PPG SUBSIDY	A	-147,603	SUBPROVIDER - IPF	40.00	0	49.79
49.80	REMOVE PPG SUBSIDY	A	-1,010	OPERATING ROOM	50.00	0	49.80
49.81	REMOVE PPG SUBSIDY	A	-4,507	PARKVIEW PREMIER SURGERY	50.01	0	49.81
49.82	REMOVE PPG SUBSIDY	A	-78	RECOVERY ROOM	51.00	0	49.82
49.83	REMOVE PPG SUBSIDY	A	-390	RADIOLOGY-DIAGNOSTIC	54.00	0	49.83
49.84	REMOVE PPG SUBSIDY	A	-498	RADIOLOGY - PULM CLINIC	54.08	0	49.84
49.85	REMOVE PPG SUBSIDY	A	-11,628	RADIOLOGY-THERAPEUTIC	55.00	0	49.85
49.86	REMOVE PPG SUBSIDY	A	-10,527	LABORATORY	60.00	0	49.86
49.87	REMOVE PPG SUBSIDY	A	-149	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	49.87
49.88	REMOVE PPG SUBSIDY	A	-605	RESPIRATORY THERAPY	65.00	0	49.88
49.89	REMOVE PPG SUBSIDY	A	-2,097	ENDOSCOPY	65.03	0	49.89
49.90	REMOVE PPG SUBSIDY	A	61,257	OCCUPATIONAL THERAPY	67.00	0	49.90
49.92	REMOVE PPG SUBSIDY	A	-267	ELECTROENCEPHALOGRAPHY	70.00	0	49.92
49.93	REMOVE PPG SUBSIDY	A	782	CLINIC	90.00	0	49.93
49.94	REMOVE PPG SUBSIDY	A	-330	EMERGENCY	91.00	0	49.94
49.95	REMOVE PPG SUBSIDY	A	-336,123	AMBULANCE SERVICES	95.00	0	49.95
49.96	REMOVE PPG SUBSIDY	A	-8,184	HOME HEALTH AGENCY	101.00	0	49.96
49.97	REMOVE PPG SUBSIDY	A	-5,840	STUCKY RESEARCH CTR	194.06	0	49.97
49.98	REMOVE PPG SUBSIDY	A	-148	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.98
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-332,341,448				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 12:37 pm

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	4.00	5.00

(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: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 12:37 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	79,354	1.00
2.00	0.00		HOME OFFICE COST REPORT	0	2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	3,916,561	3.00
4.00	5.07	OTHER A&G	HOME OFFICE COST REPORT	239,410,041	4.00
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	5,310,242	4.04
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	0	4.07
4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	11,808	4.09
4.11	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	-149,599	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		277,512,146	248,578,407	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	C	0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B	0.00	PV HEALTH SYSTEM	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 12:37 pm

	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	-79,354	9		1.00
2.00	0	0		2.00
3.00	436,041	0		3.00
4.00	30,296,695	0		4.00
4.04	-1,981,316	0		4.04
4.07	123,882	0		4.07
4.09	-11,808	0		4.09
4.11	149,599	0		4.11
5.00	28,933,739			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		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: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 12:37 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	21.00	DR. A	277,630	0	277,630	179,000	1,539	1.00
2.00	5.07	DR. B	238,160	0	238,160	179,000	910	2.00
3.00	21.00	DR. C	140,193	0	140,193	179,000	832	3.00
4.00	21.00	DR. D	152,667	0	152,667	179,000	1,000	4.00
5.00	5.07	DR. E	88,913	0	88,913	179,000	374	5.00
6.00	5.07	DR. F	130,213	0	130,213	179,000	728	6.00
7.00	5.07	DR. G	527,397	0	527,397	179,000	1,394	7.00
8.00	21.00	DR. H	24,987	0	24,987	179,000	150	8.00
9.00	21.00	DR. I	140,193	0	140,193	179,000	832	9.00
10.00	21.00	DR. J	256,505	0	256,505	179,000	1,104	10.00
11.00	5.07	DR. K	215,021	0	215,021	179,000	1,040	11.00
12.00	21.00	DR. L	48,528	0	48,528	179,000	288	12.00
13.00	70.03	DR. M	220,519	0	220,519	246,400	1,248	13.00
14.00	17.00	DR. N	244,629	0	244,629	179,000	1,664	14.00
15.00	55.00	DR. O	71,766	0	71,766	271,900	339	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	73,953	0	73,953	271,900	297	16.00
17.00	5.07	AGGREGATE-OTHER A&G	24,282	0	24,282	271,900	134	17.00
18.00	60.00	AGGREGATE-LABORATORY	68,720	0	68,720	260,300	317	18.00
19.00	65.00	DR. P	10,028	0	10,028	179,900	77	19.00
20.00	91.00	DR. Q	214,050	0	214,050	179,900	1,248	20.00
21.00	91.00	AGGREGATE-EMERGENCY	121,832	0	121,832	179,900	546	21.00
22.00	91.00	AGGREGATE-EMERGENCY	1,001,073	1,001,073	0	179,900	0	22.00
200.00			4,291,259	1,001,073	3,290,186		16,061	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 12:37 pm

	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	21.00	DR. A	132,443	6,622	0	0	0	1.00
2.00	5.07	DR. B	78,313	3,916	0	0	0	2.00
3.00	21.00	DR. C	71,600	3,580	0	0	0	3.00
4.00	21.00	DR. D	86,058	4,303	0	0	0	4.00
5.00	5.07	DR. E	32,186	1,609	0	0	0	5.00
6.00	5.07	DR. F	62,650	3,133	0	0	0	6.00
7.00	5.07	DR. G	119,964	5,998	0	0	0	7.00
8.00	21.00	DR. H	12,909	645	0	0	0	8.00
9.00	21.00	DR. I	71,600	3,580	0	0	0	9.00
10.00	21.00	DR. J	95,008	4,750	0	0	0	10.00
11.00	5.07	DR. K	89,500	4,475	0	0	0	11.00
12.00	21.00	DR. L	24,785	1,239	0	0	0	12.00
13.00	70.03	DR. M	147,840	7,392	0	0	0	13.00
14.00	17.00	DR. N	143,200	7,160	0	0	0	14.00
15.00	55.00	DR. O	44,315	2,216	0	0	0	15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	38,824	1,941	0	0	0	16.00
17.00	5.07	AGGREGATE-OTHER A&G	17,517	876	0	0	0	17.00
18.00	60.00	AGGREGATE-LABORATORY	39,671	1,984	0	0	0	18.00
19.00	65.00	DR. P	6,660	333	0	0	0	19.00
20.00	91.00	DR. Q	107,940	5,397	0	0	0	20.00
21.00	91.00	AGGREGATE-EMERGENCY	47,224	2,361	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	22.00
200.00			1,470,207	73,510	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 12:37 pm

	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	21.00	DR. A	0	132,443	145,187	145,187		1.00
2.00	5.07	DR. B	0	78,313	159,847	159,847		2.00
3.00	21.00	DR. C	0	71,600	68,593	68,593		3.00
4.00	21.00	DR. D	0	86,058	66,609	66,609		4.00
5.00	5.07	DR. E	0	32,186	56,727	56,727		5.00
6.00	5.07	DR. F	0	62,650	67,563	67,563		6.00
7.00	5.07	DR. G	0	119,964	407,433	407,433		7.00
8.00	21.00	DR. H	0	12,909	12,078	12,078		8.00
9.00	21.00	DR. I	0	71,600	68,593	68,593		9.00
10.00	21.00	DR. J	0	95,008	161,497	161,497		10.00
11.00	5.07	DR. K	0	89,500	125,521	125,521		11.00
12.00	21.00	DR. L	0	24,785	23,743	23,743		12.00
13.00	70.03	DR. M	0	147,840	72,679	72,679		13.00
14.00	17.00	DR. N	0	143,200	101,429	101,429		14.00
15.00	55.00	DR. O	0	44,315	27,451	27,451		15.00
16.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	38,824	35,129	35,129		16.00
17.00	5.07	AGGREGATE-OTHER A&G	0	17,517	6,765	6,765		17.00
18.00	60.00	AGGREGATE-LABORATORY	0	39,671	29,049	29,049		18.00
19.00	65.00	DR. P	0	6,660	3,368	3,368		19.00
20.00	91.00	DR. Q	0	107,940	106,110	106,110		20.00
21.00	91.00	AGGREGATE-EMERGENCY	0	47,224	74,608	74,608		21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,001,073		22.00
200.00			0	1,470,207	1,819,979	2,821,052		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	25,835,497	25,835,497				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	35,601,095		35,601,095			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	129,111,719	215,393	60,182	129,387,294		4.00
5.01 00540 COMMUNICATIONS	1,807,699	0	0	0	1,807,699	5.01
5.02 00550 DATA PROCESSING	0	125,624	0	0	337,586	5.02
5.03 00560 MATERIALS MANAGEMENT	0	42,007	0	0	29,143	5.03
5.04 00570 PATIENT SERVICES	4,709,151	67,009	9,827	1,079,640	97,001	5.04
5.05 00580 PATIENT ACCOUNTING	0	45,442	0	0	59,136	5.05
5.06 00591 AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07 00590 OTHER A&G	301,883,203	2,883,989	886,804	32,851,569	196,979	5.07
5.08 00592 CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	10,548,740	2,092,183	313,786	371,187	9,147	7.00
7.01 00701 FACILITY ENGINEERING	7,872,293	1,798,120	711,001	1,311,274	45,948	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	5,075,302	25,297	4,647	0	24,676	8.00
9.00 00900 HOUSEKEEPING	12,865,139	444,356	159,999	2,666,743	10,849	9.00
10.00 01000 DIETARY	-2,737,827	881,536	715,497	759,392	14,890	10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE	16,634,730	0	0	2,147,223	0	10.01
10.02 01002 CAFETERIA	0	0	0	0	0	10.02
10.03 01003 PREADMITS AND ER	0	0	0	0	0	10.03
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,605,006	36,176	1,694,903	825,786	3,404	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	191,467	0	0	11,912	14.00
15.00 01500 PHARMACY	22,447,826	258,938	1,726,383	4,080,535	29,994	15.00
15.01 01501 OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02 01502 IV SOLUTIONS	2,888,071	249,890	4,351	125,533	0	15.02
15.03 01503 MED SURG SUPPLY	91,166,062	0	0	34,843	0	15.03
16.00 01600 MEDICAL RECORDS & LIBRARY	0	182,484	0	0	3,616	16.00
17.00 01700 SOCIAL SERVICE	10,996,024	107,837	11,751	1,676,931	13,189	17.00
17.01 01701 REHAB ADMIN	1,225,823	0	0	288,009	7,871	17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,940,120	0	0	655,908	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,976,965	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02 02302 PARAMED ED PHARMACY	1,459,701	3,844	0	385,063	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	136,848,470	4,741,112	2,762,654	20,233,300	302,701	30.00
31.00 03100 INTENSIVE CARE UNIT	48,491,320	1,091,367	1,461,808	7,668,496	49,777	31.00
31.01 03101 PEDIATRIC ICU	2,282,911	79,375	55,676	413,288	3,616	31.01
31.02 03102 NEONATAL ICU	12,155,411	282,965	154,693	2,355,556	30,844	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	16,596,367	672,717	2,143,511	2,129,468	54,244	40.00
41.00 04100 SUBPROVIDER - IRF	17,680,936	568,340	288,080	2,690,292	18,719	41.00
43.00 04300 NURSERY	5,725,290	113,950	0	1,074,398	213	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,353,742	1,387,762	6,348,231	4,814,383	36,588	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	4,918,646	220,403	308,834	608,267	8,296	50.01
51.00 05100 RECOVERY ROOM	10,996,518	779,709	46,098	1,481,419	22,761	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	80,764	382,063	0	21,210	17,869	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25,301,713	994,781	4,179,914	4,166,945	48,713	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	375,377	33,844	54,088	87,453	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	747,445	93,062	18,260	179,852	1,276	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	8,340,133	451,661	2,609,912	1,575,241	44,246	55.00
56.00 05600 RADIOISOTOPE	555,618	68,585	150,228	90,717	1,276	56.00
58.00 05800 MRI	1,582,713	76,044	68,159	296,142	4,254	58.00
60.00 06000 LABORATORY	34,128,549	640,616	2,074,964	5,162,919	43,395	60.00
60.01 06001 ANATOMICAL PATHOLOGY	4,191,212	17,531	254,416	303,983	2,127	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,043,258	0	0	49	638	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,098,178	160,199	617,241	1,828,043	14,252	65.00
65.02	06502	DIALYSIS	3,490,072	51,644	8,183	34,329	0	65.02
65.03	03330	ENDOSCOPY	9,355,962	375,092	2,963,278	1,555,030	0	65.03
66.00	06600	PHYSICAL THERAPY	5,912,238	431,451	105,051	1,491,422	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,362,978	17,480	0	1,132,281	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,458,821	26,655	0	378,133	213	68.00
68.01	06801	NEURO REHAB	1,834,685	100,892	42,097	456,985	4,254	68.01
69.00	06900	ELECTROCARDIOLOGY	2,707,128	0	34,628	568,338	1,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,361,692	18,889	86,231	308,357	213	70.00
70.01	03950	NUTRITION SUPPORT	1,203,635	692	325	310,302	2,553	70.01
70.03	03952	CARDIAC CATH LAB	8,192,755	384,613	979,386	1,336,716	35,099	70.03
70.04	03953	CARDIAC REHA SERVICES	498,232	38,970	50,910	122,140	3,404	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-57,234	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,899,629	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,403,612	47,313	91,135	275,138	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,504,916	24,156	100	725,767	2,127	90.00
90.01	09001	ANTI COAG CLINIC	3,802,348	42,699	18,802	403,135	2,765	90.01
90.02	09002	INFECTIOUS DISEASES	1,031,372	56,488	82	255,841	0	90.02
90.03	09003	RHEUMATOLOGY	413,715	60,973	6,280	102,551	0	90.03
91.00	09100	EMERGENCY	28,473,078	823,869	428,661	4,562,619	46,799	91.00
91.01	09101	PARTIAL HOSPITALIZATION	162,791	12,559	0	39,575	425	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,876,485	95,868	555,455	999,213	3,616	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	22,632,194	254,862	0	3,123,008	58,711	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	13,348,622	0	0	1,958,021	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,313,276,636	25,372,843	35,266,502	126,579,958	1,762,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,041	54,322	10,161	0	1,702	190.00
194.00	07950	NON ALLOWABLE	1,873,545	0	0	24,985	9,360	194.00
194.01	07951	TELEVISION	0	0	0	0	425	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	4	0	0	0	1,064	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	236,096	12,289	2,531	36,883	213	194.05
194.06	07956	STUCKY RESEARCH CTR	5,502,390	9,086	18,732	1,268,534	425	194.06
194.07	07957	OCCUPATIONAL HEALTH	569	0	0	150	0	194.07
194.08	07958	FOUNDATION	3,028,568	2,140	0	558,241	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	245,821	0	0	62,214	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	314,773	59,922	242,447	23,446	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,809,970	0	3,374	378,605	2,127	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-12,705	116,820	0	90	1,702	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	-6,777	135,620	827	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-238,080	3,639	6,729	70,502	2,340	194.23

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	25,739	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	93,870,777	68,816	49,792	383,686	213	194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,419,898,546	25,835,497	35,601,095	129,387,294	1,807,699	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	463,210					5.02
5.03	00560	MATERIALS MANAGEMENT	0	71,150				5.03
5.04	00570	PATIENT SERVICES	3,389	45	5,966,062			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	104,578		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	9,796	572	0	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,671	93	0	0	0	7.00
7.01	00701	FACILITY ENGINEERING	7,196	294	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	385	0	0	0	8.00
9.00	00900	HOUSEKEEPING	19,825	523	0	0	0	9.00
10.00	01000	DIETARY	19,778	632	0	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,089	69	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	16,203	37,881	0	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	I V SOLUTIONS	1,439	197	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,453	12	0	0	0	17.00
17.01	01701	REHAB ADMIN	1,207	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,947	3,302	933,411	9,780	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,374	1,630	327,709	2,626	0	31.00
31.01	03101	PEDIATRIC ICU	1,486	37	13,362	107	0	31.01
31.02	03102	NEONATAL ICU	7,289	309	148,697	1,192	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	12,721	86	107,795	864	0	40.00
41.00	04100	SUBPROVIDER - IRF	14,625	421	108,215	867	0	41.00
43.00	04300	NURSERY	0	0	18,124	145	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,489	5,630	866,572	13,649	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	2,832	438	229	1,568	0	50.01
51.00	05100	RECOVERY ROOM	5,200	186	96,281	1,838	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,300	0	11,521	93	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,521	3,936	452,862	10,624	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	511	3	18	27	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	418	12	2,918	184	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,361	104	10,420	3,151	0	55.00
56.00	05600	RADIOISOTOPE	371	106	5,511	99	0	56.00
58.00	05800	MRI	1,207	68	25,150	399	0	58.00
60.00	06000	LABORATORY	32,685	8,133	476,661	9,520	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,718	813	36,596	703	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	33,261	294	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,353	162	113,953	1,064	0	65.00
65.02	06502	DIALYSIS	186	21	26,436	228	0	65.02
65.03	03330	ENDOSCOPY	7,521	1,219	68,763	3,000	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
66.00	06600	PHYSICAL THERAPY	11,514	32	27,655	357	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	929	0	45,937	396	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	18,661	156	0	68.00
68.01	06801	NEURO REHAB	2,693	21	33	208	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,068	172	104,539	1,489	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	418	28	18,213	231	0	70.00
70.01	03950	NUTRITION SUPPORT	1,439	0	3,059	39	0	70.01
70.03	03952	CARDIAC CATH LAB	5,200	330	266,631	4,200	0	70.03
70.04	03953	CARDIAC REHA SERVICES	650	9	3	62	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	287,749	4,379	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	131,084	1,373	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	347,331	4,999	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	522,306	15,264	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,068	76	12,989	254	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,018	10	699	80	0	90.00
90.01	09001	ANTI COAG CLINIC	882	121	41	105	0	90.01
90.02	09002	INFECTIOUS DISEASES	1,346	8	11	38	0	90.02
90.03	09003	RHEUMATOLOGY	743	4	1	34	0	90.03
91.00	09100	EMERGENCY	22,657	1,709	294,594	7,207	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	232	2	0	36	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,089	618	61	620	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	20,196	596	0	620	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	409	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	450,303	71,055	5,966,062	104,578	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	46	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	139	4	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	4,921	13	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	1	0	0	0	194.07
194.08	07958	FOUNDATION	3,575	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	279	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	186	3	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,718	28	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	2	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	418	15	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	1,625	29	0	0	0	194.29
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)	463,210	71,150	5,966,062	104,578	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	338,712,912	338,712,912				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	13,336,807	4,176,208	0	0	17,513,015	7.00
7.01	00701	FACILITY ENGINEERING	11,746,126	3,678,111	0	0	1,546,393	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,130,307	1,606,474	0	0	21,755	8.00
9.00	00900	HOUSEKEEPING	16,167,434	5,062,573	0	0	382,149	9.00
10.00	01000	DIETARY	-346,102	0	0	0	758,125	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	18,781,953	5,881,268	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,167,433	1,931,233	0	0	31,112	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	203,379	63,685	0	0	164,663	14.00
15.00	01500	PHARMACY	28,597,760	8,954,931	0	0	222,688	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	3,269,481	1,023,786	0	0	214,907	15.02
15.03	01503	MED SURG SUPPLY	91,200,905	28,558,104	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	186,100	58,274	0	0	156,937	16.00
17.00	01700	SOCIAL SERVICE	12,812,197	4,011,934	0	0	92,741	17.00
17.01	01701	REHAB ADMIN	1,522,910	476,875	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,596,028	812,905	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,976,965	932,189	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	1,848,608	578,862	0	0	3,306	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	165,929,677	51,958,416	0	0	4,077,378	30.00
31.00	03100	INTENSIVE CARE UNIT	59,132,107	18,516,273	0	0	938,581	31.00
31.01	03101	PEDIATRIC ICU	2,849,858	892,387	0	0	68,263	31.01
31.02	03102	NEONATAL ICU	15,136,956	4,739,896	0	0	243,352	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	21,717,773	6,800,573	0	0	578,540	40.00
41.00	04100	SUBPROVIDER - I RF	21,370,495	6,691,829	0	0	488,775	41.00
43.00	04300	NURSERY	6,932,120	2,170,682	0	0	97,998	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,852,046	16,236,639	0	0	1,193,483	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	6,069,513	1,900,571	0	0	189,548	50.01
51.00	05100	RECOVERY ROOM	13,430,010	4,205,393	0	0	670,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	514,820	161,208	0	0	328,576	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,180,009	11,016,057	0	0	855,517	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	551,321	172,637	0	0	29,106	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,043,427	326,732	0	0	80,034	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	13,041,229	4,083,652	0	0	388,430	55.00
56.00	05600	RADIOISOTOPE	872,511	273,213	0	0	58,984	56.00
58.00	05800	MRI	2,054,136	643,220	0	0	65,398	58.00
60.00	06000	LABORATORY	42,577,442	13,332,445	0	0	550,933	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,809,099	1,505,892	0	0	15,077	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,077,500	1,276,804	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	11,843,445	3,708,585	0	0	137,772	65.00
65.02	06502	DIALYSIS	3,611,099	1,130,758	0	0	44,414	65.02
65.03	03330	ENDOSCOPY	14,329,865	4,487,168	0	0	322,581	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	7,979,720	2,498,722	0	0	371,051	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,560,001	1,741,025	0	0	15,032	67.00
68.00	06800	SPEECH PATHOLOGY	1,882,639	589,518	0	0	22,923	68.00
68.01	06801	NEURO REHAB	2,441,868	764,632	0	0	86,767	68.01
69.00	06900	ELECTROCARDIOLOGY	3,418,426	1,070,425	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,794,272	561,848	0	0	16,245	70.00
70.01	03950	NUTRITION SUPPORT	1,522,044	476,604	0	0	595	70.01
70.03	03952	CARDIAC CATH LAB	11,204,930	3,508,645	0	0	330,769	70.03
70.04	03953	CARDIAC REHA SERVICES	714,380	223,697	0	0	33,514	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	234,894	73,553	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	132,457	41,477	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	352,330	110,327	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,437,199	37,086,714	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,831,585	886,666	0	0	40,689	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,260,873	1,021,090	0	0	20,774	90.00
90.01	09001	ANTI COAG CLINIC	4,270,898	1,337,363	0	0	36,722	90.01
90.02	09002	INFECTIOUS DISEASES	1,345,186	421,223	0	0	48,580	90.02
90.03	09003	RHEUMATOLOGY	584,301	182,965	0	0	52,437	90.03
91.00	09100	EMERGENCY	34,661,193	10,853,598	0	0	708,531	91.00
91.01	09101	PARTIAL HOSPITALIZATION	215,620	67,518	0	0	10,800	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,534,025	3,611,695	0	0	82,447	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	26,090,187	8,169,725	0	0	219,183	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	15,307,052	4,793,158	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,309,613,741	304,130,630	0	0	17,115,129	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,144	19,773	0	0	46,717	190.00
194.00	07950	NON ALLOWABLE	1,907,936	597,440	0	0	0	194.00
194.01	07951	TELEVISION	425	133	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	1,068	334	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	288,155	90,231	0	0	10,569	194.05
194.06	07956	STUCKY RESEARCH CTR	6,804,101	2,130,595	0	0	7,814	194.06
194.07	07957	OCCUPATIONAL HEALTH	720	225	0	0	0	194.07
194.08	07958	FOUNDATION	3,592,524	1,124,941	0	0	1,840	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	308,314	96,544	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	640,777	200,649	0	0	51,534	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,195,822	687,587	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	105,909	33,164	0	0	100,466	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	129,670	40,604	0	0	116,634	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-154,437	0	0	0	3,130	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	25,739	8,060	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	94,374,938	29,552,002	0	0	59,182	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,419,898,546	338,712,912	0	0	17,513,015	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701	16,970,630					7.01
8.00	00800		23,123	6,781,659			8.00
9.00	00900	406,179		22,018,335			9.00
10.00	01000	805,798		1,072,606	2,290,427		10.00
10.01	01001					24,663,221	10.01
10.02	01002				5,765		10.02
10.03	01003				29,705	320,666	10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	33,068		44,018			13.00
14.00	01400	175,017		232,967			14.00
15.00	01500	236,691		315,061			15.00
15.01	01501						15.01
15.02	01502	228,421		304,053			15.02
15.03	01503						15.03
16.00	01600	166,806		222,037			16.00
17.00	01700	98,572		131,211			17.00
17.01	01701						17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302	3,514		4,678			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,333,764	3,005,631	5,768,727	1,253,327	13,529,820	30.00
31.00	03100	997,601	101,047	1,327,917	270,115	2,915,926	31.00
31.01	03101	72,556	15,598	96,580	10,258	110,737	31.01
31.02	03102	258,654	52,219	344,297			31.02
32.00	03200						32.00
40.00	04000	614,920	285,508	818,526			40.00
41.00	04100	519,510	339,083	691,526	176,656	1,907,029	41.00
43.00	04300	104,160		138,648	544,601	5,879,043	43.00
44.00	04400						44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,268,531	223,117	1,688,555			50.00
50.01	05001	201,467		268,175			50.01
51.00	05100	712,719	364,853	948,708			51.00
52.00	05200	349,237	86,127	464,874			52.00
54.00	05400	909,313	406,900	1,210,396			54.00
54.01	05401						54.01
54.02	05402						54.02
54.03	05403						54.03
54.04	05404						54.04
54.05	05405	30,936		41,180			54.05
54.06	05406						54.06
54.07	05407						54.07
54.08	05408	85,066		113,232			54.08
54.09	05409						54.09
55.00	05500	412,856		549,556			55.00
56.00	05600	62,693		83,451			56.00
58.00	05800	69,510	13,563	92,526			58.00
60.00	06000	585,577	678	779,467			60.00
60.01	06001	16,025		21,330			60.01
62.00	06200						62.00
62.30	06250						62.30
65.00	06500	146,435	25,770	194,921			65.00
65.02	06502	47,207	51,541	62,838			65.02
65.03	03330	342,865	80,702	456,391			65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	394,383	0	524,967	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	15,978	0	21,268	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	24,365	0	32,432	0	0	68.00
68.01	06801 NEURO REHAB	92,223	37,977	122,759	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	4,069	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	17,266	5,425	22,983	0	0	70.00
70.01	03950 NUTRITION SUPPORT	633	0	842	0	0	70.01
70.03	03952 CARDIAC CATH LAB	351,569	303,140	467,977	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	35,622	2,034	47,417	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	43,248	27,805	57,567	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700 ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	22,081	0	29,392	0	0	90.00
90.01	09001 ANTI COAG CLINIC	39,031	0	51,954	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	51,635	0	68,732	0	0	90.02
90.03	09003 RHEUMATOLOGY	55,735	0	74,189	0	0	90.03
91.00	09100 EMERGENCY	753,085	1,347,516	1,002,439	0	0	91.00
91.01	09101 PARTI AL HOSPI TALI ZATI ON	11,480	0	15,281	0	0	91.01
92.00	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	87,632	0	116,647	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATI ENT PHYSI CAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATI ENT OCCUPATI ONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATI ENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	232,966	1,356	310,103	0	0	101.00
102.00	10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	16,547,723	6,781,659	21,455,401	2,290,427	24,663,221	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,655	0	66,096	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVI SION	0	0	0	0	0	194.01
194.02	07952 PHYSI CI AN PRACTI CES	0	0	0	0	0	194.02
194.03	07953 OP CLINI C	0	0	0	0	0	194.03
194.04	07954 PARK CENTER CLINI C	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	11,234	0	14,953	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	8,305	0	11,055	0	0	194.06
194.07	07957 OCCUPATI ONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATI ON	1,956	0	2,604	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPI RATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRI PTI ON	0	0	0	0	0	194.11
194.12	07962 GUEST SERVI CES	0	0	0	0	0	194.12
194.13	07963 HUNTI NGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENI OR HEALTH SERVI CES	54,774	0	72,910	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNI TY OUTREACH	0	0	0	0	0	194.15
194.16	07966 FI TNES	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTI SING	0	0	0	0	0	194.17
194.18	07968 BREAST DI AGNOSTI C CTR	106,784	0	142,141	0	0	194.18
194.19	07969 REGIONAL PAIN CLINI C	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMI LY ROOM	123,968	0	165,015	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDI CAL OFFI CE BUI LDINGS	3,327	0	4,428	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMI ER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 I SH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATI ON	0	0	0	0	0	194.28
194.29	07978 OUTPATI ENT PHARMACY	62,904	0	83,732	0	0	194.29
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,970,630	6,781,659	22,018,335	2,290,427	24,663,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	5,765					10.02
10.03	01003	PREADMITS AND ER	4,828	355,199				10.03
11.00	01100	CAFETERIA	937	0	937			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	8,206,864	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	44	0	48,327	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	61,508	15.01
15.02	01502	IV SOLUTIONS	0	0	4	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	4	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	355,199	234	0	3,743,171	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	102	0	1,586,016	31.00
31.01	03101	PEDIATRIC ICU	0	0	4	0	61,508	31.01
31.02	03102	NEONATAL ICU	0	0	20	0	307,538	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	35	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	40	0	0	41.00
43.00	04300	NURSERY	0	0	12	0	184,523	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	69	0	948,974	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	14	0	219,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4	0	57,114	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	50	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	30,754	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1	0	0	56.00
58.00	05800	MRI	0	0	3	0	0	58.00
60.00	06000	LABORATORY	0	0	45	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	5	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	28	0	0	65.00
65.02	06502	DIALYSIS	0	0	1	0	8,787	65.02
65.03	03330	ENDOSCOPY	0	0	21	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
66.00	06600	PHYSICAL THERAPY	0	0	31	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	3	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	7	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	3	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	2	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	16	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	2	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	3	0	43,934 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	8	0	43,934 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	4	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	0	2	0	786,418 90.03
91.00	09100	EMERGENCY	0	0	53	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	1	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	13	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,765	355,199	910	0	8,132,176 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	0	1	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	3	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	0	10	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	1	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	1	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	5	0	74,688 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	1	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	5	0	0 194.29
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)	5,765	355,199	937	0	8,206,864 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	839,711					14.00
15.00	01500	PHARMACY	0	38,375,502				15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	61,508			15.01
15.02	01502	I V SOLUTIONS	0	0	0	5,040,652		15.02
15.03	01503	MED SURG SUPPLY	800,335	0	0	0	120,559,344	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	18,393	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	162	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	43	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	14	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	55	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,376	31	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	510	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	15	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,851	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	21	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	16	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	53	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	168	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	220	0	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	0	144	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	65	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	175	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	56,795,507	71.00
71.01	07101	COST OF SOLUTIONS	0	0	5,040,652	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	63,763,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,024,574	61,508	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	78	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	370	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	16,880	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	27,627	0	0	90.03
91.00	09100	EMERGENCY	0	11	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	1,264	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	1,370,643	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	839,711	24,464,480	61,508	5,040,652	120,559,344
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	15	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	2,183	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	254	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	21	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	13,908,549	0	0	194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0021			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY		
		14.00	15.00	15.01	15.02	15.03		
202.00	TOTAL (sum lines 118 through 201)	839,711	38,375,502	61,508	5,040,652	120,559,344	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			16.00	17.00	17.01	19.00	20.00	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	790,154					16.00
17.00	01700	SOCIAL SERVICE	0	17,146,672				17.00
17.01	01701	REHAB ADMIN	0	0	1,999,789			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,019	8,888,835	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	634	2,731,465	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	254	0	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	756,168	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	1,141	0	0	1,141	0	40.00
41.00	04100	SUBPROVIDER - I/RF	3,423	0	304,568	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	162,645	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	19,142	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	500,683	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	211,958	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	887	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	507	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,902	0	0	0	0	56.00
58.00	05800	MRI	6,212	0	0	0	0	58.00
60.00	06000	LABORATORY	3,042	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	12,170	0	0	0	0	65.00
65.02	06502	DIALYSIS	507	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	101,416	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	7,099	0	666,329	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	362,162	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	362,162	0	68.00
68.01	06801	NEURO REHAB	4,817	0	304,568	0	68.01
69.00	06900	ELECTROCARDIOLOGY	15,719	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,394	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	127	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	108,008	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	2,028	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	254	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,648	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	2,535	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	507	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	507	0	0	0	90.03
91.00	09100	EMERGENCY	7,353	4,269,521	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,394	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,113	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	38,538	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	789,900	17,146,672	1,999,789	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	254	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0021			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
		16.00	17.00	17.01	19.00	20.00		
202.00	TOTAL (sum lines 118 through 201)	790,154	17,146,672	1,999,789	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS AND ER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,408,933				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		3,909,154			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
23.01 02301	PARAMED RADIOLOGY				0	23.01
23.02 02302	PARAMED PHARMACY					23.02
					2,438,968	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,666,627	1,911,185	0	0	1,169 30.00
31.00 03100	INTENSIVE CARE UNIT	638,152	731,794	0	0	10 31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	3 31.01
31.02 03102	NEONATAL ICU	0	0	0	0	0 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	1 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	4 41.00
43.00 04300	NURSERY	144,539	165,748	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	355,211	407,334	0	0	2 50.00
50.01 05001	PARKVIEW PREMIER SURGERY	0	0	0	0	32 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	1 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	181 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	0	0	0	1 60.00
60.01 06001	ANATOMICAL PATHOLOGY	0	0	0	0	3 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	11 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00					
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	14	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0	9	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	4	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0	11	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,463,296	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	5	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0	24	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	1,073	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	1,756	90.03
91.00	09100	EMERGENCY	604,404	693,093	0	0	0	1	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	80	95.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	87,115	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,408,933	3,909,154	0	0	0	1,554,813	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	1	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	139	194.15
194.16	07966	FITNESS	0	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	16	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	1	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	0	194.27

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	883,998	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,408,933	3,909,154	0	0	2,438,968	202.00

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	266,505,572	-3,577,812	262,927,760	30.00
31.00	03100	INTENSIVE CARE UNIT	89,887,902	-1,369,946	88,517,956	31.00
31.01	03101	PEDIATRIC ICU	4,178,049	0	4,178,049	31.01
31.02	03102	NEONATAL ICU	21,839,100	0	21,839,100	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	30,817,031	0	30,817,031	40.00
41.00	04100	SUBPROVIDER - I RF	32,492,993	0	32,492,993	41.00
43.00	04300	NURSERY	16,362,074	-310,287	16,051,787	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,376,013	-762,545	73,613,468	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	8,629,816	0	8,629,816	50.01
51.00	05100	RECOVERY ROOM	20,571,079	0	20,571,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,462,741	0	2,462,741	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,793,232	0	49,793,232	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	826,067	0	826,067	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,679,774	0	1,679,774	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,475,732	0	18,475,732	55.00
56.00	05600	RADIOISOTOPE	1,352,755	0	1,352,755	56.00
58.00	05800	MRI	2,944,568	0	2,944,568	58.00
60.00	06000	LABORATORY	57,829,646	0	57,829,646	60.00
60.01	06001	ANATOMICAL PATHOLOGY	6,367,484	0	6,367,484	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,354,483	0	5,354,483	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	16,069,360	0	16,069,360	65.00
65.02	06502	DIALYSIS	4,957,152	0	4,957,152	65.02
65.03	03330	ENDOSCOPY	20,121,162	0	20,121,162	65.03
66.00	06600	PHYSICAL THERAPY	12,442,302	0	12,442,302	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,715,469	0	7,715,469	67.00
68.00	06800	SPEECH PATHOLOGY	2,914,039	0	2,914,039	68.00
68.01	06801	NEURO REHAB	3,855,687	0	3,855,687	68.01
69.00	06900	ELECTROCARDIOLOGY	4,508,642	0	4,508,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,419,434	0	2,419,434	70.00
70.01	03950	NUTRITION SUPPORT	2,000,847	0	2,000,847	70.01
70.03	03952	CARDIAC CATH LAB	16,275,240	0	16,275,240	70.03
70.04	03953	CARDIAC REHA SERVICES	1,058,694	0	1,058,694	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,103,954	0	57,103,954	71.00
71.01	07101	COST OF SOLUTIONS	5,214,586	0	5,214,586	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,226,494	0	64,226,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,073,291	0	180,073,291	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,931,834	0	3,931,834	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,399,800	0	4,399,800	90.00
90.01	09001	ANTI COAG CLINIC	5,738,897	0	5,738,897	90.01
90.02	09002	INFECTIOUS DISEASES	1,953,820	0	1,953,820	90.02
90.03	09003	RHEUMATOLOGY	1,765,937	0	1,765,937	90.03
91.00	09100	EMERGENCY	54,900,798	-1,297,497	53,603,301	91.00
91.01	09101	PARTIAL HOSPITALIZATION	322,094	0	322,094	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	15,441,916	0	15,441,916	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	36,519,816	0	36,519,816	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	20,100,210	0	20,100,210	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,258,777,586	-7,318,087	1,251,459,499	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	245,385	0	245,385	190.00
194.00	07950	NON ALLOWABLE	2,505,376	0	2,505,376	194.00
194.01	07951	TELEVISION	558	0	558	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	1,402	0	1,402	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	415,143	0	415,143	194.05
194.06	07956	STUCKY RESEARCH CTR	8,961,889	0	8,961,889	194.06
194.07	07957	OCCUPATIONAL HEALTH	945	0	945	194.07
194.08	07958	FOUNDATION	4,723,875	0	4,723,875	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	404,859	0	404,859	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	1,020,645	0	1,020,645	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,960,678	0	2,960,678	194.15
194.16	07966	FITNESS	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	488,734	0	488,734	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	575,891	0	575,891	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-143,529	0	-143,529	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	33,799	0	33,799	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.28	07979	RWJ FOUNDATION	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	138,925,310	0	138,925,310	194.29
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,419,898,546	-7,318,087	1,412,580,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

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	215,393	60,182	275,575	275,575 4.00
5.01 00540	COMMUNICATIONS	0	0	0	0	0 5.01
5.02 00550	DATA PROCESSING	0	125,624	0	125,624	0 5.02
5.03 00560	MATERIALS MANAGEMENT	0	42,007	0	42,007	0 5.03
5.04 00570	PATIENT SERVICES	41,058,014	67,009	9,827	41,134,850	2,300 5.04
5.05 00580	PATIENT ACCOUNTING	0	45,442	0	45,442	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	0	2,883,989	886,804	3,770,793	69,915 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	2,092,183	313,786	2,405,969	791 7.00
7.01 00701	FACILITY ENGINEERING	0	1,798,120	711,001	2,509,121	2,794 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	25,297	4,647	29,944	0 8.00
9.00 00900	HOUSEKEEPING	0	444,356	159,999	604,355	5,681 9.00
10.00 01000	DIETARY	0	881,536	715,497	1,597,033	1,618 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	4,575 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	36,176	1,694,903	1,731,079	1,759 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	191,467	0	191,467	0 14.00
15.00 01500	PHARMACY	0	258,938	1,726,383	1,985,321	8,693 15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0 15.01
15.02 01502	IV SOLUTIONS	0	249,890	4,351	254,241	267 15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	74 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	182,484	0	182,484	0 16.00
17.00 01700	SOCIAL SERVICE	0	107,837	11,751	119,588	3,573 17.00
17.01 01701	REHAB ADMIN	0	0	0	0	614 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,397 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	0	3,844	0	3,844	820 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,741,112	2,762,654	7,503,766	43,106 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,091,367	1,461,808	2,553,175	16,337 31.00
31.01 03101	PEDIATRIC ICU	0	79,375	55,676	135,051	880 31.01
31.02 03102	NEONATAL ICU	0	282,965	154,693	437,658	5,018 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	672,717	2,143,511	2,816,228	4,537 40.00
41.00 04100	SUBPROVIDER - IRF	0	568,340	288,080	856,420	5,731 41.00
43.00 04300	NURSERY	0	113,950	0	113,950	2,289 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,387,762	6,348,231	7,735,993	10,257 50.00
50.01 05001	PARKVIEW PREMIER SURGERY	0	220,403	308,834	529,237	1,296 50.01
51.00 05100	RECOVERY ROOM	0	779,709	46,098	825,807	3,156 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	382,063	0	382,063	45 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	994,781	4,179,914	5,174,695	8,877 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	0	33,844	54,088	87,932	186 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	93,062	18,260	111,322	383 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	451,661	2,609,912	3,061,573	3,356 55.00
56.00 05600	RADIOISOTOPE	0	68,585	150,228	218,813	193 56.00
58.00 05800	MRI	0	76,044	68,159	144,203	631 58.00
60.00 06000	LABORATORY	0	640,616	2,074,964	2,715,580	10,999 60.00
60.01 06001	ANATOMICAL PATHOLOGY	0	17,531	254,416	271,947	648 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	160,199	617,241	777,440	3,895	65.00
65.02 06502 DIALYSIS	0	51,644	8,183	59,827	73	65.02
65.03 03330 ENDOSCOPY	0	375,092	2,963,278	3,338,370	3,313	65.03
66.00 06600 PHYSICAL THERAPY	0	431,451	105,051	536,502	3,177	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	17,480	0	17,480	2,412	67.00
68.00 06800 SPEECH PATHOLOGY	0	26,655	0	26,655	806	68.00
68.01 06801 NEURO REHAB	0	100,892	42,097	142,989	974	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	34,628	34,628	1,211	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	18,889	86,231	105,120	657	70.00
70.01 03950 NUTRITION SUPPORT	0	692	325	1,017	661	70.01
70.03 03952 CARDIAC CATH LAB	0	384,613	979,386	1,363,999	2,848	70.03
70.04 03953 CARDIAC REHA SERVICES	0	38,970	50,910	89,880	260	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	47,313	91,135	138,448	586	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00 07700 ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	24,156	100	24,256	1,546	90.00
90.01 09001 ANTI COAG CLINIC	0	42,699	18,802	61,501	859	90.01
90.02 09002 INFECTIOUS DISEASES	0	56,488	82	56,570	545	90.02
90.03 09003 RHEUMATOLOGY	0	60,973	6,280	67,253	218	90.03
91.00 09100 EMERGENCY	0	823,869	428,661	1,252,530	9,720	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	12,559	0	12,559	84	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	95,868	555,455	651,323	2,129	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	254,862	0	254,862	6,653	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	4,171	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	41,058,014	25,372,843	35,266,502	101,697,359	269,594	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,322	10,161	64,483	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	53	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	12,289	2,531	14,820	79	194.05
194.06 07956 STUCKY RESEARCH CTR	0	9,086	18,732	27,818	2,703	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	2,140	0	2,140	1,189	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	133	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	59,922	242,447	302,369	50	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	3,374	3,374	807	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	116,820	0	116,820	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	135,620	827	136,447	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	3,639	6,729	10,368	150	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	68,816	49,792	118,608	817	194.29
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)	41,058,014	25,835,497	35,601,095	102,494,606	275,575	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
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	
5.01	00540	COMMUNICATIONS	0				5.01	
5.02	00550	DATA PROCESSING	0	125,624			5.02	
5.03	00560	MATERIALS MANAGEMENT	0	0	42,007		5.03	
5.04	00570	PATIENT SERVICES	0	919	27	41,138,096	5.04	
5.05	00580	PATIENT ACCOUNTING	0	0	0	45,442	5.05	
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06	
5.07	00590	OTHER A&G	0	2,657	338	0	5.07	
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	5.08	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	0	453	55	0	7.00	
7.01	00701	FACILITY ENGINEERING	0	1,952	174	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	227	0	8.00	
9.00	00900	HOUSEKEEPING	0	5,377	309	0	9.00	
10.00	01000	DIETARY	0	5,364	373	0	10.00	
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10.01	
10.02	01002	CAFETERIA	0	0	0	0	10.02	
10.03	01003	PREADMITS ANDER	0	0	0	0	10.03	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	567	41	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	4,394	22,349	0	15.00	
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	15.01	
15.02	01502	IV SOLUTIONS	0	390	117	0	15.02	
15.03	01503	MED SURG SUPPLY	0	0	0	0	15.03	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	1,750	7	0	17.00	
17.01	01701	REHAB ADMIN	0	327	0	0	17.01	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01	
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	25,749	1,951	6,433,869	4,347	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,136	963	2,259,820	1,167	31.00
31.01	03101	PEDIATRIC ICU	0	403	22	92,141	48	31.01
31.02	03102	NEONATAL ICU	0	1,977	183	1,025,387	530	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	3,450	51	743,334	384	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,966	249	746,229	385	41.00
43.00	04300	NURSERY	0	0	0	124,978	65	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,913	3,327	5,975,718	6,066	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	768	259	1,576	697	50.01
51.00	05100	RECOVERY ROOM	0	1,410	110	663,938	817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	353	0	79,445	41	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,565	2,326	3,122,852	4,722	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	139	2	123	12	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	113	7	20,123	82	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,725	61	71,857	1,401	55.00
56.00	05600	RADIOISOTOPE	0	101	63	38,002	44	56.00
58.00	05800	MRI	0	327	40	173,431	177	58.00
60.00	06000	LABORATORY	0	8,864	4,806	3,286,964	4,231	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	466	481	252,362	313	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	229,362	131	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,808	96	785,801	473	65.00
65.02	06502	DIALYSIS	0	50	12	182,296	101	65.02
65.03	03330	ENDOSCOPY	0	2,040	720	474,178	1,333	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	0	3,123	19	190,703	159	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	252	0	316,776	176	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	128,685	70	68.00
68.01	06801	NEURO REHAB	0	730	12	229	92	68.01
69.00	06900	ELECTROCARDIOLOGY	0	290	101	720,879	662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	113	17	125,592	103	70.00
70.01	03950	NUTRITION SUPPORT	0	390	0	21,098	17	70.01
70.03	03952	CARDIAC CATH LAB	0	1,410	195	1,838,639	1,867	70.03
70.04	03953	CARDIAC REHA SERVICES	0	176	5	22	28	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,984,260	1,946	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	903,931	610	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,395,130	2,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,601,723	5,743	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	290	45	89,568	113	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	818	6	4,820	36	90.00
90.01	09001	ANTI COAG CLINIC	0	239	72	286	47	90.01
90.02	09002	INFECTIOUS DISEASES	0	365	5	74	17	90.02
90.03	09003	RHEUMATOLOGY	0	201	2	7	15	90.03
91.00	09100	EMERGENCY	0	6,145	1,010	2,031,468	3,203	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	63	1	2	16	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	567	365	418	275	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	5,477	352	0	276	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	182	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	122,122	41,953	41,138,096	45,442	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	13	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	38	2	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,335	7	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	970	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	76	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	50	2	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	466	16	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	1	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	113	9	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	441	17	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	125,624	42,007	41,138,096	45,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN	0					5.06
5.07	00590	OTHER A&G	0	3,843,703				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	47,386	0	0	2,454,654	7.00
7.01	00701	FACILITY ENGINEERING	0	41,734	0	0	216,745	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,228	0	0	3,049	8.00
9.00	00900	HOUSEKEEPING	0	57,443	0	0	53,563	9.00
10.00	01000	DIETARY	0	0	0	0	106,260	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	66,732	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	21,913	0	0	4,361	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	723	0	0	23,079	14.00
15.00	01500	PHARMACY	0	101,608	0	0	31,212	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	11,616	0	0	30,122	15.02
15.03	01503	MED SURG SUPPLY	0	324,037	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	661	0	0	21,997	16.00
17.00	01700	SOCIAL SERVICE	0	45,522	0	0	12,999	17.00
17.01	01701	REHAB ADMIN	0	5,411	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,224	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,577	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	6,568	0	0	463	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	590,019	0	0	571,492	30.00
31.00	03100	INTENSIVE CARE UNIT	0	210,096	0	0	131,553	31.00
31.01	03101	PEDIATRIC ICU	0	10,126	0	0	9,568	31.01
31.02	03102	NEONATAL ICU	0	53,782	0	0	34,109	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	77,163	0	0	81,089	40.00
41.00	04100	SUBPROVIDER - IRF	0	75,929	0	0	68,508	41.00
43.00	04300	NURSERY	0	24,630	0	0	13,735	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	184,230	0	0	167,281	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	21,565	0	0	26,567	50.01
51.00	05100	RECOVERY ROOM	0	47,717	0	0	93,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,829	0	0	46,054	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	124,995	0	0	119,911	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	1,959	0	0	4,080	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	3,707	0	0	11,218	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	46,335	0	0	54,443	55.00
56.00	05600	RADIOISOTOPE	0	3,100	0	0	8,267	56.00
58.00	05800	MRI	0	7,298	0	0	9,166	58.00
60.00	06000	LABORATORY	0	151,278	0	0	77,220	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	17,087	0	0	2,113	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,487	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	42,080	0	0	19,310	65.00
65.02	06502	DIALYSIS	0	12,830	0	0	6,225	65.02
65.03	03330	ENDOSCOPY	0	50,914	0	0	45,213	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	0	28,352	0	0	52,007	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	19,755	0	0	2,107	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,689	0	0	3,213	68.00
68.01	06801	NEURO REHAB	0	8,676	0	0	12,161	68.01
69.00	06900	ELECTROCARDIOLOGY	0	12,146	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,375	0	0	2,277	70.00
70.01	03950	NUTRITION SUPPORT	0	5,408	0	0	83	70.01
70.03	03952	CARDIAC CATH LAB	0	39,811	0	0	46,361	70.03
70.04	03953	CARDIAC REHA SERVICES	0	2,538	0	0	4,697	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	835	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	471	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,252	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	420,807	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	10,061	0	0	5,703	76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,586	0	0	2,912	90.00
90.01	09001	ANTI COAG CLINIC	0	15,175	0	0	5,147	90.01
90.02	09002	INFECTIOUS DISEASES	0	4,779	0	0	6,809	90.02
90.03	09003	RHEUMATOLOGY	0	2,076	0	0	7,350	90.03
91.00	09100	EMERGENCY	0	123,151	0	0	99,309	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	766	0	0	1,514	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	40,980	0	0	11,556	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	92,698	0	0	30,721	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	54,386	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,451,312	0	0	2,398,885	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	224	0	0	6,548	190.00
194.00	07950	NON ALLOWABLE	0	6,779	0	0	0	194.00
194.01	07951	TELEVISION	0	2	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	4	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	1,024	0	0	1,481	194.05
194.06	07956	STUCKY RESEARCH CTR	0	24,175	0	0	1,095	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	3	0	0	0	194.07
194.08	07958	FOUNDATION	0	12,764	0	0	258	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,095	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	2,277	0	0	7,223	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	7,802	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	376	0	0	14,082	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	461	0	0	16,348	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	439	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	91	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	335,314	0	0	8,295	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,843,703	0	0	2,454,654	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	2,772,520					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,778	55,226				8.00
9.00	00900	HOUSEKEEPING	66,358	0	793,086			9.00
10.00	01000	DIETARY	131,644	0	38,635	856,785		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	71,307	10.01
10.02	01002	CAFETERIA	0	0	0	2,157	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	11,112	927	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,402	0	1,585	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,593	0	8,391	0	0	14.00
15.00	01500	PHARMACY	38,669	0	11,348	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	37,317	0	10,952	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	27,251	0	7,998	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,104	0	4,726	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	574	0	168	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	708,018	24,477	207,784	468,834	39,117	30.00
31.00	03100	INTENSIVE CARE UNIT	162,980	823	47,831	101,043	8,431	31.00
31.01	03101	PEDIATRIC ICU	11,854	127	3,479	3,837	320	31.01
31.02	03102	NEONATAL ICU	42,257	425	12,401	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	100,460	2,325	29,483	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	84,873	2,761	24,908	66,082	5,514	41.00
43.00	04300	NURSERY	17,017	0	4,994	203,720	16,998	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	207,242	1,817	60,821	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	32,914	0	9,659	0	0	50.01
51.00	05100	RECOVERY ROOM	116,438	2,971	34,172	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,055	701	16,744	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,556	3,314	43,598	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	5,054	0	1,483	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	13,897	0	4,079	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	67,449	0	19,795	0	0	55.00
56.00	05600	RADIOISOTOPE	10,242	0	3,006	0	0	56.00
58.00	05800	MRI	11,356	110	3,333	0	0	58.00
60.00	06000	LABORATORY	95,667	6	28,076	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,618	0	768	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	23,923	210	7,021	0	0	65.00
65.02	06502	DIALYSIS	7,712	420	2,263	0	0	65.02
65.03	03330	ENDOSCOPY	56,014	657	16,439	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	64,431	0	18,909	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,610	0	766	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,981	0	1,168	0	0	68.00
68.01	06801 NEURO REHAB	15,067	309	4,422	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	33	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,821	44	828	0	0	70.00
70.01	03950 NUTRITION SUPPORT	103	0	30	0	0	70.01
70.03	03952 CARDIAC CATH LAB	57,436	2,469	16,856	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	5,820	17	1,708	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	7,065	226	2,074	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,607	0	1,059	0	0	90.00
90.01	09001 ANTI COAG CLINIC	6,376	0	1,871	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	8,436	0	2,476	0	0	90.02
90.03	09003 RHEUMATOLOGY	9,105	0	2,672	0	0	90.03
91.00	09100 EMERGENCY	123,033	10,973	36,107	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	1,875	0	550	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	14,317	0	4,202	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	38,060	11	11,170	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,703,429	55,226	772,808	856,785	71,307	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,112	0	2,381	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	1,835	0	539	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	1,357	0	398	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	320	0	94	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	8,949	0	2,626	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	17,445	0	5,120	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	20,253	0	5,944	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	543	0	160	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	10,277	0	3,016	0	0	194.29
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	1,024,142	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,772,520	55,226	793,086	1,880,927	71,307	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	2,157					10.02
10.03	01003	PREADMITS AND ER	1,806	13,845				10.03
11.00	01100	CAFETERIA	351	0	351			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,766,707	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	16	0	10,404	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	13,241	15.01
15.02	01502	IV SOLUTIONS	0	0	1	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	7	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	1	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	13,845	92	0	805,798	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	38	0	341,425	31.00
31.01	03101	PEDIATRIC ICU	0	0	1	0	13,241	31.01
31.02	03102	NEONATAL ICU	0	0	7	0	66,204	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	13	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	15	0	0	41.00
43.00	04300	NURSERY	0	0	4	0	39,723	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	26	0	204,287	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	5	0	47,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1	0	12,295	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	6,620	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	1	0	0	58.00
60.00	06000	LABORATORY	0	0	17	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	2	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	11	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	1,892	65.02
65.03	03330	ENDOSCOPY	0	0	8	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
66.00	06600	PHYSICAL THERAPY	0	0	12	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	3	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	1	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	1	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	6	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	1	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1	0	9,458	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3	0	9,458	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	1	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	1	0	169,294	90.03
91.00	09100	EMERGENCY	0	0	20	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	5	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,157	13,845	342	0	1,750,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	1	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	4	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	2	0	16,078	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	2	0	0	194.29
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)	2,157	13,845	351	0	1,766,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY
			14.00	15.00	15.01	15.02	15.03
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
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	252,253				14.00
15.00	01500	PHARMACY	0	2,214,014			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	13,241		15.01
15.02	01502	I V SOLUTIONS	0	0	0	345,023	15.02
15.03	01503	MED SURG SUPPLY	240,424	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,061	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	2	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	1	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	3	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,829	2	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	29	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	164	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	1	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	13	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY		
		14.00	15.00	15.01	15.02	15.03		
65.03	03330	0	8	0	0	0	65.03	
66.00	06600	0	0	0	0	0	66.00	
66.01	06601	0	0	0	0	0	66.01	
66.02	03650	0	0	0	0	0	66.02	
67.00	06700	0	0	0	0	0	67.00	
68.00	06800	0	0	0	0	0	68.00	
68.01	06801	0	4	0	0	0	68.01	
69.00	06900	0	0	0	0	0	69.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	03950	0	0	0	0	0	70.01	
70.03	03952	0	10	0	0	0	70.03	
70.04	03953	0	0	0	0	0	70.04	
71.00	07100	0	0	0	0	265,952	71.00	
71.01	07101	0	0	0	345,023	0	71.01	
72.00	07200	0	0	0	0	298,583	72.00	
73.00	07300	0	1,328,332	13,241	0	0	73.00	
76.97	07697	0	0	0	0	0	76.97	
76.98	07698	0	4	0	0	0	76.98	
76.99	07699	0	0	0	0	0	76.99	
77.00	07700	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	21	0	0	0	90.01	
90.02	09002	0	974	0	0	0	90.02	
90.03	09003	0	1,594	0	0	0	90.03	
91.00	09100	0	1	0	0	0	91.00	
91.01	09101	0	0	0	0	0	91.01	
92.00	09200	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	0	73	0	0	0	95.00	
99.10	09910	0	0	0	0	0	99.10	
99.20	09920	0	0	0	0	0	99.20	
99.30	09930	0	0	0	0	0	99.30	
99.40	09940	0	0	0	0	0	99.40	
101.00	10100	0	79,080	0	0	0	101.00	
102.00	10200	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		252,253	1,411,406	13,241	345,023	564,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
194.00	07950	0	0	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
194.03	07953	0	0	0	0	0	194.03	
194.04	07954	0	0	0	0	0	194.04	
194.05	07955	0	0	0	0	0	194.05	
194.06	07956	0	1	0	0	0	194.06	
194.07	07957	0	0	0	0	0	194.07	
194.08	07958	0	0	0	0	0	194.08	
194.09	07959	0	0	0	0	0	194.09	
194.10	07960	0	0	0	0	0	194.10	
194.11	07961	0	0	0	0	0	194.11	
194.12	07962	0	0	0	0	0	194.12	
194.13	07963	0	0	0	0	0	194.13	
194.14	07964	0	0	0	0	0	194.14	
194.15	07965	0	126	0	0	0	194.15	
194.16	07966	0	0	0	0	0	194.16	
194.17	07967	0	0	0	0	0	194.17	
194.18	07968	0	15	0	0	0	194.18	
194.19	07969	0	0	0	0	0	194.19	
194.20	07970	0	0	0	0	0	194.20	
194.21	07971	0	0	0	0	0	194.21	
194.22	07972	0	0	0	0	0	194.22	
194.23	07973	0	1	0	0	0	194.23	
194.24	07974	0	0	0	0	0	194.24	
194.25	07975	0	0	0	0	0	194.25	
194.26	07976	0	0	0	0	0	194.26	
194.27	07977	0	0	0	0	0	194.27	
194.28	07979	0	0	0	0	0	194.28	
194.29	07978	0	802,465	0	0	0	194.29	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY		
		14.00	15.00	15.01	15.02	15.03		
202.00	TOTAL (sum lines 118 through 201)	252,253	2,214,014	13,241	345,023	564,535	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			16.00	17.00	17.01	19.00	20.00	
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
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	240,391					16.00
17.00	01700	SOCIAL SERVICE	0	204,276				17.00
17.01	01701	REHAB ADMIN	0	0	6,353			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,477	105,896	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	193	32,541	0	0		31.00
31.01	03101	PEDIATRIC ICU	77	0	0	0		31.01
31.02	03102	NEONATAL ICU	0	9,009	0	0		31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	347	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	1,041	0	968	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,482	0	0	0		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	5,824	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,965	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,486	0	0	0		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0		54.04
54.05	05405	RADIOLOGY - NHMP	270	0	0	0		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	154	0	0	0		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	579	0	0	0		56.00
58.00	05800	MRI	1,890	0	0	0		58.00
60.00	06000	LABORATORY	926	0	0	0		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	3,702	0	0	0		65.00
65.02	06502	DIALYSIS	154	0	0	0		65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	30,854	0	0		65.03
66.00	06600	PHYSICAL THERAPY	2,160	0	2,115		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,151		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,151		68.00
68.01	06801	NEURO REHAB	1,466	0	968		68.01
69.00	06900	ELECTROCARDIOLOGY	4,782	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	424	0	0		70.00
70.01	03950	NUTRITION SUPPORT	39	0	0		70.01
70.03	03952	CARDIAC CATH LAB	32,859	0	0		70.03
70.04	03953	CARDIAC REHA SERVICES	617	0	0		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
71.01	07101	COST OF SOLUTIONS	0	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	77	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	501	0	0		90.00
90.01	09001	ANTI COAG CLINIC	771	0	0		90.01
90.02	09002	INFECTIOUS DISEASES	154	0	0		90.02
90.03	09003	RHEUMATOLOGY	154	0	0		90.03
91.00	09100	EMERGENCY	2,237	50,865	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	424	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,468	0	0		95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	11,725	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,314	204,276	6,353	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07950	NON ALLOWABLE	0	0	0		194.00
194.01	07951	TELEVISION	0	0	0		194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0		194.02
194.03	07953	OP CLINIC	0	0	0		194.03
194.04	07954	PARK CENTER CLINIC	0	0	0		194.04
194.05	07955	EDUCARE CTR	0	0	0		194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0		194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0		194.07
194.08	07958	FOUNDATION	0	0	0		194.08
194.09	07959	LV HEALTH PLAN	0	0	0		194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0		194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0		194.11
194.12	07962	GUEST SERVICES	0	0	0		194.12
194.13	07963	HUNTINGTON ARC	0	0	0		194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0		194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	77	0	0		194.15
194.16	07966	FITNESS	0	0	0		194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0		194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0		194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0		194.19
194.20	07970	START-UP COSTS NORTH	0	0	0		194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0		194.21
194.22	07972	EBT	0	0	0		194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0		194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0		194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0		194.25
194.26	07976	ISH	0	0	0		194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0		194.27
194.28	07979	RWJ FOUNDATION	0	0	0		194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0		194.29
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
202.00	TOTAL (sum lines 118 through 201)	240,391	204,276	6,353	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS AND ER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	10,621				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		10,577			22.00
23.00 02300	PARAMED ED PRGM - (SPECIFY)			0		23.00
23.01 02301	PARAMED ED RADIOLOGY				0	23.01
23.02 02302	PARAMED ED PHARMACY					12,437
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	PARKVIEW PREMIER SURGERY					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MRI					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
65.00	06500	RESPIRATORY THERAPY					65.00
65.02	06502	DIALYSIS					65.02
65.03	03330	ENDOSCOPY					65.03
66.00	06600	PHYSICAL THERAPY					66.00
66.01	06601	TRANSITIONAL THERAPY					66.01
66.02	03650	PV REHAB OUTREACH					66.02
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
68.01	06801	NEURO REHAB					68.01
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
70.01	03950	NUTRITION SUPPORT					70.01
70.03	03952	CARDIAC CATH LAB					70.03
70.04	03953	CARDIAC REHA SERVICES					70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
71.01	07101	COST OF SOLUTIONS					71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY					76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
90.01	09001	ANTI COAG CLINIC					90.01
90.02	09002	INFECTIOUS DISEASES					90.02
90.03	09003	RHEUMATOLOGY					90.03
91.00	09100	EMERGENCY					91.00
91.01	09101	PARTIAL HOSPITALIZATION					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
99.10	09910	CORF					99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					99.40
101.00	10100	HOME HEALTH AGENCY					101.00
102.00	10200	OPIOID TREATMENT PROGRAM					102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00	07950	NON ALLOWABLE					194.00
194.01	07951	TELEVISION					194.01
194.02	07952	PHYSICIAN PRACTICES					194.02
194.03	07953	OP CLINIC					194.03
194.04	07954	PARK CENTER CLINIC					194.04
194.05	07955	EDUCARE CTR					194.05
194.06	07956	STUCKY RESEARCH CTR					194.06
194.07	07957	OCCUPATIONAL HEALTH					194.07
194.08	07958	FOUNDATION					194.08
194.09	07959	LV HEALTH PLAN					194.09
194.10	07960	PV RESPIRATORY OUTREACH					194.10
194.11	07961	OUTREACH TRANSCRIPTION					194.11
194.12	07962	GUEST SERVICES					194.12
194.13	07963	HUNTINGTON ARC					194.13
194.14	07964	SENIOR HEALTH SERVICES					194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH					194.15
194.16	07966	FITNESS					194.16
194.17	07967	NONALLOWABLE ADVERTISING					194.17
194.18	07968	BREAST DIAGNOSTIC CTR					194.18
194.19	07969	REGIONAL PAIN CLINIC					194.19
194.20	07970	START-UP COSTS NORTH					194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM					194.21
194.22	07972	EBT					194.22
194.23	07973	MEDICAL OFFICE BUILDINGS					194.23
194.24	07974	START-UP COSTS ORTHO					194.24
194.25	07975	PREMIER SURGERY CENTER					194.25
194.26	07976	ISH					194.26
194.27	07977	MCHA BRYAN HOPD					194.27

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
194.28	07979	RWJ FOUNDATION			23.00	23.01	23.02	194.28
194.29	07978	OUTPATIENT PHARMACY						194.29
200.00		Cross Foot Adjustments	10,621	10,577	0	0	12,437	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,621	10,577	0	0	12,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590				5.07
5.08	00592				5.08
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
10.01	01001				10.01
10.02	01002				10.02
10.03	01003				10.03
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
15.01	01501				15.01
15.02	01502				15.02
15.03	01503				15.03
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	17,568,698	0	17,568,698	30.00
31.00	03100	5,878,561	0	5,878,561	31.00
31.01	03101	281,177	0	281,177	31.01
31.02	03102	1,688,947	0	1,688,947	31.02
32.00	03200	0	0	0	32.00
40.00	04000	3,858,865	0	3,858,865	40.00
41.00	04100	1,943,582	0	1,943,582	41.00
43.00	04300	562,103	0	562,103	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	14,625,291	0	14,625,291	50.00
50.01	05001	624,567	0	624,567	50.01
51.00	05100	1,843,641	0	1,843,641	51.00
52.00	05200	602,596	0	602,596	52.00
54.00	05400	8,824,080	0	8,824,080	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
54.03	05403	0	0	0	54.03
54.04	05404	0	0	0	54.04
54.05	05405	101,240	0	101,240	54.05
54.06	05406	0	0	0	54.06
54.07	05407	0	0	0	54.07
54.08	05408	171,706	0	171,706	54.08
54.09	05409	0	0	0	54.09
55.00	05500	3,327,996	0	3,327,996	55.00
56.00	05600	282,410	0	282,410	56.00
58.00	05800	351,963	0	351,963	58.00
60.00	06000	6,384,635	0	6,384,635	60.00
60.01	06001	548,808	0	548,808	60.01
62.00	06200	243,990	0	243,990	62.00
62.30	06250	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	1,666,783	0	1,666,783	65.00
65.02	06502	DIALYSIS	273,855	0	273,855	65.02
65.03	03330	ENDOSCOPY	4,020,061	0	4,020,061	65.03
66.00	06600	PHYSICAL THERAPY	901,669	0	901,669	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	0	363,486	67.00
68.00	06800	SPEECH PATHOLOGY	172,418	0	172,418	68.00
68.01	06801	NEURO REHAB	188,102	0	188,102	68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	0	774,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	0	244,371	70.00
70.01	03950	NUTRITION SUPPORT	28,847	0	28,847	70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	0	3,404,766	70.03
70.04	03953	CARDIAC REHA SERVICES	105,769	0	105,769	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	0	2,252,993	71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	0	1,250,035	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	0	2,697,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	0	5,369,846	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	263,719	0	263,719	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	60,608	0	60,608	90.00
90.01	09001	ANTI COAG CLINIC	92,365	0	92,365	90.01
90.02	09002	INFECTIOUS DISEASES	81,205	0	81,205	90.02
90.03	09003	RHEUMATOLOGY	259,942	0	259,942	90.03
91.00	09100	EMERGENCY	3,749,772	0	3,749,772	91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	0	17,854	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	728,678	0	728,678	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	531,085	0	531,085	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	58,739	0	58,739	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,273,744	0	99,273,744	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,748	0	81,748	190.00
194.00	07950	NON ALLOWABLE	6,845	0	6,845	194.00
194.01	07951	TELEVISION	2	0	2	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	4	0	4	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	19,818	0	19,818	194.05
194.06	07956	STUCKY RESEARCH CTR	58,890	0	58,890	194.06
194.07	07957	OCCUPATIONAL HEALTH	3	0	3	194.07
194.08	07958	FOUNDATION	17,739	0	17,739	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,304	0	1,304	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	323,546	0	323,546	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	28,748	0	28,748	194.15
194.16	07966	FITNESS	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	153,859	0	153,859	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	179,453	0	179,453	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	11,783	0	11,783	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	91	0	91	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.28	07979	RWJ FOUNDATION	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	1,279,252	0	1,279,252	194.29
200.00		Cross Foot Adjustments	33,635	0	33,635	200.00
201.00		Negative Cost Centers	1,024,142	0	1,024,142	201.00
202.00		TOTAL (sum lines 118 through 201)	102,494,606	0	102,494,606	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,016,054				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		20,913,779			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,808	35,354	490,482,507		4.00
5.01 00540	COMMUNICATIONS	0	0	0	8,498	5.01
5.02 00550	DATA PROCESSING	9,803	0	0	1,587	9,977
5.03 00560	MATERIALS MANAGEMENT	3,278	0	0	137	0
5.04 00570	PATIENT SERVICES	5,229	5,773	4,092,708	456	73
5.05 00580	PATIENT ACCOUNTING	3,546	0	0	278	0
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0
5.07 00590	OTHER A&G	225,050	520,951	124,534,105	926	211
5.08 00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	163,262	184,333	1,407,100	43	36
7.01 00701	FACILITY ENGINEERING	140,315	417,676	4,970,789	216	155
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	2,730	0	116	0
9.00 00900	HOUSEKEEPING	34,675	93,991	10,109,112	51	427
10.00 01000	DIETARY	68,790	420,317	2,878,709	70	426
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	8,139,709	0	0
10.02 01002	CAFETERIA	0	0	0	0	0
10.03 01003	PREADMITS AND ER	0	0	0	0	0
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,823	995,667	3,130,396	16	45
14.00 01400	CENTRAL SERVICES & SUPPLY	14,941	0	0	56	0
15.00 01500	PHARMACY	20,206	1,014,160	15,468,524	141	349
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02 01502	IV SOLUTIONS	19,500	2,556	475,872	0	31
15.03 01503	MED SURG SUPPLY	0	0	132,082	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	0	0	17	0
17.00 01700	SOCIAL SERVICE	8,415	6,903	6,356,922	62	139
17.01 01701	REHAB ADMIN	0	0	1,091,786	37	26
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,486,420	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02 02302	PARAMED ED PHARMACY	300	0	1,459,701	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	369,969	1,622,915	76,700,555	1,423	2,045
31.00 03100	INTENSIVE CARE UNIT	85,164	858,736	29,069,796	234	805
31.01 03101	PEDIATRIC ICU	6,194	32,707	1,566,694	17	32
31.02 03102	NEONATAL ICU	22,081	90,874	8,929,460	145	157
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	52,495	1,259,201	8,072,406	255	274
41.00 04100	SUBPROVIDER - IRF	44,350	169,232	10,198,381	88	315
43.00 04300	NURSERY	8,892	0	4,072,835	1	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	108,293	3,729,248	18,250,402	172	549
50.01 05001	PARKVIEW PREMIER SURGERY	17,199	181,424	2,305,825	39	61
51.00 05100	RECOVERY ROOM	60,844	27,080	5,615,775	107	112
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,814	0	80,403	84	28
54.00 05400	RADIOLOGY-DIAGNOSTIC	77,627	2,455,481	15,796,089	229	442
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05 05405	RADIOLOGY - NHMP	2,641	31,774	331,517	0	11
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0
54.07 05407	RADIOLOGY - WP	0	0	0	0	0
54.08 05408	RADIOLOGY - PULM CLINIC	7,262	10,727	681,784	6	9
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	35,245	1,533,187	5,971,437	208	137
56.00 05600	RADIOISOTOPE	5,352	88,251	343,892	6	8
58.00 05800	MRI	5,934	40,040	1,122,618	20	26
60.00 06000	LABORATORY	49,990	1,218,933	19,571,635	204	704
60.01 06001	ANATOMICAL PATHOLOGY	1,368	149,456	1,152,341	10	37

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	184	3	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	12,501	362,597	6,929,762	67	223	65.00
65.02	06502	DIALYSIS	4,030	4,807	130,135	0	4	65.02
65.03	03330	ENDOSCOPY	29,270	1,740,771	5,894,821	0	162	65.03
66.00	06600	PHYSICAL THERAPY	33,668	61,712	5,653,693	0	248	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,364	0	4,292,260	0	20	67.00
68.00	06800	SPEECH PATHOLOGY	2,080	0	1,433,431	1	0	68.00
68.01	06801	NEURO REHAB	7,873	24,730	1,732,344	20	58	68.01
69.00	06900	ELECTROCARDIOLOGY	0	20,342	2,154,462	5	23	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	50,656	1,168,923	1	9	70.00
70.01	03950	NUTRITION SUPPORT	54	191	1,176,295	12	31	70.01
70.03	03952	CARDIAC CATH LAB	30,013	575,338	5,067,234	165	112	70.03
70.04	03953	CARDIAC REHA SERVICES	3,041	29,907	463,011	16	14	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,692	53,537	1,042,997	0	23	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,885	59	2,751,242	10	65	90.00
90.01	09001	ANTI COAG CLINIC	3,332	11,045	1,528,208	13	19	90.01
90.02	09002	INFECTIOUS DISEASES	4,408	48	969,845	0	29	90.02
90.03	09003	RHEUMATOLOGY	4,758	3,689	388,752	0	16	90.03
91.00	09100	EMERGENCY	64,290	251,816	17,296,011	220	488	91.00
91.01	09101	PARTIAL HOSPITALIZATION	980	0	150,020	2	5	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,481	326,301	3,787,825	17	45	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	19,888	0	11,838,722	276	435	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	7,422,481	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,979,951	20,717,223	479,840,438	8,285	9,699	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,239	5,969	0	8	0	190.00
194.00	07950	NON ALLOWABLE	0	0	94,714	44	1	194.00
194.01	07951	TELEVISION	0	0	0	2	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	5	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	959	1,487	139,815	1	3	194.05
194.06	07956	STUCKY RESEARCH CTR	709	11,004	4,808,769	2	106	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	569	0	0	194.07
194.08	07958	FOUNDATION	167	0	2,116,184	0	77	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	235,841	0	6	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	4,676	142,425	88,878	0	4	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	1,982	1,435,218	10	37	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	9,116	0	341	8	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	10,583	486	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	284	3,953	267,260	11	9	194.23

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	121	0	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	5,370	29,250	1,454,480	1	35	194.29
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)	25,835,497	35,601,095	129,387,294	1,807,699	463,210	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.814883	1.702279	0.263796	212.720522	46.427784	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			275,575	0	125,624	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000562	0.000000	12.591360	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
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
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	146,961,218				5.03
5.04	00570	PATIENT SERVICES	93,450	2,656,043,146			5.04
5.05	00580	PATIENT ACCOUNTING			5,863,681,163		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	1,181,239	0	0	-338,712,912	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	192,262	0	0	0	7.00
7.01	00701	FACILITY ENGINEERING	608,278	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	795,007	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,079,641	0	0	0	9.00
10.00	01000	DIETARY	1,305,670	0	0	346,102	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	141,973	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	78,224,979	0	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	407,613	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	25,719	0	0	0	17.00
17.01	01701	REHAB ADMIN	955	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,822,352	415,325,800	543,355,731	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,368,565	145,907,817	145,907,817	0	31.00
31.01	03101	PEDIATRIC ICU	76,247	5,949,187	5,949,187	0	31.01
31.02	03102	NEONATAL ICU	639,137	66,205,284	66,205,284	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	178,307	47,994,210	47,994,210	0	40.00
41.00	04100	SUBPROVIDER - I RF	869,394	48,181,134	48,181,134	0	41.00
43.00	04300	NURSERY	0	8,069,352	8,069,352	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,631,601	385,828,897	758,298,502	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	905,302	101,772	87,116,793	0	50.01
51.00	05100	RECOVERY ROOM	384,387	42,867,877	102,096,699	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,129,469	5,141,515	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,131,209	201,630,413	590,213,259	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	6,895	7,969	1,479,390	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	23,990	1,299,282	10,245,595	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	214,074	4,639,551	175,079,678	0	55.00
56.00	05600	RADIOISOTOPE	219,856	2,453,634	5,526,231	0	56.00
58.00	05800	MRI	141,291	11,197,754	22,168,413	0	58.00
60.00	06000	LABORATORY	16,804,712	212,226,514	528,896,668	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,680,751	16,294,041	39,069,611	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,808,989	16,320,292	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	334,309	50,736,099	59,117,568	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description			MATERIALS MANAGEMENT (COSTED REQ UISTION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVE NUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
			5.03	5.04	5.05	5.06	5A.07	
65.02	06502	DIALYSIS	43,133	11,770,168	12,660,703	0	0	65.02
65.03	03330	ENDOSCOPY	2,518,409	30,615,839	166,645,549	0	0	65.03
66.00	06600	PHYSICAL THERAPY	66,880	12,312,960	19,826,012	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	907	20,453,005	21,997,371	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,308,672	8,688,057	0	0	68.00
68.01	06801	NEURO REHAB	42,634	14,803	11,556,833	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	354,661	46,544,364	82,733,649	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,845	8,108,988	12,813,372	0	0	70.00
70.01	03950	NUTRITION SUPPORT	300	1,362,198	2,185,687	0	0	70.01
70.03	03952	CARDIAC CATH LAB	682,418	118,713,781	233,322,959	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	17,586	1,411	3,437,922	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	128,115,989	243,269,565	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	58,363,345	76,301,961	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,644,254	277,732,607	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	232,549,251	901,705,125	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	158,015	5,783,078	14,089,402	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,670	311,240	4,469,248	0	0	90.00
90.01	09001	ANTI COAG CLINIC	250,435	18,450	5,827,187	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	16,498	4,780	2,085,927	0	0	90.02
90.03	09003	RHEUMATOLOGY	7,732	454	1,880,167	0	0	90.03
91.00	09100	EMERGENCY	3,530,769	131,163,980	400,397,021	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	5,014	120	2,009,568	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,276,714	26,971	34,417,482	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,231,052	0	34,462,670	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	22,732,190	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,769,837	2,656,043,146	5,863,681,163	0	-338,366,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	8,053	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	26,053	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	1,532	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	5,298	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	57,456	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,588	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	30,075	0	0	0	154,437	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	59,211	0	0	0	0	194.29

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
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)	71,150	5,966,062	104,578	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000484	0.002246	0.000018	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,007	41,138,096	45,442	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000286	0.015488	0.000008	0.000000		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

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To 12/31/2022

Worksheet B-1

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Cost Center Description		OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590	1,081,686,173					5.07
5.08	00592	0	0				5.08
6.00	00600	0	0	0			6.00
7.00	00700	13,336,807	0	0	1,589,078		7.00
7.01	00701	11,746,126	0	0	140,315	1,448,763	7.01
8.00	00800	5,130,307	0	0	1,974	1,974	8.00
9.00	00900	16,167,434	0	0	34,675	34,675	9.00
10.00	01000	0	0	0	68,790	68,790	10.00
10.01	01001	18,781,953	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,167,433	0	0	2,823	2,823	13.00
14.00	01400	203,379	0	0	14,941	14,941	14.00
15.00	01500	28,597,760	0	0	20,206	20,206	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	3,269,481	0	0	19,500	19,500	15.02
15.03	01503	91,200,905	0	0	0	0	15.03
16.00	01600	186,100	0	0	14,240	14,240	16.00
17.00	01700	12,812,197	0	0	8,415	8,415	17.00
17.01	01701	1,522,910	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	2,596,028	0	0	0	0	21.00
22.00	02200	2,976,965	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	1,848,608	0	0	300	300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	165,929,677	0	0	369,969	369,969	30.00
31.00	03100	59,132,107	0	0	85,164	85,164	31.00
31.01	03101	2,849,858	0	0	6,194	6,194	31.01
31.02	03102	15,136,956	0	0	22,081	22,081	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	21,717,773	0	0	52,495	52,495	40.00
41.00	04100	21,370,495	0	0	44,350	44,350	41.00
43.00	04300	6,932,120	0	0	8,892	8,892	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	51,852,046	0	0	108,293	108,293	50.00
50.01	05001	6,069,513	0	0	17,199	17,199	50.01
51.00	05100	13,430,010	0	0	60,844	60,844	51.00
52.00	05200	514,820	0	0	29,814	29,814	52.00
54.00	05400	35,180,009	0	0	77,627	77,627	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	551,321	0	0	2,641	2,641	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	1,043,427	0	0	7,262	7,262	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	13,041,229	0	0	35,245	35,245	55.00
56.00	05600	872,511	0	0	5,352	5,352	56.00
58.00	05800	2,054,136	0	0	5,934	5,934	58.00
60.00	06000	42,577,442	0	0	49,990	49,990	60.00
60.01	06001	4,809,099	0	0	1,368	1,368	60.01
62.00	06200	4,077,500	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	11,843,445	0	0	12,501	12,501	65.00

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2022

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Cost Center Description		OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.02	06502	DIALYSIS	3,611,099	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	14,329,865	0	0	29,270	29,270	65.03
66.00	06600	PHYSICAL THERAPY	7,979,720	0	0	33,668	33,668	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,560,001	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	1,882,639	0	0	2,080	2,080	68.00
68.01	06801	NEURO REHAB	2,441,868	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	3,418,426	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,794,272	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	1,522,044	0	0	54	54	70.01
70.03	03952	CARDIAC CATH LAB	11,204,930	0	0	30,013	30,013	70.03
70.04	03953	CARDIAC REHA SERVICES	714,380	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	234,894	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	132,457	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	352,330	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,437,199	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,831,585	0	0	3,692	3,692	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,260,873	0	0	1,885	1,885	90.00
90.01	09001	ANTI COAG CLINIC	4,270,898	0	0	3,332	3,332	90.01
90.02	09002	INFECTIOUS DISEASES	1,345,186	0	0	4,408	4,408	90.02
90.03	09003	RHEUMATOLOGY	584,301	0	0	4,758	4,758	90.03
91.00	09100	EMERGENCY	34,661,193	0	0	64,290	64,290	91.00
91.01	09101	PARTIAL HOSPITALIZATION	215,620	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,534,025	0	0	7,481	7,481	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	26,090,187	0	0	19,888	19,888	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	15,307,052	0	0	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	971,246,931	0	0	1,552,975	1,412,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,144	0	0	4,239	4,239	190.00
194.00	07950	NON ALLOWABLE	1,907,936	0	0	0	0	194.00
194.01	07951	TELEVISION	425	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	1,068	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	288,155	0	0	959	959	194.05
194.06	07956	STUCKY RESEARCH CTR	6,804,101	0	0	709	709	194.06
194.07	07957	OCCUPATIONAL HEALTH	720	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,592,524	0	0	167	167	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	308,314	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	640,777	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,195,822	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	105,909	0	0	9,116	9,116	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	129,670	0	0	10,583	10,583	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	284	284	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	25,739	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	94,374,938	0	0	5,370	5,370	194.29

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
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)	338,712,912	0	0	17,513,015	16,970,630	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.313134	0.000000	0.000000	11.020866	11.713876	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,843,703	0	0	2,454,654	2,772,520	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003553	0.000000	0.000000	1.544703	1.913715	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
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
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	0	1,412,114			9.00
10.00	01000	DIETARY	0	68,790	925,278		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	922,949	10.01
10.02	01002	CAFETERIA	0	0	2,329	0	14,329
10.03	01003	PREADMITS AND ER	0	0	12,000	12,000	12,000
11.00	01100	CAFETERIA	0	0	0	0	2,329
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,823	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,941	0	0	0
15.00	01500	PHARMACY	0	20,206	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	0	19,500	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	0
17.00	01700	SOCIAL SERVICE	0	8,415	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,432	369,969	506,314	506,314	0
31.00	03100	INTENSIVE CARE UNIT	149	85,164	109,120	109,120	0
31.01	03101	PEDIATRIC ICU	23	6,194	4,144	4,144	0
31.02	03102	NEONATAL ICU	77	22,081	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	421	52,495	0	0	0
41.00	04100	SUBPROVIDER - I RF	500	44,350	71,365	71,365	0
43.00	04300	NURSERY	0	8,892	220,006	220,006	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	329	108,293	0	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0	17,199	0	0	0
51.00	05100	RECOVERY ROOM	538	60,844	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	127	29,814	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	600	77,627	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,641	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	7,262	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,245	0	0	0
56.00	05600	RADIOISOTOPE	0	5,352	0	0	0
58.00	05800	MRI	20	5,934	0	0	0
60.00	06000	LABORATORY	1	49,990	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	38	12,501	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.02	06502	DIALYSIS	76	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	119	29,270	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	33,668	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,080	0	0	0 68.00
68.01	06801	NEURO REHAB	56	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	6	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	54	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	447	30,013	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	3	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	41	3,692	0	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,885	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	3,332	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0	4,408	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	4,758	0	0	0 90.03
91.00	09100	EMERGENCY	1,987	64,290	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,481	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	2	19,888	0	0	0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	10,000	1,376,011	925,278	922,949	14,329 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,239	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	959	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	709	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	167	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	9,116	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	10,583	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	284	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	5,370	0	0	0 194.29

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,781,659	22,018,335	2,290,427	24,663,221	5,765	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	678.165900	15.592463	2.475393	26.722193	0.402331	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	55,226	793,086	1,880,927	71,307	2,157	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.522600	0.561630	0.925976	0.077260	0.150534	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

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To 12/31/2022

Worksheet B-1

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Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	506,314					11.00
12.00	01200	0	3,326				12.00
13.00	01300	0	0	0	1,868		13.00
14.00	01400	0	0	0	0	591,818	14.00
15.00	01500	0	156	0	11	0	15.00
15.01	01501	0	0	0	14	0	15.01
15.02	01502	0	14	0	0	0	15.02
15.03	01503	0	0	0	0	564,066	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	62	0	0	0	17.00
17.01	01701	0	13	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	506,314	852	0	852	0	30.00
31.00	03100	0	361	0	361	0	31.00
31.01	03101	0	14	0	14	0	31.01
31.02	03102	0	70	0	70	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	123	0	0	0	40.00
41.00	04100	0	141	0	0	0	41.00
43.00	04300	0	42	0	42	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	246	0	216	27,752	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	50	0	50	0	51.00
52.00	05200	0	13	0	13	0	52.00
54.00	05400	0	178	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	7	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	13	0	0	0	55.00
56.00	05600	0	3	0	0	0	56.00
58.00	05800	0	12	0	0	0	58.00
60.00	06000	0	158	0	0	0	60.00
60.01	06001	0	17	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	100	0	0	65.00
65.02	06502	DIALYSIS	0	2	0	0	65.02
65.03	03330	ENDOSCOPY	0	73	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	111	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	9	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	26	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	10	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	7	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	57	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	6	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	10	0	10	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	29	0	10	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	13	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	7	0	179	90.03
91.00	09100	EMERGENCY	0	188	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	46	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	506,314	3,238	0	1,851	591,818
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	2	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	10	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	34	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	2	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	1	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	2	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	17	0	17	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	4	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		PREADMITS AND ER (MEALS PREA DMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS ING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	16	0	0	0	194.29
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)	355,199	937	0	8,206,864	839,711	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.701539	0.281720	0.000000	4,393.396146	1.418867	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,845	351	0	1,766,707	252,253	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.027345	0.105532	0.000000	945.774625	0.426234	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	194,938,049					15.00
15.01	01501	0	100				15.01
15.02	01502	0	0	100			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	6,233	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	93,432	0	0	0	505	30.00
31.00	03100	825	0	0	0	5	31.00
31.01	03101	217	0	0	0	2	31.01
31.02	03102	0	0	0	0	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	72	0	0	0	9	40.00
41.00	04100	280	0	0	0	27	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	156	0	0	0	1,283	50.00
50.01	05001	2,592	0	0	0	0	50.01
51.00	05100	75	0	0	0	151	51.00
52.00	05200	469	0	0	0	0	52.00
54.00	05400	14,481	0	0	0	1,672	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	7	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	108	0	0	0	4	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	24	0	0	0	0	55.00
56.00	05600	0	0	0	0	15	56.00
58.00	05800	0	0	0	0	49	58.00
60.00	06000	80	0	0	0	24	60.00
60.01	06001	268	0	0	0	0	60.01
62.00	06200	852	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,118	0	0	0	96	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)		
		15.00	15.01	15.02	15.03	16.00		
65.02	06502	DIALYSIS	0	0	0	4	65.02	
65.03	03330	ENDOSCOPY	732	0	0	800	65.03	
66.00	06600	PHYSICAL THERAPY	0	0	0	56	66.00	
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
68.01	06801	NEURO REHAB	329	0	0	38	68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	124	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11	70.00	
70.01	03950	NUTRITION SUPPORT	0	0	0	1	70.01	
70.03	03952	CARDIAC CATH LAB	891	0	0	852	70.03	
70.04	03953	CARDIAC REHA SERVICES	0	0	0	16	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,711	0	71.00	
71.01	07101	COST OF SOLUTIONS	0	100	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,289	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	116,959,146	100	0	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	396	0	0	2	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	13	90.00	
90.01	09001	ANTI COAG CLINIC	1,882	0	0	20	90.01	
90.02	09002	INFECTIOUS DISEASES	85,748	0	0	4	90.02	
90.03	09003	RHEUMATOLOGY	140,336	0	0	4	90.03	
91.00	09100	EMERGENCY	57	0	0	58	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	11	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,420	0	0	64	95.00	
99.10	09910	CORF	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	6,962,525	0	0	304	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	124,273,511	100	100	10,000	6,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00	
194.01	07951	TELEVISION	0	0	0	0	194.01	
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02	
194.03	07953	OP CLINIC	0	0	0	0	194.03	
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04	
194.05	07955	EDUCARE CTR	0	0	0	0	194.05	
194.06	07956	STUCKY RESEARCH CTR	74	0	0	0	194.06	
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07	
194.08	07958	FOUNDATION	0	0	0	0	194.08	
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09	
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10	
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11	
194.12	07962	GUEST SERVICES	0	0	0	0	194.12	
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13	
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14	
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	11,089	0	0	2	194.15	
194.16	07966	FITNESS	0	0	0	0	194.16	
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17	
194.18	07968	BREAST DIAGNOSTIC CTR	1,290	0	0	0	194.18	
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19	
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20	
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21	
194.22	07972	EBT	0	0	0	0	194.22	
194.23	07973	MEDICAL OFFICE BUILDINGS	105	0	0	0	194.23	
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24	
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25	
194.26	07976	ISH	0	0	0	0	194.26	
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27	
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28	
194.29	07978	OUTPATIENT PHARMACY	70,651,980	0	0	0	194.29	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	38,375,502	61,508	5,040,652	120,559,344	790,154	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.196860	615.080000	50,406.520000	12,055.934400	126.769453	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,214,014	13,241	345,023	564,535	240,391	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.011358	132.410000	3,450.230000	56.453500	38.567464	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
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
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS AND ER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	10,000					17.00
17.01 01701 REHAB ADMIN	0	10,000				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0				23.01
23.02 02302 PARAMED ED PHARMACY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,184	0	0	0	4,889	30.00
31.00 03100 INTENSIVE CARE UNIT	1,593	0	0	0	1,872	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	441	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	1,523	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	424	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	1,042	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	292	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	3,332	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,811	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,811	0	0	0	68.00
68.01 06801 NEURO REHAB	0	1,523	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	2,490	0	0	0	1,773	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	0	0	0	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	17,146,672	1,999,789	0	0	3,408,933	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,714.667200	199.978900	0.000000	0.000000	340.893300	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	204,276	6,353	0	0	10,621	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	20.427600	0.635300	0.000000	0.000000	1.062100	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
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
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING PROGRAM					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0			23.00
23.01 02301 PARAMED RADIOLOGY			0		23.01
23.02 02302 PARAMED PHARMACY				194,938,049	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	4,889	0	0	93,432	30.00
31.00 03100 INTENSIVE CARE UNIT	1,872	0	0	825	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	217	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	72	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	280	41.00
43.00 04300 NURSERY	424	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,042	0	0	156	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	2,592	50.01
51.00 05100 RECOVERY ROOM	0	0	0	75	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	469	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	14,481	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	108	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
58.00 05800 MRI	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	80	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	268	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		22.00	23.00	23.01	23.02		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	852	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,118	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	732	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	329	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	891	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	116,959,146	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	396	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	1,882	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	85,748	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	140,336	90.03
91.00	09100	EMERGENCY	1,773	0	0	57	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	6,420	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,962,525	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	0	0	124,273,511	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	74	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	11,089	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	1,290	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	105	194.23

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00					
194.24 07974 START-UP COSTS ORTHO	0	0	0	0		194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0		194.25
194.26 07976 ISH	0	0	0	0		194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	70,651,980		194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,909,154	0	0	2,438,968		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	390.915400	0.000000	0.000000	0.012512		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	10,577	0	0	12,437		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.057700	0.000000	0.000000	0.000064		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

		Title XVIII		Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Di	allowance		Total Costs	
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	262,927,760		262,927,760	0	262,927,760	30.00
31.00	03100	INTENSIVE CARE UNIT	88,517,956		88,517,956	0	88,517,956	31.00
31.01	03101	PEDIATRIC ICU	4,178,049		4,178,049	0	4,178,049	31.01
31.02	03102	NEONATAL ICU	21,839,100		21,839,100	0	21,839,100	31.02
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	30,817,031		30,817,031	0	30,817,031	40.00
41.00	04100	SUBPROVIDER - I/RF	32,492,993		32,492,993	0	32,492,993	41.00
43.00	04300	NURSERY	16,051,787		16,051,787	0	16,051,787	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,613,468		73,613,468	0	73,613,468	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	8,629,816		8,629,816	0	8,629,816	50.01
51.00	05100	RECOVERY ROOM	20,571,079		20,571,079	0	20,571,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,462,741		2,462,741	0	2,462,741	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,793,232		49,793,232	0	49,793,232	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	826,067		826,067	0	826,067	54.05
54.06	05406	RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,679,774		1,679,774	0	1,679,774	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,475,732		18,475,732	62,580	18,538,312	55.00
56.00	05600	RADIOISOTOPE	1,352,755		1,352,755	0	1,352,755	56.00
58.00	05800	MRI	2,944,568		2,944,568	0	2,944,568	58.00
60.00	06000	LABORATORY	57,829,646		57,829,646	29,049	57,858,695	60.00
60.01	06001	ANATOMICAL PATHOLOGY	6,367,484		6,367,484	0	6,367,484	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,354,483		5,354,483	0	5,354,483	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	16,069,360	0	16,069,360	3,368	16,072,728	65.00
65.02	06502	DIALYSIS	4,957,152	0	4,957,152	0	4,957,152	65.02
65.03	03330	ENDOSCOPY	20,121,162	0	20,121,162	0	20,121,162	65.03
66.00	06600	PHYSICAL THERAPY	12,442,302	0	12,442,302	0	12,442,302	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,715,469	0	7,715,469	0	7,715,469	67.00
68.00	06800	SPEECH PATHOLOGY	2,914,039	0	2,914,039	0	2,914,039	68.00
68.01	06801	NEURO REHAB	3,855,687	0	3,855,687	0	3,855,687	68.01
69.00	06900	ELECTROCARDIOLOGY	4,508,642		4,508,642	0	4,508,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,419,434		2,419,434	0	2,419,434	70.00
70.01	03950	NUTRITION SUPPORT	2,000,847		2,000,847	0	2,000,847	70.01
70.03	03952	CARDIAC CATH LAB	16,275,240		16,275,240	72,679	16,347,919	70.03
70.04	03953	CARDIAC REHA SERVICES	1,058,694		1,058,694	0	1,058,694	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,103,954		57,103,954	0	57,103,954	71.00
71.01	07101	COST OF SOLUTIONS	5,214,586		5,214,586	0	5,214,586	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,226,494		64,226,494	0	64,226,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,073,291		180,073,291	0	180,073,291	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,931,834		3,931,834	0	3,931,834	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,399,800		4,399,800	0	4,399,800	90.00
90.01	09001	ANTI COAG CLINIC	5,738,897		5,738,897	0	5,738,897	90.01
90.02	09002	INFECTIOUS DISEASES	1,953,820		1,953,820	0	1,953,820	90.02
90.03	09003	RHEUMATOLOGY	1,765,937		1,765,937	0	1,765,937	90.03
91.00	09100	EMERGENCY	53,603,301		53,603,301	180,718	53,784,019	91.00
91.01	09101	PARTIAL HOSPITALIZATION	322,094		322,094	0	322,094	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	36,728,741		36,728,741	0	36,728,741	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15,441,916		15,441,916	0	15,441,916	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	36,519,816		36,519,816	0	36,519,816	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

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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
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	20,100,210				20,100,210	
200.00	Subtotal (see instructions)	1,288,188,240	0	1,288,188,240	348,394	1,288,536,634	
201.00	Less Observation Beds	36,728,741		36,728,741		36,728,741	
202.00	Total (see instructions)	1,251,459,499	0	1,251,459,499	348,394	1,251,807,893	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
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		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	413,909,310		413,909,310		30.00
31.00	03100	INTENSIVE CARE UNIT	145,907,817		145,907,817		31.00
31.01	03101	PEDIATRIC ICU	5,949,187		5,949,187		31.01
31.02	03102	NEONATAL ICU	66,205,284		66,205,284		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	47,994,210		47,994,210		40.00
41.00	04100	SUBPROVIDER - IRF	48,181,134		48,181,134		41.00
43.00	04300	NURSERY	8,069,352		8,069,352		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	385,828,897	372,469,605	758,298,502	0.097077	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	101,772	87,015,021	87,116,793	0.099060	50.01
51.00	05100	RECOVERY ROOM	42,867,877	59,228,822	102,096,699	0.201486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,129,469	12,046	5,141,515	0.478991	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,630,413	388,582,846	590,213,259	0.084365	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,969	1,471,421	1,479,390	0.558384	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,299,282	8,946,313	10,245,595	0.163951	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,639,551	170,440,127	175,079,678	0.105528	55.00
56.00	05600	RADIOISOTOPE	2,453,634	3,072,597	5,526,231	0.244788	56.00
58.00	05800	MRI	11,197,754	10,970,659	22,168,413	0.132827	58.00
60.00	06000	LABORATORY	212,226,514	316,670,154	528,896,668	0.109340	60.00
60.01	06001	ANATOMICAL PATHOLOGY	16,294,041	22,775,570	39,069,611	0.162978	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,808,989	1,511,303	16,320,292	0.328087	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	50,736,099	8,381,469	59,117,568	0.271820	65.00
65.02	06502	DIALYSIS	11,770,168	890,535	12,660,703	0.391538	65.02
65.03	03330	ENDOSCOPY	30,615,839	136,029,710	166,645,549	0.120742	65.03
66.00	06600	PHYSICAL THERAPY	12,312,960	7,513,052	19,826,012	0.627575	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	20,453,005	1,544,366	21,997,371	0.350745	67.00
68.00	06800	SPEECH PATHOLOGY	8,308,672	379,385	8,688,057	0.335407	68.00
68.01	06801	NEURO REHAB	14,803	11,542,030	11,556,833	0.333628	68.01
69.00	06900	ELECTROCARDIOLOGY	46,544,364	36,189,285	82,733,649	0.054496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,108,988	4,704,384	12,813,372	0.188821	70.00
70.01	03950	NUTRITION SUPPORT	1,362,198	823,489	2,185,687	0.915432	70.01
70.03	03952	CARDIAC CATH LAB	118,713,781	114,609,178	233,322,959	0.069754	70.03
70.04	03953	CARDIAC REHA SERVICES	1,411	3,436,511	3,437,922	0.307946	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	128,115,989	115,153,576	243,269,565	0.234735	71.00
71.01	07101	COST OF SOLUTIONS	58,363,345	17,938,616	76,301,961	0.068341	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,644,254	123,088,353	277,732,607	0.231253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	232,549,251	669,155,874	901,705,125	0.199703	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,783,078	8,306,324	14,089,402	0.279063	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	311,240	4,158,008	4,469,248	0.984461	90.00
90.01	09001	ANTI COAG CLINIC	18,450	5,808,737	5,827,187	0.984849	90.01
90.02	09002	INFECTIOUS DISEASES	4,780	2,081,147	2,085,927	0.936667	90.02
90.03	09003	RHEUMATOLOGY	454	1,879,713	1,880,167	0.939245	90.03
91.00	09100	EMERGENCY	131,163,980	269,233,041	400,397,021	0.133875	91.00
91.01	09101	PARTIAL HOSPITALIZATION	120	2,009,448	2,009,568	0.160280	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,416,490	128,029,931	129,446,421	0.283737	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	26,971	34,390,511	34,417,482	0.448665	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	34,462,670	34,462,670		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
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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	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	22,732,190	22,732,190			116.00
200.00		Subtotal (see instructions)	2,656,043,146	3,207,638,017	5,863,681,163			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,656,043,146	3,207,638,017	5,863,681,163			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 12:37 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060		50.01
51.00	05100	RECOVERY ROOM	0.201486		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365		54.00
54.01	05401	RADIOLOGY - WABASH	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	0.558384		54.05
54.06	05406	RADIOLOGY - CMP	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885		55.00
56.00	05600	RADIOISOTOPE	0.244788		56.00
58.00	05800	MRI	0.132827		58.00
60.00	06000	LABORATORY	0.109395		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.271877		65.00
65.02	06502	DIALYSIS	0.391538		65.02
65.03	03330	ENDOSCOPY	0.120742		65.03
66.00	06600	PHYSICAL THERAPY	0.627575		66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745		67.00
68.00	06800	SPEECH PATHOLOGY	0.335407		68.00
68.01	06801	NEURO REHAB	0.333628		68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821		70.00
70.01	03950	NUTRITION SUPPORT	0.915432		70.01
70.03	03952	CARDIAC CATH LAB	0.070066		70.03
70.04	03953	CARDIAC REHA SERVICES	0.307946		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735		71.00
71.01	07101	COST OF SOLUTIONS	0.068341		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461		90.00
90.01	09001	ANTI COAG CLINIC	0.984849		90.01
90.02	09002	INFECTIOUS DISEASES	0.936667		90.02
90.03	09003	RHEUMATOLOGY	0.939245		90.03
91.00	09100	EMERGENCY	0.134327		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.448665		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

Period:
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		262,927,760	0	262,927,760	30.00
31.00	03100	INTENSIVE CARE UNIT		88,517,956	0	88,517,956	31.00
31.01	03101	PEDIATRIC ICU		4,178,049	0	4,178,049	31.01
31.02	03102	NEONATAL ICU		21,839,100	0	21,839,100	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF		30,817,031	0	30,817,031	40.00
41.00	04100	SUBPROVIDER - I/RF		32,492,993	0	32,492,993	41.00
43.00	04300	NURSERY		16,051,787	0	16,051,787	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		73,613,468	0	73,613,468	50.00
50.01	05001	PARKVIEW PREMIER SURGERY		8,629,816	0	8,629,816	50.01
51.00	05100	RECOVERY ROOM		20,571,079	0	20,571,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		2,462,741	0	2,462,741	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		49,793,232	0	49,793,232	54.00
54.01	05401	RADIOLOGY - WABASH		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP		826,067	0	826,067	54.05
54.06	05406	RADIOLOGY - CMP		0	0	0	54.06
54.07	05407	RADIOLOGY - WP		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC		1,679,774	0	1,679,774	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC		18,475,732	62,580	18,538,312	55.00
56.00	05600	RADIOISOTOPE		1,352,755	0	1,352,755	56.00
58.00	05800	MRI		2,944,568	0	2,944,568	58.00
60.00	06000	LABORATORY		57,829,646	29,049	57,858,695	60.00
60.01	06001	ANATOMICAL PATHOLOGY		6,367,484	0	6,367,484	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		5,354,483	0	5,354,483	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	16,069,360	3,368	16,072,728	65.00
65.02	06502	DIALYSIS	0	4,957,152	0	4,957,152	65.02
65.03	03330	ENDOSCOPY	0	20,121,162	0	20,121,162	65.03
66.00	06600	PHYSICAL THERAPY	0	12,442,302	0	12,442,302	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,715,469	0	7,715,469	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,914,039	0	2,914,039	68.00
68.01	06801	NEURO REHAB	0	3,855,687	0	3,855,687	68.01
69.00	06900	ELECTROCARDIOLOGY		4,508,642	0	4,508,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,419,434	0	2,419,434	70.00
70.01	03950	NUTRITION SUPPORT		2,000,847	0	2,000,847	70.01
70.03	03952	CARDIAC CATH LAB		16,275,240	72,679	16,347,919	70.03
70.04	03953	CARDIAC REHA SERVICES		1,058,694	0	1,058,694	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		57,103,954	0	57,103,954	71.00
71.01	07101	COST OF SOLUTIONS		5,214,586	0	5,214,586	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		64,226,494	0	64,226,494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		180,073,291	0	180,073,291	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		3,931,834	0	3,931,834	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		4,399,800	0	4,399,800	90.00
90.01	09001	ANTI COAG CLINIC		5,738,897	0	5,738,897	90.01
90.02	09002	INFECTIOUS DISEASES		1,953,820	0	1,953,820	90.02
90.03	09003	RHEUMATOLOGY		1,765,937	0	1,765,937	90.03
91.00	09100	EMERGENCY		53,603,301	180,718	53,784,019	91.00
91.01	09101	PARTIAL HOSPITALIZATION		322,094	0	322,094	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		36,728,741	0	36,728,741	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		15,441,916	0	15,441,916	95.00
99.10	09910	CORF		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		36,519,816	0	36,519,816	101.00
102.00	10200	OPIOID TREATMENT PROGRAM		0	0	0	102.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	20,100,210		20,100,210		20,100,210
200.00	Subtotal (see instructions)	1,288,188,240	0	1,288,188,240	348,394	1,288,536,634
201.00	Less Observation Beds	36,728,741		36,728,741		36,728,741
202.00	Total (see instructions)	1,251,459,499	0	1,251,459,499	348,394	1,251,807,893

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

		Title XIX			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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	413,909,310		413,909,310		30.00
31.00	03100	INTENSIVE CARE UNIT	145,907,817		145,907,817		31.00
31.01	03101	PEDIATRIC ICU	5,949,187		5,949,187		31.01
31.02	03102	NEONATAL ICU	66,205,284		66,205,284		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	47,994,210		47,994,210		40.00
41.00	04100	SUBPROVIDER - IRF	48,181,134		48,181,134		41.00
43.00	04300	NURSERY	8,069,352		8,069,352		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	385,828,897	372,469,605	758,298,502	0.097077	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	101,772	87,015,021	87,116,793	0.099060	50.01
51.00	05100	RECOVERY ROOM	42,867,877	59,228,822	102,096,699	0.201486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,129,469	12,046	5,141,515	0.478991	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201,630,413	388,582,846	590,213,259	0.084365	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,969	1,471,421	1,479,390	0.558384	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,299,282	8,946,313	10,245,595	0.163951	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,639,551	170,440,127	175,079,678	0.105528	55.00
56.00	05600	RADIOISOTOPE	2,453,634	3,072,597	5,526,231	0.244788	56.00
58.00	05800	MRI	11,197,754	10,970,659	22,168,413	0.132827	58.00
60.00	06000	LABORATORY	212,226,514	316,670,154	528,896,668	0.109340	60.00
60.01	06001	ANATOMICAL PATHOLOGY	16,294,041	22,775,570	39,069,611	0.162978	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,808,989	1,511,303	16,320,292	0.328087	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	50,736,099	8,381,469	59,117,568	0.271820	65.00
65.02	06502	DIALYSIS	11,770,168	890,535	12,660,703	0.391538	65.02
65.03	03330	ENDOSCOPY	30,615,839	136,029,710	166,645,549	0.120742	65.03
66.00	06600	PHYSICAL THERAPY	12,312,960	7,513,052	19,826,012	0.627575	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	20,453,005	1,544,366	21,997,371	0.350745	67.00
68.00	06800	SPEECH PATHOLOGY	8,308,672	379,385	8,688,057	0.335407	68.00
68.01	06801	NEURO REHAB	14,803	11,542,030	11,556,833	0.333628	68.01
69.00	06900	ELECTROCARDIOLOGY	46,544,364	36,189,285	82,733,649	0.054496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,108,988	4,704,384	12,813,372	0.188821	70.00
70.01	03950	NUTRITION SUPPORT	1,362,198	823,489	2,185,687	0.915432	70.01
70.03	03952	CARDIAC CATH LAB	118,713,781	114,609,178	233,322,959	0.069754	70.03
70.04	03953	CARDIAC REHA SERVICES	1,411	3,436,511	3,437,922	0.307946	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	128,115,989	115,153,576	243,269,565	0.234735	71.00
71.01	07101	COST OF SOLUTIONS	58,363,345	17,938,616	76,301,961	0.068341	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,644,254	123,088,353	277,732,607	0.231253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	232,549,251	669,155,874	901,705,125	0.199703	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,783,078	8,306,324	14,089,402	0.279063	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	311,240	4,158,008	4,469,248	0.984461	90.00
90.01	09001	ANTI COAG CLINIC	18,450	5,808,737	5,827,187	0.984849	90.01
90.02	09002	INFECTIOUS DISEASES	4,780	2,081,147	2,085,927	0.936667	90.02
90.03	09003	RHEUMATOLOGY	454	1,879,713	1,880,167	0.939245	90.03
91.00	09100	EMERGENCY	131,163,980	269,233,041	400,397,021	0.133875	91.00
91.01	09101	PARTIAL HOSPITALIZATION	120	2,009,448	2,009,568	0.160280	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,416,490	128,029,931	129,446,421	0.283737	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	26,971	34,390,511	34,417,482	0.448665	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	34,462,670	34,462,670		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description	Title XIX			Hospital	PPS		
	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		
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	22,732,190	22,732,190		116.00
200.00		Subtotal (see instructions)	2,656,043,146	3,207,638,017	5,863,681,163		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,656,043,146	3,207,638,017	5,863,681,163		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 12:37 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060		50.01
51.00	05100	RECOVERY ROOM	0.201486		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365		54.00
54.01	05401	RADIOLOGY - WABASH	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	0.558384		54.05
54.06	05406	RADIOLOGY - CMP	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885		55.00
56.00	05600	RADIOISOTOPE	0.244788		56.00
58.00	05800	MRI	0.132827		58.00
60.00	06000	LABORATORY	0.109395		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.271877		65.00
65.02	06502	DIALYSIS	0.391538		65.02
65.03	03330	ENDOSCOPY	0.120742		65.03
66.00	06600	PHYSICAL THERAPY	0.627575		66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745		67.00
68.00	06800	SPEECH PATHOLOGY	0.335407		68.00
68.01	06801	NEURO REHAB	0.333628		68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821		70.00
70.01	03950	NUTRITION SUPPORT	0.915432		70.01
70.03	03952	CARDIAC CATH LAB	0.070066		70.03
70.04	03953	CARDIAC REHA SERVICES	0.307946		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735		71.00
71.01	07101	COST OF SOLUTIONS	0.068341		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461		90.00
90.01	09001	ANTI COAG CLINIC	0.984849		90.01
90.02	09002	INFECTIOUS DISEASES	0.936667		90.02
90.03	09003	RHEUMATOLOGY	0.939245		90.03
91.00	09100	EMERGENCY	0.134327		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.448665		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/30/2023 12:37 pm	
		Title XIX		Hospital		PPS	
Cost Center Description		PPS Inpatient Ratio					
		11.00					
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)						202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,613,468	14,625,291	58,988,177	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	8,629,816	624,567	8,005,249	0	0	50.01
51.00	05100	RECOVERY ROOM	20,571,079	1,843,641	18,727,438	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,462,741	602,596	1,860,145	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,793,232	8,824,080	40,969,152	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	826,067	101,240	724,827	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1,679,774	171,706	1,508,068	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,475,732	3,327,996	15,147,736	0	0	55.00
56.00	05600	RADIOISOTOPE	1,352,755	282,410	1,070,345	0	0	56.00
58.00	05800	MRI	2,944,568	351,963	2,592,605	0	0	58.00
60.00	06000	LABORATORY	57,829,646	6,384,635	51,445,011	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	6,367,484	548,808	5,818,676	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,354,483	243,990	5,110,493	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	16,069,360	1,666,783	14,402,577	0	0	65.00
65.02	06502	DIALYSIS	4,957,152	273,855	4,683,297	0	0	65.02
65.03	03330	ENDOSCOPY	20,121,162	4,020,061	16,101,101	0	0	65.03
66.00	06600	PHYSICAL THERAPY	12,442,302	901,669	11,540,633	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,715,469	363,486	7,351,983	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,914,039	172,418	2,741,621	0	0	68.00
68.01	06801	NEURO REHAB	3,855,687	188,102	3,667,585	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,508,642	774,733	3,733,909	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,419,434	244,371	2,175,063	0	0	70.00
70.01	03950	NUTRITION SUPPORT	2,000,847	28,847	1,972,000	0	0	70.01
70.03	03952	CARDIAC CATH LAB	16,275,240	3,404,766	12,870,474	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,058,694	105,769	952,925	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,103,954	2,252,993	54,850,961	0	0	71.00
71.01	07101	COST OF SOLUTIONS	5,214,586	1,250,035	3,964,551	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,226,494	2,697,187	61,529,307	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,073,291	5,369,846	174,703,445	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	3,931,834	263,719	3,668,115	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,399,800	60,608	4,339,192	0	0	90.00
90.01	09001	ANTI COAG CLINIC	5,738,897	92,365	5,646,532	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	1,953,820	81,205	1,872,615	0	0	90.02
90.03	09003	RHEUMATOLOGY	1,765,937	259,942	1,505,995	0	0	90.03
91.00	09100	EMERGENCY	53,603,301	3,749,772	49,853,529	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	322,094	17,854	304,240	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	36,728,741	2,454,178	34,274,563	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15,441,916	728,678	14,713,238	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	36,519,816	531,085	35,988,731	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	20,100,210	58,739	20,041,471	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	831,363,564	69,945,989	761,417,575	0	0	200.00
201.00		Less Observation Beds	36,728,741	2,454,178	34,274,563	0	0	201.00
202.00		Total (line 200 minus line 201)	794,634,823	67,491,811	727,143,012	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	73,613,468	758,298,502	0.097077		50.00
50.01	05001 PARKVIEW PREMIER SURGERY	8,629,816	87,116,793	0.099060		50.01
51.00	05100 RECOVERY ROOM	20,571,079	102,096,699	0.201486		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,462,741	5,141,515	0.478991		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	49,793,232	590,213,259	0.084365		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	826,067	1,479,390	0.558384		54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000		54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	1,679,774	10,245,595	0.163951		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	18,475,732	175,079,678	0.105528		55.00
56.00	05600 RADIOISOTOPE	1,352,755	5,526,231	0.244788		56.00
58.00	05800 MRI	2,944,568	22,168,413	0.132827		58.00
60.00	06000 LABORATORY	57,829,646	528,896,668	0.109340		60.00
60.01	06001 ANATOMICAL PATHOLOGY	6,367,484	39,069,611	0.162978		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5,354,483	16,320,292	0.328087		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	16,069,360	59,117,568	0.271820		65.00
65.02	06502 DIALYSIS	4,957,152	12,660,703	0.391538		65.02
65.03	03330 ENDOSCOPY	20,121,162	166,645,549	0.120742		65.03
66.00	06600 PHYSICAL THERAPY	12,442,302	19,826,012	0.627575		66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	7,715,469	21,997,371	0.350745		67.00
68.00	06800 SPEECH PATHOLOGY	2,914,039	8,688,057	0.335407		68.00
68.01	06801 NEURO REHAB	3,855,687	11,556,833	0.333628		68.01
69.00	06900 ELECTROCARDIOLOGY	4,508,642	82,733,649	0.054496		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,419,434	12,813,372	0.188821		70.00
70.01	03950 NUTRITION SUPPORT	2,000,847	2,185,687	0.915432		70.01
70.03	03952 CARDIAC CATH LAB	16,275,240	233,322,959	0.069754		70.03
70.04	03953 CARDIAC REHA SERVICES	1,058,694	3,437,922	0.307946		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	57,103,954	243,269,565	0.234735		71.00
71.01	07101 COST OF SOLUTIONS	5,214,586	76,301,961	0.068341		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,226,494	277,732,607	0.231253		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	180,073,291	901,705,125	0.199703		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	3,931,834	14,089,402	0.279063		76.98
76.99	07699 LIOTHOTRIpsy	0	0	0.000000		76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	4,399,800	4,469,248	0.984461		90.00
90.01	09001 ANTI COAG CLINIC	5,738,897	5,827,187	0.984849		90.01
90.02	09002 INFECTIOUS DISEASES	1,953,820	2,085,927	0.936667		90.02
90.03	09003 RHEUMATOLOGY	1,765,937	1,880,167	0.939245		90.03
91.00	09100 EMERGENCY	53,603,301	400,397,021	0.133875		91.00
91.01	09101 PARTIAL HOSPITALIZATION	322,094	2,009,568	0.160280		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	36,728,741	129,446,421	0.283737		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	15,441,916	34,417,482	0.448665		95.00
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	36,519,816	34,462,670	1.059692		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	20,100,210	22,732,190	0.884218		116.00
200.00	Subtotal (sum of lines 50 thru 199)	831,363,564	5,127,464,869			200.00
201.00	Less Observation Beds	36,728,741	0			201.00
202.00	Total (line 200 minus line 201)	794,634,823	5,127,464,869			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 12:37 pm
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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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,568,698	0	17,568,698	167,942	104.61	30.00
31.00	INTENSIVE CARE UNIT	5,878,561		5,878,561	40,217	146.17	31.00
31.01	PEDIATRIC ICU	281,177		281,177	1,285	218.81	31.01
31.02	NEONATAL ICU	1,688,947		1,688,947	11,790	143.25	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	3,858,865	0	3,858,865	21,939	175.89	40.00
41.00	SUBPROVIDER - IRF	1,943,582	0	1,943,582	14,624	132.90	41.00
43.00	NURSERY	562,103		562,103	5,686	98.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	31,781,933		31,781,933	263,483		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	27,728	2,900,626	30.00
31.00	INTENSIVE CARE UNIT	13,144	1,921,258	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	3,800	668,382	40.00
41.00	SUBPROVIDER - IRF	4,275	568,148	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	48,947	6,058,414	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,625,291	758,298,502	0.019287	77,313,420	1,491,144	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	624,567	87,116,793	0.007169	29,173	209	50.01
51.00	05100	RECOVERY ROOM	1,843,641	102,096,699	0.018058	5,614,482	101,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,596	5,141,515	0.0117202	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,824,080	590,213,259	0.014951	47,148,257	704,914	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	101,240	1,479,390	0.068434	2,853	195	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	171,706	10,245,595	0.016759	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,327,996	175,079,678	0.019008	1,388,832	26,399	55.00
56.00	05600	RADIOISOTOPE	282,410	5,526,231	0.051104	628,140	32,100	56.00
58.00	05800	MRI	351,963	22,168,413	0.015877	2,520,758	40,022	58.00
60.00	06000	LABORATORY	6,384,635	528,896,668	0.012072	43,772,280	528,419	60.00
60.01	06001	ANATOMICAL PATHOLOGY	548,808	39,069,611	0.014047	3,590,796	50,440	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	243,990	16,320,292	0.014950	4,281,291	64,005	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,666,783	59,117,568	0.028194	10,915,808	307,760	65.00
65.02	06502	DIALYSIS	273,855	12,660,703	0.021630	3,735,201	80,792	65.02
65.03	03330	ENDOSCOPY	4,020,061	166,645,549	0.024123	7,795,143	188,042	65.03
66.00	06600	PHYSICAL THERAPY	901,669	19,826,012	0.045479	3,373,191	153,409	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	21,997,371	0.016524	3,332,831	55,072	67.00
68.00	06800	SPEECH PATHOLOGY	172,418	8,688,057	0.019845	1,694,350	33,624	68.00
68.01	06801	NEURO REHAB	188,102	11,556,833	0.016276	1,135	18	68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	82,733,649	0.009364	4,416,610	41,357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	12,813,372	0.019072	845,564	16,127	70.00
70.01	03950	NUTRITION SUPPORT	28,847	2,185,687	0.013198	196,560	2,594	70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	233,322,959	0.014593	45,002,013	656,714	70.03
70.04	03953	CARDIAC REHA SERVICES	105,769	3,437,922	0.030765	1,118	34	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	243,269,565	0.009261	28,218,283	261,330	71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	76,301,961	0.016383	12,533,240	205,332	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	277,732,607	0.009711	17,168,559	166,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	901,705,125	0.005955	47,255,170	281,405	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	263,719	14,089,402	0.018718	1,184,000	22,162	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,608	4,469,248	0.013561	41,974	569	90.00
90.01	09001	ANTI COAG CLINIC	92,365	5,827,187	0.015851	4,066	64	90.01
90.02	09002	INFECTIOUS DISEASES	81,205	2,085,927	0.038930	1,603	62	90.02
90.03	09003	RHEUMATOLOGY	259,942	1,880,167	0.138255	0	0	90.03
91.00	09100	EMERGENCY	3,749,772	400,397,021	0.009365	24,748,496	231,770	91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	2,009,568	0.008884	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,454,178	129,446,421	0.018959	1,301,410	24,673	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	68,627,487	5,035,852,527		400,056,607	5,768,867	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,169	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10	0	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	3	0	31.01	
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	4	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,187	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	1,169	167,942	0.01	27,728	30.00	
31.00	03100	INTENSIVE CARE UNIT		10	40,217	0.00	13,144	31.00	
31.01	03101	PEDIATRIC ICU		3	1,285	0.00	0	31.01	
31.02	03102	NEONATAL ICU		0	11,790	0.00	0	31.02	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	1	21,939	0.00	3,800	40.00	
41.00	04100	SUBPROVIDER - IRF	0	4	14,624	0.00	4,275	41.00	
43.00	04300	NURSERY		0	5,686	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,187	263,483		48,947	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	277						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
31.02	03102	NEONATAL ICU	0						31.02
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	277						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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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	2	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	32	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	181	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	1	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	11	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	14	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	9	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	4	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	11	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
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	1,463,296	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	5	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	24	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	1,073	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	1,756	90.03
91.00	09100	EMERGENCY	0	0	0	0	1	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	147	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,466,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	2	2	758,298,502	0.000000		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	32	32	87,116,793	0.000000		50.01
51.00 05100 RECOVERY ROOM	0	1	1	102,096,699	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	5,141,515	0.000001		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	181	181	590,213,259	0.000000		54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000		54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,479,390	0.000000		54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000		54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	10,245,595	0.000000		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	175,079,678	0.000000		55.00
56.00 05600 RADIO SOTOPE	0	0	0	5,526,231	0.000000		56.00
58.00 05800 MRI	0	0	0	22,168,413	0.000000		58.00
60.00 06000 LABORATORY	0	1	1	528,896,668	0.000000		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	39,069,611	0.000000		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11	11	16,320,292	0.000001		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000		62.30
65.00 06500 RESPIRATORY THERAPY	0	14	14	59,117,568	0.000000		65.00
65.02 06502 DIALYSIS	0	0	0	12,660,703	0.000000		65.02
65.03 03330 ENDOSCOPY	0	9	9	166,645,549	0.000000		65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	19,826,012	0.000000		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000		66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000		68.00
68.01 06801 NEURO REHAB	0	4	4	11,556,833	0.000000		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	82,733,649	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,813,372	0.000000		70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	2,185,687	0.000000		70.01
70.03 03952 CARDIAC CATH LAB	0	11	11	233,322,959	0.000000		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	3,437,922	0.000000		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	243,269,565	0.000000		71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	76,301,961	0.000000		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,732,607	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,463,296	1,463,296	901,705,125	0.001623		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	5	5	14,089,402	0.000000		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000		76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	4,469,248	0.000000		90.00
90.01 09001 ANTI COAG CLINIC	0	24	24	5,827,187	0.000004		90.01
90.02 09002 INFECTIOUS DISEASES	0	1,073	1,073	2,085,927	0.000514		90.02
90.03 09003 RHEUMATOLOGY	0	1,756	1,756	1,880,167	0.000934		90.03
91.00 09100 EMERGENCY	0	1	1	400,397,021	0.000000		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,009,568	0.000000		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	147	147	129,446,421	0.000001		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0			95.00
200.00 Total (lines 50 through 199)	0	1,466,578	1,466,578	5,035,852,527			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	77,313,420	0	47,156,123	0	50.00	
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	29,173	0	12,350,421	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	5,614,482	0	16,046,587	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000001	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	47,148,257	0	59,619,501	0	54.00	
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01	
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02	
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03	
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04	
54.05	05405 RADIOLOGY - NHMP	0.000000	2,853	0	160,972	0	54.05	
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06	
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07	
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08	
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,388,832	0	52,223,805	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	628,140	0	485,730	0	56.00	
58.00	05800 MRI	0.000000	2,520,758	0	1,410,713	0	58.00	
60.00	06000 LABORATORY	0.000000	43,772,280	0	10,134,715	0	60.00	
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	3,590,796	0	10,904,455	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000001	4,281,291	4	581,467	1	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.000000	10,915,808	0	2,939,856	0	65.00	
65.02	06502 DIALYSIS	0.000000	3,735,201	0	249,627	0	65.02	
65.03	03330 ENDOSCOPY	0.000000	7,795,143	0	21,336,874	0	65.03	
66.00	06600 PHYSICAL THERAPY	0.000000	3,373,191	0	670,350	0	66.00	
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01	
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,332,831	0	6,616	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,694,350	0	7,337	0	68.00	
68.01	06801 NEURO REHAB	0.000000	1,135	0	2,739,428	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,416,610	0	4,507,192	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	845,564	0	100,340	0	70.00	
70.01	03950 NUTRITION SUPPORT	0.000000	196,560	0	0	0	70.01	
70.03	03952 CARDIAC CATH LAB	0.000000	45,002,013	0	27,784,376	0	70.03	
70.04	03953 CARDIAC REHA SERVICES	0.000000	1,118	0	891,582	0	70.04	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,218,283	0	21,929,779	0	71.00	
71.01	07101 COST OF SOLUTIONS	0.000000	12,533,240	0	5,674,624	0	71.01	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	17,168,559	0	24,012,770	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001623	47,255,170	76,695	178,449,082	289,623	73.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	1,184,000	0	2,266,416	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	41,974	0	120,635	0	90.00	
90.01	09001 ANTI COAG CLINIC	0.000004	4,066	0	1,564,280	6	90.01	
90.02	09002 INFECTIOUS DISEASES	0.000514	1,603	1	137,703	71	90.02	
90.03	09003 RHEUMATOLOGY	0.000934	0	0	169,142	158	90.03	
91.00	09100 EMERGENCY	0.000000	24,748,496	0	25,177,960	0	91.00	
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	7,754	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000001	1,301,410	1	2,776,690	3	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		400,056,607	76,701	534,594,902	289,862	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.097077	47,156,123	0	0	4,577,775 50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.099060	12,350,421	0	0	1,223,433 50.01
51.00 05100 RECOVERY ROOM	0.201486	16,046,587	0	0	3,233,163 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.478991	0	0	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.084365	59,619,501	0	0	5,029,799 54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0 54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0 54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0 54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0 54.04
54.05 05405 RADIOLOGY - NHMP	0.558384	160,972	0	0	89,884 54.05
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0 54.06
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0 54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0.163951	0	0	0	0 54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0 54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.105528	52,223,805	0	0	5,511,074 55.00
56.00 05600 RADIOISOTOPE	0.244788	485,730	0	0	118,901 56.00
58.00 05800 MRI	0.132827	1,410,713	0	0	187,381 58.00
60.00 06000 LABORATORY	0.109340	10,134,715	0	0	1,108,130 60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.162978	10,904,455	0	0	1,777,186 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	581,467	0	0	190,772 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00 06500 RESPIRATORY THERAPY	0.271820	2,939,856	0	0	799,112 65.00
65.02 06502 DIALYSIS	0.391538	249,627	0	0	97,738 65.02
65.03 03330 ENDOSCOPY	0.120742	21,336,874	0	0	2,576,257 65.03
66.00 06600 PHYSICAL THERAPY	0.627575	670,350	0	0	420,695 66.00
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0 66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.350745	6,616	0	0	2,321 67.00
68.00 06800 SPEECH PATHOLOGY	0.335407	7,337	0	0	2,461 68.00
68.01 06801 NEURO REHAB	0.333628	2,739,428	0	0	913,950 68.01
69.00 06900 ELECTROCARDIOLOGY	0.054496	4,507,192	0	0	245,624 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.188821	100,340	0	0	18,946 70.00
70.01 03950 NUTRITION SUPPORT	0.915432	0	0	0	0 70.01
70.03 03952 CARDIAC CATH LAB	0.069754	27,784,376	0	0	1,938,071 70.03
70.04 03953 CARDIAC REHA SERVICES	0.307946	891,582	0	0	274,559 70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	21,929,779	0	0	5,147,687 71.00
71.01 07101 COST OF SOLUTIONS	0.068341	5,674,624	0	0	387,809 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.231253	24,012,770	0	0	5,553,025 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.199703	178,449,082	0	0	35,636,817 73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.279063	2,266,416	0	0	632,473 76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.984461	120,635	0	0	118,760 90.00
90.01 09001 ANTI COAG CLINIC	0.984849	1,564,280	0	0	1,540,580 90.01
90.02 09002 INFECTIOUS DISEASES	0.936667	137,703	0	0	128,982 90.02
90.03 09003 RHEUMATOLOGY	0.939245	169,142	0	0	158,866 90.03
91.00 09100 EMERGENCY	0.133875	25,177,960	0	0	3,370,699 91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.160280	7,754	0	0	1,243 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.283737	2,776,690	0	0	787,850 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.448665		0	0	
200.00		Subtotal (see instructions)	534,594,902	0	83,802,023 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0 201.00
202.00		Net Charges (line 200 - line 201)	534,594,902	0	83,802,023 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 12:37 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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 PARKVIEW PREMIER SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.02 06502 DIALYSIS	0	0		65.02
65.03 03330 ENDOSCOPY	0	0		65.03
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0		90.01
90.02 09002 INFECTIOUS DISEASES	0	0		90.02
90.03 09003 RHEUMATOLOGY	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 12:37 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,625,291	758,298,502	0.019287	302,645	5,837	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	624,567	87,116,793	0.007169	0	0	50.01
51.00	05100	RECOVERY ROOM	1,843,641	102,096,699	0.018058	106,220	1,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,596	5,141,515	0.117202	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,824,080	590,213,259	0.014951	154,090	2,304	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	101,240	1,479,390	0.068434	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	171,706	10,245,595	0.016759	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,327,996	175,079,678	0.019008	0	0	55.00
56.00	05600	RADIOI SOTOPE	282,410	5,526,231	0.051104	0	0	56.00
58.00	05800	MRI	351,963	22,168,413	0.015877	5,214	83	58.00
60.00	06000	LABORATORY	6,384,635	528,896,668	0.012072	799,503	9,652	60.00
60.01	06001	ANATOMICAL PATHOLOGY	548,808	39,069,611	0.014047	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	243,990	16,320,292	0.014950	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,666,783	59,117,568	0.028194	3,745	106	65.00
65.02	06502	DIALYSIS	273,855	12,660,703	0.021630	3,160	68	65.02
65.03	03330	ENDOSCOPY	4,020,061	166,645,549	0.024123	0	0	65.03
66.00	06600	PHYSICAL THERAPY	901,669	19,826,012	0.045479	148,171	6,739	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	21,997,371	0.016524	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	172,418	8,688,057	0.019845	0	0	68.00
68.01	06801	NEURO REHAB	188,102	11,556,833	0.016276	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	82,733,649	0.009364	79,110	741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	12,813,372	0.019072	1,382	26	70.00
70.01	03950	NUTRITION SUPPORT	28,847	2,185,687	0.013198	3,840	51	70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	233,322,959	0.014593	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	105,769	3,437,922	0.030765	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	243,269,565	0.009261	3,651	34	71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	76,301,961	0.016383	35,238	577	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	277,732,607	0.009711	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	901,705,125	0.005955	517,774	3,083	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	263,719	14,089,402	0.018718	9,555	179	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,608	4,469,248	0.013561	122	2	90.00
90.01	09001	ANTI COAG CLINIC	92,365	5,827,187	0.015851	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	81,205	2,085,927	0.038930	0	0	90.02
90.03	09003	RHEUMATOLOGY	259,942	1,880,167	0.138255	0	0	90.03
91.00	09100	EMERGENCY	3,749,772	400,397,021	0.009365	839,605	7,863	91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	2,009,568	0.008884	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	129,446,421	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	66,173,309	5,035,852,527		3,013,025	39,263	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	2 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	32 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	181 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	0	0	1 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	3 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	11 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	14 65.00
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	0	0	9 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	0	0	4 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	11 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
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	1,463,296 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	5 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	24 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	1,073 90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	1,756 90.03
91.00	09100	EMERGENCY	0	0	0	0	1 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,466,431 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm				
Title XVIII			Subprovider - IPF	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	2	2	758,298,502	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	32	32	87,116,793	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	1	1	102,096,699	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6	6	5,141,515	0.000001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	181	181	590,213,259	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,479,390	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	1	1	10,245,595	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	175,079,678	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,526,231	0.000000	56.00
58.00	05800	MRI	0	0	0	22,168,413	0.000000	58.00
60.00	06000	LABORATORY	0	1	1	528,896,668	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	39,069,611	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11	11	16,320,292	0.000001	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	14	14	59,117,568	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	12,660,703	0.000000	65.02
65.03	03330	ENDOSCOPY	0	9	9	166,645,549	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	19,826,012	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01	06801	NEURO REHAB	0	4	4	11,556,833	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	82,733,649	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,813,372	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	2,185,687	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	11	11	233,322,959	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	3,437,922	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	243,269,565	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	76,301,961	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,732,607	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,463,296	1,463,296	901,705,125	0.001623	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	5	5	14,089,402	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,469,248	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	24	24	5,827,187	0.000004	90.01
90.02	09002	INFECTIOUS DISEASES	0	1,073	1,073	2,085,927	0.000514	90.02
90.03	09003	RHEUMATOLOGY	0	1,756	1,756	1,880,167	0.000934	90.03
91.00	09100	EMERGENCY	0	1	1	400,397,021	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,009,568	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	129,446,421	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,466,431	1,466,431	5,035,852,527		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	302,645	0	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	106,220	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000001	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	154,090	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
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
58.00	05800 MRI	0.000000	5,214	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	799,503	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000001	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	3,745	0	0	0	65.00
65.02	06502 DIALYSIS	0.000000	3,160	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.000000	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	148,171	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
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
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	79,110	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,382	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	3,840	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	0	0	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	0.000000	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,651	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	35,238	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001623	517,774	840	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	9,555	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	122	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.000004	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.000514	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.000934	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	839,605	0	5,072	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		3,013,025	840	5,072	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 12:37 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.097077	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.201486	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.558384	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105528	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.244788	0	0	0	0	56.00
58.00	05800	MRI	0.132827	0	0	0	0	58.00
60.00	06000	LABORATORY	0.109340	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.271820	0	0	0	0	65.00
65.02	06502	DIALYSIS	0.391538	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.120742	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.627575	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.335407	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0.333628	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.915432	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.069754	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.307946	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.068341	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.984461	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.984849	0	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.936667	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.939245	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.133875	5,072	0	0	679	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.448665	0	0	0	0	95.00
200.00		Subtotal (see instructions)		5,072	0	0	679	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		5,072	0	0	679	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 12:37 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 12:37 pm
		Component CCN: 15-T021	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	14,625,291	758,298,502	0.019287	495,040	9,548	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	624,567	87,116,793	0.007169	0	0	50.01
51.00	05100	RECOVERY ROOM	1,843,641	102,096,699	0.018058	12,200	220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,596	5,141,515	0.117202	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,824,080	590,213,259	0.014951	931,754	13,931	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	101,240	1,479,390	0.068434	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	171,706	10,245,595	0.016759	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,327,996	175,079,678	0.019008	0	0	55.00
56.00	05600	RADIOI SOTOPE	282,410	5,526,231	0.051104	0	0	56.00
58.00	05800	MRI	351,963	22,168,413	0.015877	7,757	123	58.00
60.00	06000	LABORATORY	6,384,635	528,896,668	0.012072	929,726	11,224	60.00
60.01	06001	ANATOMICAL PATHOLOGY	548,808	39,069,611	0.014047	4,681	66	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	243,990	16,320,292	0.014950	18,287	273	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,666,783	59,117,568	0.028194	5,208	147	65.00
65.02	06502	DIALYSIS	273,855	12,660,703	0.021630	0	0	65.02
65.03	03330	ENDOSCOPY	4,020,061	166,645,549	0.024123	0	0	65.03
66.00	06600	PHYSICAL THERAPY	901,669	19,826,012	0.045479	2,513,338	114,304	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	21,997,371	0.016524	2,587,141	42,750	67.00
68.00	06800	SPEECH PATHOLOGY	172,418	8,688,057	0.019845	513,094	10,182	68.00
68.01	06801	NEURO REHAB	188,102	11,556,833	0.016276	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	82,733,649	0.009364	125,452	1,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	12,813,372	0.019072	0	0	70.00
70.01	03950	NUTRITION SUPPORT	28,847	2,185,687	0.013198	0	0	70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	233,322,959	0.014593	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	105,769	3,437,922	0.030765	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	243,269,565	0.009261	129,919	1,203	71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	76,301,961	0.016383	205,192	3,362	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	277,732,607	0.009711	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	901,705,125	0.005955	343,173	2,044	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	263,719	14,089,402	0.018718	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,608	4,469,248	0.013561	2,575	35	90.00
90.01	09001	ANTI COAG CLINIC	92,365	5,827,187	0.015851	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	81,205	2,085,927	0.038930	0	0	90.02
90.03	09003	RHEUMATOLOGY	259,942	1,880,167	0.138255	0	0	90.03
91.00	09100	EMERGENCY	3,749,772	400,397,021	0.009365	15,258	143	91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	2,009,568	0.008884	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	129,446,421	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	66,173,309	5,035,852,527		8,839,795	210,730	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm			
Title XVIII			Subprovider - IRF	PPS			
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	2 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	32 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	181 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	0	0	1 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	3 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	11 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	14 65.00
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	0	0	9 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	0	0	4 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	11 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
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	1,463,296 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	5 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	24 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	1,073 90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	1,756 90.03
91.00	09100	EMERGENCY	0	0	0	0	1 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,466,431 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm				
Title XVIII			Subprovider - IRF	PPS				
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	2	2	758,298,502	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	32	32	87,116,793	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	1	1	102,096,699	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6	6	5,141,515	0.000001	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	181	181	590,213,259	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,479,390	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	1	1	10,245,595	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	175,079,678	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,526,231	0.000000	56.00
58.00	05800	MRI	0	0	0	22,168,413	0.000000	58.00
60.00	06000	LABORATORY	0	1	1	528,896,668	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	39,069,611	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11	11	16,320,292	0.000001	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	14	14	59,117,568	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	12,660,703	0.000000	65.02
65.03	03330	ENDOSCOPY	0	9	9	166,645,549	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	19,826,012	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01	06801	NEURO REHAB	0	4	4	11,556,833	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	82,733,649	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,813,372	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	2,185,687	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	11	11	233,322,959	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	3,437,922	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	243,269,565	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	76,301,961	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,732,607	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,463,296	1,463,296	901,705,125	0.001623	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	5	5	14,089,402	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,469,248	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	24	24	5,827,187	0.000004	90.01
90.02	09002	INFECTIOUS DISEASES	0	1,073	1,073	2,085,927	0.000514	90.02
90.03	09003	RHEUMATOLOGY	0	1,756	1,756	1,880,167	0.000934	90.03
91.00	09100	EMERGENCY	0	1	1	400,397,021	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,009,568	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	129,446,421	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,466,431	1,466,431	5,035,852,527		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	495,040	0	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	12,200	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000001	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	931,754	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOLOGY-SOTOPE	0.000000	0	0	0	0	56.00
58.00	05800 MRI	0.000000	7,757	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	929,726	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	4,681	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000001	18,287	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	5,208	0	0	0	65.00
65.02	06502 DIALYSIS	0.000000	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.000000	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	2,513,338	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,587,141	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	513,094	0	0	0	68.00
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	125,452	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	0	0	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	0.000000	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	129,919	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	205,192	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001623	343,173	557	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	2,575	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.000004	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.000514	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.000934	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	15,258	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		8,839,795	557	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description	Title XIX			Hospital	PPS
	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							
30.00	ADULTS & PEDIATRICS	17,568,698	0	17,568,698	167,942	104.61	30.00
31.00	INTENSIVE CARE UNIT	5,878,561		5,878,561	40,217	146.17	31.00
31.01	PEDIATRIC ICU	281,177		281,177	1,285	218.81	31.01
31.02	NEONATAL ICU	1,688,947		1,688,947	11,790	143.25	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	3,858,865	0	3,858,865	21,939	175.89	40.00
41.00	SUBPROVIDER - IRF	1,943,582	0	1,943,582	14,624	132.90	41.00
43.00	NURSERY	562,103		562,103	5,686	98.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	31,781,933		31,781,933	263,483		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	5,874	614,479	30.00
31.00	INTENSIVE CARE UNIT	406	59,345	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	1,450	207,713	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	1,782	313,436	40.00
41.00	SUBPROVIDER - IRF	225	29,903	41.00
43.00	NURSERY	220	21,749	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	9,957	1,246,625	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 12:37 pm	
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	14,625,291	758,298,502	0.019287	9,585,869	184,883	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	624,567	87,116,793	0.007169	0	0	50.01
51.00	05100	RECOVERY ROOM	1,843,641	102,096,699	0.018058	722,252	13,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,596	5,141,515	0.117202	771,329	90,401	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,824,080	590,213,259	0.014951	4,081,612	61,024	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	101,240	1,479,390	0.068434	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	171,706	10,245,595	0.016759	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,327,996	175,079,678	0.019008	161,351	3,067	55.00
56.00	05600	RADIOISOTOPE	282,410	5,526,231	0.051104	80,435	4,111	56.00
58.00	05800	MRI	351,963	22,168,413	0.015877	281,758	4,473	58.00
60.00	06000	LABORATORY	6,384,635	528,896,668	0.012072	7,714,111	93,125	60.00
60.01	06001	ANATOMICAL PATHOLOGY	548,808	39,069,611	0.014047	430,009	6,040	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	243,990	16,320,292	0.014950	778,475	11,638	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,666,783	59,117,568	0.028194	1,325,975	37,385	65.00
65.02	06502	DIALYSIS	273,855	12,660,703	0.021630	532,859	11,526	65.02
65.03	03330	ENDOSCOPY	4,020,061	166,645,549	0.024123	264,143	6,372	65.03
66.00	06600	PHYSICAL THERAPY	901,669	19,826,012	0.045479	343,854	15,638	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	21,997,371	0.016524	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	172,418	8,688,057	0.019845	87,354	1,734	68.00
68.01	06801	NEURO REHAB	188,102	11,556,833	0.016276	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	82,733,649	0.009364	741,954	6,948	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	12,813,372	0.019072	177,694	3,389	70.00
70.01	03950	NUTRITION SUPPORT	28,847	2,185,687	0.013198	15,600	206	70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	233,322,959	0.014593	718,035	10,478	70.03
70.04	03953	CARDIAC REHA SERVICES	105,769	3,437,922	0.030765	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	243,269,565	0.009261	2,264,309	20,970	71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	76,301,961	0.016383	2,307,089	37,797	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	277,732,607	0.009711	670,918	6,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	901,705,125	0.005955	7,753,392	46,171	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	263,719	14,089,402	0.018718	32,700	612	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,608	4,469,248	0.013561	30,170	409	90.00
90.01	09001	ANTI COAG CLINIC	92,365	5,827,187	0.015851	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	81,205	2,085,927	0.038930	0	0	90.02
90.03	09003	RHEUMATOLOGY	259,942	1,880,167	0.138255	0	0	90.03
91.00	09100	EMERGENCY	3,749,772	400,397,021	0.009365	3,361,568	31,481	91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	2,009,568	0.008884	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,454,178	129,446,421	0.018959	65,875	1,249	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	68,627,487	5,035,852,527		45,300,690	710,684	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,169	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10	0	31.00	
31.01	03101	PEDIATRIC ICU	0	0	0	3	0	31.01	
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	4	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,187	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	1,169	167,942	0.01	5,874	30.00	
31.00	03100	INTENSIVE CARE UNIT		10	40,217	0.00	406	31.00	
31.01	03101	PEDIATRIC ICU		3	1,285	0.00	0	31.01	
31.02	03102	NEONATAL ICU		0	11,790	0.00	1,450	31.02	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	1	21,939	0.00	1,782	40.00	
41.00	04100	SUBPROVIDER - IRF	0	4	14,624	0.00	225	41.00	
43.00	04300	NURSERY		0	5,686	0.00	220	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,187	263,483		9,957	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	59						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	PEDIATRIC ICU	0						31.01
31.02	03102	NEONATAL ICU	0						31.02
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	59						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description	Title XIX			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	2	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	32	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	181	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	1	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	1	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	11	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	14	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	9	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 NEURO REHAB	0	0	0	0	4	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	11	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
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	1,463,296	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	5	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	24	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	1,073	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	1,756	90.03
91.00 09100 EMERGENCY	0	0	0	0	1	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	147	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,466,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	2	2	758,298,502	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	32	32	87,116,793	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	1	1	102,096,699	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	5,141,515	0.000001	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	181	181	590,213,259	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,479,390	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	10,245,595	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	175,079,678	0.000000	55.00
56.00 05600 RADIO SOTOPE	0	0	0	5,526,231	0.000000	56.00
58.00 05800 MRI	0	0	0	22,168,413	0.000000	58.00
60.00 06000 LABORATORY	0	1	1	528,896,668	0.000000	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	39,069,611	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11	11	16,320,292	0.000001	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	14	14	59,117,568	0.000000	65.00
65.02 06502 DIALYSIS	0	0	0	12,660,703	0.000000	65.02
65.03 03330 ENDOSCOPY	0	9	9	166,645,549	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	19,826,012	0.000000	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01 06801 NEURO REHAB	0	4	4	11,556,833	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	82,733,649	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,813,372	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	2,185,687	0.000000	70.01
70.03 03952 CARDIAC CATH LAB	0	11	11	233,322,959	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	3,437,922	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	243,269,565	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	76,301,961	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,732,607	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,463,296	1,463,296	901,705,125	0.001623	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	5	5	14,089,402	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,469,248	0.000000	90.00
90.01 09001 ANTI COAG CLINIC	0	24	24	5,827,187	0.000004	90.01
90.02 09002 INFECTIOUS DISEASES	0	1,073	1,073	2,085,927	0.000514	90.02
90.03 09003 RHEUMATOLOGY	0	1,756	1,756	1,880,167	0.000934	90.03
91.00 09100 EMERGENCY	0	1	1	400,397,021	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,009,568	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	147	147	129,446,421	0.000001	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,466,578	1,466,578	5,035,852,527		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	9,585,869	0	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	722,252	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000001	771,329	1	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,081,612	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	161,351	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	80,435	0	0	0	56.00
58.00 05800 MRI	0.000000	281,758	0	0	0	58.00
60.00 06000 LABORATORY	0.000000	7,714,111	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.000000	430,009	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000001	778,475	1	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.000000	1,325,975	0	0	0	65.00
65.02 06502 DIALYSIS	0.000000	532,859	0	0	0	65.02
65.03 03330 ENDOSCOPY	0.000000	264,143	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0.000000	343,854	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	87,354	0	0	0	68.00
68.01 06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.000000	741,954	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	177,694	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0.000000	15,600	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0.000000	718,035	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,264,309	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0.000000	2,307,089	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	670,918	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001623	7,753,392	12,584	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	32,700	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	30,170	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0.000004	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0.000514	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0.000934	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.000000	3,361,568	0	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000001	65,875	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		45,300,690	12,586	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 12:37 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.097077	0	5,228,484	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.099060	0	510,461	0	0	50.01
51.00	05100 RECOVERY ROOM	0.201486	0	741,414	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.478991	0	12,046	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084365	0	4,875,302	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.558384	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.163951	0	2,057	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105528	0	4,568,001	0	0	55.00
56.00	05600 RADIOISOTOPE	0.244788	0	46,210	0	0	56.00
58.00	05800 MRI	0.132827	0	328,334	0	0	58.00
60.00	06000 LABORATORY	0.109340	0	5,831,718	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.162978	0	654,475	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	0	156,122	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.271820	0	313,154	0	0	65.00
65.02	06502 DIALYSIS	0.391538	0	55,198	0	0	65.02
65.03	03330 ENDOSCOPY	0.120742	0	225,735	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.627575	0	860,778	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.350745	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.335407	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0.333628	0	475,011	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.054496	0	804,953	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.188821	0	119,714	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.915432	0	7,840	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.069754	0	18,585	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.307946	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	0	778,006	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.068341	0	498,435	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.231253	0	2,041,925	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199703	0	2,122,670	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.279063	0	221,073	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEI C STEM CELL ACQUI SITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.984461	0	105,358	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.984849	0	32,530	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.936667	0	19,208	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.939245	0	5,618	0	0	90.03
91.00	09100 EMERGENCY	0.133875	0	9,421,126	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.160280	0	3,241	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.283737	0	970,273	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.448665	0	1,084,047	0	0	95.00
200.00	Subtotal (see instructions)		0	43,139,102	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	43,139,102	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 12:37 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	507,566	0		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	50,566	0		50.01
51.00 05100 RECOVERY ROOM	149,385	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,770	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	411,305	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	337	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	482,052	0		55.00
56.00 05600 RADIOISOTOPE	11,312	0		56.00
58.00 05800 MRI	43,612	0		58.00
60.00 06000 LABORATORY	637,640	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	106,665	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	51,222	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	85,122	0		65.00
65.02 06502 DIALYSIS	21,612	0		65.02
65.03 03330 ENDOSCOPY	27,256	0		65.03
66.00 06600 PHYSICAL THERAPY	540,203	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	158,477	0		68.01
69.00 06900 ELECTROCARDIOLOGY	43,867	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	22,605	0		70.00
70.01 03950 NUTRITION SUPPORT	7,177	0		70.01
70.03 03952 CARDIAC CATH LAB	1,296	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	182,625	0		71.00
71.01 07101 COST OF SOLUTIONS	34,064	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	472,201	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	423,904	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	61,693	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	103,721	0		90.00
90.01 09001 ANTI COAG CLINIC	32,037	0		90.01
90.02 09002 INFECTIOUS DISEASES	17,991	0		90.02
90.03 09003 RHEUMATOLOGY	5,277	0		90.03
91.00 09100 EMERGENCY	1,261,253	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	519	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	275,302	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	486,374	0		95.00
200.00 Subtotal (see instructions)	6,722,008	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)	6,722,008	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 12:37 pm		
Title XIX				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,625,291	758,298,502	0.019287	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	624,567	87,116,793	0.007169	0	0	50.01
51.00	05100	RECOVERY ROOM	1,843,641	102,096,699	0.018058	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,596	5,141,515	0.117202	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,824,080	590,213,259	0.014951	21,031	314	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	101,240	1,479,390	0.068434	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	171,706	10,245,595	0.016759	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,327,996	175,079,678	0.019008	0	0	55.00
56.00	05600	RADIOI SOTOPE	282,410	5,526,231	0.051104	0	0	56.00
58.00	05800	MRI	351,963	22,168,413	0.015877	3,890	62	58.00
60.00	06000	LABORATORY	6,384,635	528,896,668	0.012072	149,535	1,805	60.00
60.01	06001	ANATOMICAL PATHOLOGY	548,808	39,069,611	0.014047	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	243,990	16,320,292	0.014950	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,666,783	59,117,568	0.028194	3,911	110	65.00
65.02	06502	DIALYSIS	273,855	12,660,703	0.021630	0	0	65.02
65.03	03330	ENDOSCOPY	4,020,061	166,645,549	0.024123	0	0	65.03
66.00	06600	PHYSICAL THERAPY	901,669	19,826,012	0.045479	14,656	667	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	21,997,371	0.016524	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	172,418	8,688,057	0.019845	0	0	68.00
68.01	06801	NEURO REHAB	188,102	11,556,833	0.016276	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	82,733,649	0.009364	8,775	82	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	12,813,372	0.019072	0	0	70.00
70.01	03950	NUTRITION SUPPORT	28,847	2,185,687	0.013198	352	5	70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	233,322,959	0.014593	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	105,769	3,437,922	0.030765	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	243,269,565	0.009261	130,137	1,205	71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	76,301,961	0.016383	2,847	47	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	277,732,607	0.009711	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	901,705,125	0.005955	71,619	426	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	263,719	14,089,402	0.018718	3,677	69	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60,608	4,469,248	0.013561	244	3	90.00
90.01	09001	ANTI COAG CLINIC	92,365	5,827,187	0.015851	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	81,205	2,085,927	0.038930	0	0	90.02
90.03	09003	RHEUMATOLOGY	259,942	1,880,167	0.138255	0	0	90.03
91.00	09100	EMERGENCY	3,749,772	400,397,021	0.009365	85,468	800	91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	2,009,568	0.008884	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	129,446,421	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	66,173,309	5,035,852,527		496,142	5,595	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm			
Title XIX			Subprovider - IPF	PPS			
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	2	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	32	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	181	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	1	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	1	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	3	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	11	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	14	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	9	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	4	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	11	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,463,296	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	24	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	1,073	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	1,756	90.03
91.00	09100	EMERGENCY	0	0	0	1	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	1,466,431	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm		
Title XIX			Subprovider - IPF	PPS		
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	2	2	758,298,502	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	32	32	87,116,793	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	1	1	102,096,699	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	5,141,515	0.000001	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	181	181	590,213,259	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,479,390	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	10,245,595	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	175,079,678	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	5,526,231	0.000000	56.00
58.00 05800 MRI	0	0	0	22,168,413	0.000000	58.00
60.00 06000 LABORATORY	0	1	1	528,896,668	0.000000	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	39,069,611	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11	11	16,320,292	0.000001	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	14	14	59,117,568	0.000000	65.00
65.02 06502 DIALYSIS	0	0	0	12,660,703	0.000000	65.02
65.03 03330 ENDOSCOPY	0	9	9	166,645,549	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	19,826,012	0.000000	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01 06801 NEURO REHAB	0	4	4	11,556,833	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	82,733,649	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,813,372	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	2,185,687	0.000000	70.01
70.03 03952 CARDIAC CATH LAB	0	11	11	233,322,959	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	3,437,922	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	243,269,565	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	76,301,961	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,732,607	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,463,296	1,463,296	901,705,125	0.001623	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	5	5	14,089,402	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00 07700 ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,469,248	0.000000	90.00
90.01 09001 ANTI COAG CLINIC	0	24	24	5,827,187	0.000004	90.01
90.02 09002 INFECTIOUS DISEASES	0	1,073	1,073	2,085,927	0.000514	90.02
90.03 09003 RHEUMATOLOGY	0	1,756	1,756	1,880,167	0.000934	90.03
91.00 09100 EMERGENCY	0	1	1	400,397,021	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,009,568	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	129,446,421	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,466,431	1,466,431	5,035,852,527		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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Title XIX		Subprovider - IPF	PPS
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000001	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	21,031	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
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
58.00	05800 MRI	0.000000	3,890	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	149,535	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000001	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	3,911	0	0	0	65.00
65.02	06502 DIALYSIS	0.000000	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.000000	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	14,656	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
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
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,775	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	352	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	0	0	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	0.000000	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	130,137	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	2,847	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001623	71,619	116	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	3,677	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	244	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.000004	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.000514	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.000934	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	85,468	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		496,142	116	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 12:37 pm
		Component CCN: 15-T021	Title XIX	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	14,625,291	758,298,502	0.019287	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	624,567	87,116,793	0.007169	0	50.01
51.00	05100	RECOVERY ROOM	1,843,641	102,096,699	0.018058	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	602,596	5,141,515	0.117202	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,824,080	590,213,259	0.014951	21,688	324 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	101,240	1,479,390	0.068434	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	171,706	10,245,595	0.016759	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,327,996	175,079,678	0.019008	0	55.00
56.00	05600	RADIOI SOTOPE	282,410	5,526,231	0.051104	0	56.00
58.00	05800	MRI	351,963	22,168,413	0.015877	3,549	56 58.00
60.00	06000	LABORATORY	6,384,635	528,896,668	0.012072	65,336	789 60.00
60.01	06001	ANATOMICAL PATHOLOGY	548,808	39,069,611	0.014047	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	243,990	16,320,292	0.014950	6,666	100 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,666,783	59,117,568	0.028194	15,798	445 65.00
65.02	06502	DIALYSIS	273,855	12,660,703	0.021630	9,480	205 65.02
65.03	03330	ENDOSCOPY	4,020,061	166,645,549	0.024123	0	0 65.03
66.00	06600	PHYSICAL THERAPY	901,669	19,826,012	0.045479	426,238	19,385 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	363,486	21,997,371	0.016524	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	172,418	8,688,057	0.019845	0	0 68.00
68.01	06801	NEURO REHAB	188,102	11,556,833	0.016276	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	774,733	82,733,649	0.009364	9,306	87 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	244,371	12,813,372	0.019072	0	0 70.00
70.01	03950	NUTRITION SUPPORT	28,847	2,185,687	0.013198	840	11 70.01
70.03	03952	CARDIAC CATH LAB	3,404,766	233,322,959	0.014593	0	0 70.03
70.04	03953	CARDIAC REHAB SERVICES	105,769	3,437,922	0.030765	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,993	243,269,565	0.009261	14,080	130 71.00
71.01	07101	COST OF SOLUTIONS	1,250,035	76,301,961	0.016383	12,343	202 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,697,187	277,732,607	0.009711	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,369,846	901,705,125	0.005955	69,359	413 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	263,719	14,089,402	0.018718	4,061	76 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	60,608	4,469,248	0.013561	556	8 90.00
90.01	09001	ANTI COAG CLINIC	92,365	5,827,187	0.015851	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	81,205	2,085,927	0.038930	0	0 90.02
90.03	09003	RHEUMATOLOGY	259,942	1,880,167	0.138255	0	0 90.03
91.00	09100	EMERGENCY	3,749,772	400,397,021	0.009365	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	17,854	2,009,568	0.008884	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	129,446,421	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	66,173,309	5,035,852,527		659,300	22,231 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	2 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	32 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	181 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	1 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	0	0	1 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	3 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	11 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	14 65.00
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	0	0	9 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	0	0	4 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	11 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
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	1,463,296 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	5 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	24 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	1,073 90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	1,756 90.03
91.00	09100	EMERGENCY	0	0	0	0	1 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,466,431 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm		
Title XIX			Subprovider - IRF	PPS		
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	2	2	758,298,502	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	32	32	87,116,793	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	1	1	102,096,699	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6	6	5,141,515	0.000001	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	181	181	590,213,259	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,479,390	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	1	1	10,245,595	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	175,079,678	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	5,526,231	0.000000	56.00
58.00 05800 MRI	0	0	0	22,168,413	0.000000	58.00
60.00 06000 LABORATORY	0	1	1	528,896,668	0.000000	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	39,069,611	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11	11	16,320,292	0.000001	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	14	14	59,117,568	0.000000	65.00
65.02 06502 DIALYSIS	0	0	0	12,660,703	0.000000	65.02
65.03 03330 ENDOSCOPY	0	9	9	166,645,549	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	19,826,012	0.000000	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	21,997,371	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	8,688,057	0.000000	68.00
68.01 06801 NEURO REHAB	0	4	4	11,556,833	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	82,733,649	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,813,372	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	2,185,687	0.000000	70.01
70.03 03952 CARDIAC CATH LAB	0	11	11	233,322,959	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	3,437,922	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	243,269,565	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	76,301,961	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	277,732,607	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,463,296	1,463,296	901,705,125	0.001623	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	5	5	14,089,402	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00 07700 ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,469,248	0.000000	90.00
90.01 09001 ANTI COAG CLINIC	0	24	24	5,827,187	0.000004	90.01
90.02 09002 INFECTIOUS DISEASES	0	1,073	1,073	2,085,927	0.000514	90.02
90.03 09003 RHEUMATOLOGY	0	1,756	1,756	1,880,167	0.000934	90.03
91.00 09100 EMERGENCY	0	1	1	400,397,021	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,009,568	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	129,446,421	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,466,431	1,466,431	5,035,852,527		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 12:37 pm
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	Title XIX	Subprovider - IRF	PPS
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000001	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	21,688	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
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
58.00	05800 MRI	0.000000	3,549	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	65,336	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000001	6,666	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	15,798	0	0	0	65.00
65.02	06502 DIALYSIS	0.000000	9,480	0	0	0	65.02
65.03	03330 ENDOSCOPY	0.000000	0	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	426,238	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
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
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,306	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	840	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	0	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,080	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	12,343	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001623	69,359	113	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	4,061	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	556	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0.000004	0	0	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.000514	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.000934	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		659,300	113	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		167,942	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		167,942	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)		144,482	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)		27,728	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)		262,927,760	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)		262,927,760	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)		262,927,760	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)		1,565.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		43,410,680	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)		43,410,680	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	88,517,956	40,217	2,201.01	13,144	28,930,075	43.00
43.01 PEDIATRIC ICU	4,178,049	1,285	3,251.40	0	0	43.01
43.02 NEONATAL ICU	21,839,100	11,790	1,852.34	0	0	43.02
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 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					57,950,980	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)					130,291,735	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)					4,822,161	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,845,568	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					10,667,729	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					119,624,006	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)					23,460	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		Cost		Routine Cost (from line 21)		column 1 ÷ column 2	
Cost Center Description		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	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,565.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					36,728,741	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	17,568,698	262,927,760	0.066819	36,728,741	2,454,178	90.00
91.00	Nursing Program cost	0	262,927,760	0.000000	36,728,741	0	91.00
92.00	Allied health cost	1,169	262,927,760	0.000004	36,728,741	147	92.00
93.00	All other Medical Education	0	262,927,760	0.000000	36,728,741	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,939 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,939 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)			21,939 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)			3,800 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)			30,817,031 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)			30,817,031 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)			30,817,031 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)			1,404.67 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,337,746 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)			5,337,746 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 5/30/2023 12:37 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
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 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					477,501		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)					5,815,247		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)					668,382		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					40,103		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					708,485		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,106,762		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,858,865	30,817,031	0.125219	0	0	90.00
91.00	Nursing Program cost	0	30,817,031	0.000000	0	0	91.00
92.00	Allied health cost	1	30,817,031	0.000000	0	0	92.00
93.00	All other Medical Education	0	30,817,031	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,624	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,624	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,624	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,275	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)		32,492,993	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)		32,492,993	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)		32,492,993	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)		2,221.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,498,623	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)		9,498,623	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T021	Date/Time Prepared: 5/30/2023 12:37 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
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 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,021,343		48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0		48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					12,519,966		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)					568,148		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					211,287		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					779,435		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,740,531		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,943,582	32,492,993	0.059815	0	0	90.00
91.00	Nursing Program cost	0	32,492,993	0.000000	0	0	91.00
92.00	Allied health cost	4	32,492,993	0.000000	0	0	92.00
93.00	All other Medical Education	0	32,492,993	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2023 12:37 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		167,942	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		167,942	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)		144,482	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)		5,874	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)		5,686	15.00
16.00	Nursery days (title V or XIX only)		220	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)		262,927,760	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)		262,927,760	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)		262,927,760	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)		1,565.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,196,276	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)		9,196,276	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	16,051,787	5,686	2,823.04	220	621,069	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	88,517,956	40,217	2,201.01	406	893,610	43.00
43.01 PEDIATRIC ICU	4,178,049	1,285	3,251.40	0	0	43.01
43.02 NEONATAL ICU	21,839,100	11,790	1,852.34	1,450	2,685,893	43.02
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 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,919,947	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)					20,316,795	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)					903,345	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					723,270	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,626,615	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,690,180	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)					23,460	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,565.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					36,728,741	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	17,568,698	262,927,760	0.066819	36,728,741	2,454,178	90.00
91.00	Nursing Program cost	0	262,927,760	0.000000	36,728,741	0	91.00
92.00	Allied health cost	1,169	262,927,760	0.000004	36,728,741	147	92.00
93.00	All other Medical Education	0	262,927,760	0.000000	36,728,741	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,939 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,939 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)			21,939 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,782 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)			5,686 15.00
16.00	Nursery days (title V or XIX only)			220 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)			30,817,031 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)			30,817,031 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)			30,817,031 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)			1,404.67 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,503,122 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,503,122 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-S021	Date/Time Prepared: 5/30/2023 12:37 pm		
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02
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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					87,503	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					2,590,625	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)					313,436	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,711	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					319,147	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,271,478	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,858,865	30,817,031	0.125219	0	0	90.00
91.00	Nursing Program cost	0	30,817,031	0.000000	0	0	91.00
92.00	Allied health cost	1	30,817,031	0.000000	0	0	92.00
93.00	All other Medical Education	0	30,817,031	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
		Title XIX	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)			14,624 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			14,624 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			14,624 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)			225 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)			5,686 15.00
16.00	Nursery days (title V or XIX only)			220 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)			32,492,993 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)			32,492,993 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)			32,492,993 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)			2,221.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			499,928 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)			499,928 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1		
				Component CCN: 15-T021			Date/Time Prepared: 5/30/2023 12:37 pm	
				Title XIX	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	
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01	
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02	
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	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					308,094	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)					808,022	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)					29,903	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,344	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					52,247	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					755,775	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
55.01	Permanent adjustment amount per discharge					0.00	55.01	
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 12:37 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,943,582	32,492,993	0.059815	0	0	90.00
91.00	Nursing Program cost	0	32,492,993	0.000000	0	0	91.00
92.00	Allied health cost	4	32,492,993	0.000000	0	0	92.00
93.00	All other Medical Education	0	32,492,993	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		61,642,631	30.00
31.00	03100	INTENSIVE CARE UNIT		43,900,339	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		216,402	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077	77,313,420	7,505,355
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060	29,173	2,890
51.00	05100	RECOVERY ROOM	0.201486	5,614,482	1,131,240
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365	47,148,257	3,977,663
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0
54.05	05405	RADIOLOGY - NHMP	0.558384	2,853	1,593
54.06	05406	RADIOLOGY - CMP	0.000000	0	0
54.07	05407	RADIOLOGY - WP	0.000000	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885	1,388,832	147,056
56.00	05600	RADIOISOTOPE	0.244788	628,140	153,761
58.00	05800	MRI	0.132827	2,520,758	334,825
60.00	06000	LABORATORY	0.109395	43,772,280	4,788,469
60.01	06001	ANATOMICAL PATHOLOGY	0.162978	3,590,796	585,221
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	4,281,291	1,404,636
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.271877	10,915,808	2,967,757
65.02	06502	DIALYSIS	0.391538	3,735,201	1,462,473
65.03	03330	ENDOSCOPY	0.120742	7,795,143	941,201
66.00	06600	PHYSICAL THERAPY	0.627575	3,373,191	2,116,930
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0
66.02	03650	PV REHAB OUTREACH	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.350745	3,332,831	1,168,974
68.00	06800	SPEECH PATHOLOGY	0.335407	1,694,350	568,297
68.01	06801	NEURO REHAB	0.333628	1,135	379
69.00	06900	ELECTROCARDIOLOGY	0.054496	4,416,610	240,688
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821	845,564	159,660
70.01	03950	NUTRITION SUPPORT	0.915432	196,560	179,937
70.03	03952	CARDIAC CATH LAB	0.070066	45,002,013	3,153,111
70.04	03953	CARDIAC REHA SERVICES	0.307946	1,118	344
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	28,218,283	6,623,819
71.01	07101	COST OF SOLUTIONS	0.068341	12,533,240	856,534
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253	17,168,559	3,970,281
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703	47,255,170	9,436,999
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063	1,184,000	330,411
76.99	07699	LI THOTRI PSY	0.000000	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461	41,974	41,322
90.01	09001	ANTI COAG CLINIC	0.984849	4,066	4,004
90.02	09002	INFECTIOUS DISEASES	0.936667	1,603	1,501
90.03	09003	RHEUMATOLOGY	0.939245	0	0
91.00	09100	EMERGENCY	0.134327	24,748,496	3,324,391
91.01	09101	PARTIAL HOSPITALIZATION	0.160280	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737	1,301,410	369,258
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		400,056,607	57,950,980
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	
202.00		Net charges (line 200 minus line 201)		400,056,607	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 12: 37 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF		8,311,275	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077	302,645	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060	0	50.01
51.00	05100	RECOVERY ROOM	0.201486	106,220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365	154,090	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.558384	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885	0	55.00
56.00	05600	RADIOISOTOPE	0.244788	0	56.00
58.00	05800	MRI	0.132827	5,214	58.00
60.00	06000	LABORATORY	0.109395	799,503	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.271877	3,745	65.00
65.02	06502	DIALYSIS	0.391538	3,160	65.02
65.03	03330	ENDOSCOPY	0.120742	0	65.03
66.00	06600	PHYSICAL THERAPY	0.627575	148,171	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.335407	0	68.00
68.01	06801	NEURO REHAB	0.333628	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496	79,110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821	1,382	70.00
70.01	03950	NUTRITION SUPPORT	0.915432	3,840	70.01
70.03	03952	CARDIAC CATH LAB	0.070066	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.307946	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	3,651	71.00
71.01	07101	COST OF SOLUTIONS	0.068341	35,238	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703	517,774	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063	9,555	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461	122	90.00
90.01	09001	ANTI COAG CLINIC	0.984849	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.936667	0	90.02
90.03	09003	RHEUMATOLOGY	0.939245	0	90.03
91.00	09100	EMERGENCY	0.134327	839,605	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,013,025	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		3,013,025	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 12: 37 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		8,193,824	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077	495,040	48,057 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060	0	0 50.01
51.00	05100	RECOVERY ROOM	0.201486	12,200	2,458 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365	931,754	78,607 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.558384	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885	0	0 55.00
56.00	05600	RADIOISOTOPE	0.244788	0	0 56.00
58.00	05800	MRI	0.132827	7,757	1,030 58.00
60.00	06000	LABORATORY	0.109395	929,726	101,707 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978	4,681	763 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	18,287	6,000 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.271877	5,208	1,416 65.00
65.02	06502	DIALYSIS	0.391538	0	0 65.02
65.03	03330	ENDOSCOPY	0.120742	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.627575	2,513,338	1,577,308 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745	2,587,141	907,427 67.00
68.00	06800	SPEECH PATHOLOGY	0.335407	513,094	172,095 68.00
68.01	06801	NEURO REHAB	0.333628	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496	125,452	6,837 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0.915432	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0.070066	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.307946	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	129,919	30,497 71.00
71.01	07101	COST OF SOLUTIONS	0.068341	205,192	14,023 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703	343,173	68,533 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461	2,575	2,535 90.00
90.01	09001	ANTI COAG CLINIC	0.984849	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0.936667	0	0 90.02
90.03	09003	RHEUMATOLOGY	0.939245	0	0 90.03
91.00	09100	EMERGENCY	0.134327	15,258	2,050 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,839,795	3,021,343 200.00
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)		8,839,795	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 12:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,715,451	30.00
31.00	03100	INTENSIVE CARE UNIT		5,771,858	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		47,770	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		254,148	40.00
41.00	04100	SUBPROVIDER - IRF		103,844	41.00
43.00	04300	NURSERY		365,524	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077	9,585,869	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060	0	50.01
51.00	05100	RECOVERY ROOM	0.201486	722,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991	771,329	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365	4,081,612	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.558384	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885	161,351	55.00
56.00	05600	RADIOISOTOPE	0.244788	80,435	56.00
58.00	05800	MRI	0.132827	281,758	58.00
60.00	06000	LABORATORY	0.109395	7,714,111	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978	430,009	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	778,475	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.271877	1,325,975	65.00
65.02	06502	DIALYSIS	0.391538	532,859	65.02
65.03	03330	ENDOSCOPY	0.120742	264,143	65.03
66.00	06600	PHYSICAL THERAPY	0.627575	343,854	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.335407	87,354	68.00
68.01	06801	NEURO REHAB	0.333628	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496	741,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821	177,694	70.00
70.01	03950	NUTRITION SUPPORT	0.915432	15,600	70.01
70.03	03952	CARDIAC CATH LAB	0.070066	718,035	70.03
70.04	03953	CARDIAC REHA SERVICES	0.307946	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	2,264,309	71.00
71.01	07101	COST OF SOLUTIONS	0.068341	2,307,089	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253	670,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703	7,753,392	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063	32,700	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461	30,170	90.00
90.01	09001	ANTI COAG CLINIC	0.984849	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.936667	0	90.02
90.03	09003	RHEUMATOLOGY	0.939245	0	90.03
91.00	09100	EMERGENCY	0.134327	3,361,568	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737	65,875	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		45,300,690	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)		45,300,690	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-S021		Date/Time Prepared: 5/30/2023 12:37 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF		1,081,926		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.097077	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.099060	0	0	50.01
51.00	05100 RECOVERY ROOM	0.201486	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.478991	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084365	21,031	1,774	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.558384	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.163951	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105885	0	0	55.00
56.00	05600 RADIOISOTOPE	0.244788	0	0	56.00
58.00	05800 MRI	0.132827	3,890	517	58.00
60.00	06000 LABORATORY	0.109395	149,535	16,358	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.162978	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.271877	3,911	1,063	65.00
65.02	06502 DIALYSIS	0.391538	0	0	65.02
65.03	03330 ENDOSCOPY	0.120742	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0.627575	14,656	9,198	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.350745	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.335407	0	0	68.00
68.01	06801 NEURO REHAB	0.333628	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.054496	8,775	478	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.188821	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0.915432	352	322	70.01
70.03	03952 CARDIAC CATH LAB	0.070066	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.307946	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	130,137	30,548	71.00
71.01	07101 COST OF SOLUTIONS	0.068341	2,847	195	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.231253	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199703	71,619	14,303	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.279063	3,677	1,026	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.984461	244	240	90.00
90.01	09001 ANTI COAG CLINIC	0.984849	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	0.936667	0	0	90.02
90.03	09003 RHEUMATOLOGY	0.939245	0	0	90.03
91.00	09100 EMERGENCY	0.134327	85,468	11,481	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.160280	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.283737	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		496,142	87,503	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)		496,142		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-T021		Date/Time Prepared: 5/30/2023 12:37 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		576,936	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097077	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.099060	0	50.01
51.00	05100	RECOVERY ROOM	0.201486	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.478991	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084365	21,688	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.558384	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.163951	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105885	0	55.00
56.00	05600	RADIOISOTOPE	0.244788	0	56.00
58.00	05800	MRI	0.132827	3,549	58.00
60.00	06000	LABORATORY	0.109395	65,336	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.162978	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.328087	6,666	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.271877	15,798	65.00
65.02	06502	DIALYSIS	0.391538	9,480	65.02
65.03	03330	ENDOSCOPY	0.120742	0	65.03
66.00	06600	PHYSICAL THERAPY	0.627575	426,238	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.350745	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.335407	0	68.00
68.01	06801	NEURO REHAB	0.333628	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.054496	9,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.188821	0	70.00
70.01	03950	NUTRITION SUPPORT	0.915432	840	70.01
70.03	03952	CARDIAC CATH LAB	0.070066	0	70.03
70.04	03953	CARDIAC REH SERVICES	0.307946	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.234735	14,080	71.00
71.01	07101	COST OF SOLUTIONS	0.068341	12,343	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.231253	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199703	69,359	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.279063	4,061	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.984461	556	90.00
90.01	09001	ANTI COAG CLINIC	0.984849	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.936667	0	90.02
90.03	09003	RHEUMATOLOGY	0.939245	0	90.03
91.00	09100	EMERGENCY	0.134327	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.160280	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.283737	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		659,300	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)		659,300	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		62,263,227	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		23,168,270	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)		2,015,534	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		583,292	2.04
3.00	Managed Care Simulated Payments		116,576,653	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		696.73	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		8.32	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-1.01	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)		7.31	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.98	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		7.31	12.00
13.00	Total allowable FTE count for the prior year.		7.31	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.		4.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.48	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		9.50	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		15.98	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.022936	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.009777	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.009777	21.00
22.00	IME payment adjustment (see instructions)		455,350	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		621,354	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.67	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)		455,350	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		621,354	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.80	31.00
32.00	Sum of lines 30 and 31		30.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.77	33.00
34.00	Disproportionate share adjustment (see instructions)		3,154,558	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 12:37 pm
		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)	7,192,005,059	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.001002609	0.001104499	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	7,210,769	7,592,772	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	5,393,259	1,913,796	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	7,307,055		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)	98,947,286		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		99,568,640	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,619,576	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).		366,325	52.00
53.00	Nursing and Allied Health Managed Care payment		87,735	53.00
54.00	Special add-on payments for new technologies		436,553	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).		277	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		76,701	58.00
59.00	Total (sum of amounts on lines 49 through 58)		107,155,807	59.00
60.00	Primary payer payments		73,138	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		107,082,669	61.00
62.00	Deductibles billed to program beneficiaries		8,192,225	62.00
63.00	Coinurance billed to program beneficiaries		280,273	63.00
64.00	Allowable bad debts (see instructions)		430,091	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		279,559	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		191,390	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		98,889,730	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		-190,765	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 12:37 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			98,698,965	71.00
71.01	Sequestration adjustment (see instructions)			1,243,607	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			97,181,331	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)			274,027	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			1,519,282	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		83,512,161	2.00
3.00	OPPS payments		75,387,149	3.00
4.00	Outlier payment (see instructions)		490,870	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		289,862	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		76,167,881	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)		12,926,249	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)		63,241,632	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		206,631	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)		63,448,263	30.00
31.00	Primary payer payments		8,897	31.00
32.00	Subtotal (line 30 minus line 31)		63,439,366	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)		676,262	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		439,570	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		428,420	36.00
37.00	Subtotal (see instructions)		63,878,936	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)		63,878,936	40.00
40.01	Sequestration adjustment (see instructions)		804,874	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		62,782,392	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)		291,670	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: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 12:37 pm
		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: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		679	2.00
3.00	OPPS payments		867	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		867	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)		173	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)		694	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)		694	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		694	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)		694	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	39.50
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)		694	40.00
40.01	Sequestration adjustment (see instructions)		9	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		694	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)		-9	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: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 12:37 pm
	Title XVIII	Subprovider - IPF	PPS
			1.00
200.00	MEDI CARE PART B ANCILLARY COSTS Part B Combined Billed Days		200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 12:37 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		97,181,331		62,782,392	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)		97,181,331		62,782,392	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		274,027		291,670	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		97,455,358		63,074,062	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: 15-0021
Component CCN: 15-S021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 12:37 pm
PPS

Title XVIII

Subprovider -
IPF

		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		3,214,831		694	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)		3,214,831		694	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		27,633		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9	6.02
7.00	Total Medicare program liability (see instructions)		3,242,464		685	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: 15-0021
Component CCN: 15-T021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 12:37 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		7,836,278		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)		7,836,278		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		96,183		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,932,461		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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: 15-0021 Component CCN: 15-S021	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part II Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,603,327 1.00
2.00	Net IPF PPS Outlier Payments			185,866 2.00
3.00	Net IPF PPS ECT Payments			18,902 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			60.106849 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,808,095 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,808,095 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,808,095 18.00
19.00	Deductibles			420,260 19.00
20.00	Subtotal (line 18 minus line 19)			3,387,835 20.00
21.00	Coinsurance			132,314 21.00
22.00	Subtotal (line 20 minus line 21)			3,255,521 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			42,277 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			27,480 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			12,189 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,283,001 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			840 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,283,841 31.00
31.01	Sequestration adjustment (see instructions)			41,377 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			3,214,831 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			27,633 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			185,866 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: 15-0021 Component CCN: 15-T021	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,305,703 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0370 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			480,715 3.00
4.00	Outlier Payments			327,244 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)			40.065753 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)			8,113,662 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,113,662 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			8,113,662 19.00
20.00	Deductibles			68,176 20.00
21.00	Subtotal (line 19 minus line 20)			8,045,486 21.00
22.00	Coinsurance			15,171 22.00
23.00	Subtotal (line 21 minus line 22)			8,030,315 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,328 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,813 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,040 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,033,128 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)			557 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)			8,033,685 32.00
32.01	Sequestration adjustment (see instructions)			101,224 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			7,836,278 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)			96,183 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			327,244 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/30/2023 12:37 pm	
		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.			8.53	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.63	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)			12.98	6.00
7.00	Enter the lesser of line 5 or line 6			6.90	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.	10.96	1.85	12.81	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.	5.83	0.98	6.81	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	5.83	0.98		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.90	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.54	0.33		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	6.54	0.33		17.00
18.00	Per resident amount	130,141.45	0.00		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	851,125	0	851,125	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)			3.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.45	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			118,794.30	23.00
24.00	Multiply line 22 time line 23			409,840	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,260,965	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/30/2023 12:37 pm
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	48,947	59,795		26.00
27.00	Total Inpatient Days (see instructions)	235,030	235,030		27.00
28.00	Ratio of inpatient days to total inpatient days	0.208259	0.254414		28.00
29.00	Program direct GME amount	262,607	320,807	583,414	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		10,458	10,458	30.00
31.00	Net Program direct GME amount			572,956	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)			148,626,948	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)			73,138	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			148,553,810	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			83,802,702	42.00
43.00	Primary payer payments (see instructions)			8,897	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			83,793,805	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			232,347,615	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.639360	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.360640	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			572,956	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			366,325	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			206,631	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5
		Title XVIII		Date/Time Prepared: 5/30/2023 12:37 pm
				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: 15-0021

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

Worksheet G

Date/Time Prepared:
5/30/2023 12:37 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-710,196	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	250,841,345	0	0	0	4.00
5.00	Other receivable	1	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	22,960,811	0	0	0	7.00
8.00	Prepaid expenses	2,269,399	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	275,361,360	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,248,450	0	0	0	12.00
13.00	Land improvements	75,903,692	0	0	0	13.00
14.00	Accumulated depreciation	-38,280,149	0	0	0	14.00
15.00	Buildings	755,776,298	0	0	0	15.00
16.00	Accumulated depreciation	-326,503,739	0	0	0	16.00
17.00	Leasehold improvements	14,617,048	0	0	0	17.00
18.00	Accumulated depreciation	-12,301,452	0	0	0	18.00
19.00	Fixed equipment	20,282,084	0	0	0	19.00
20.00	Accumulated depreciation	-14,646,140	0	0	0	20.00
21.00	Automobiles and trucks	8,365,425	0	0	0	21.00
22.00	Accumulated depreciation	-7,908,776	0	0	0	22.00
23.00	Major movable equipment	514,477,496	0	0	0	23.00
24.00	Accumulated depreciation	-275,187,804	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)	721,842,433	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,811,961	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	25,454,005	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	54,265,966	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,051,469,759	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	68,739,810	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,536,747	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	98,519,316	0	0	0	43.00
44.00	Other current liabilities	43,735,867	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	229,531,740	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	7,972,217	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,972,217	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	237,503,957	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	813,965,802	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)	813,965,802	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,051,469,759	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0021

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

Worksheet G-1

Date/Time Prepared:
5/30/2023 12:37 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		691,458,872		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		117,094,214			2.00
3.00	Total (sum of line 1 and line 2)		808,553,086		0	3.00
4.00	TRANSFERS	6,875,479		0		4.00
5.00	NON ALLOWABLE HOME OFFICE INTEREST E	15,336,183		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)		22,211,662		0	10.00
11.00	Subtotal (line 3 plus line 10)		830,764,748		0	11.00
12.00	TRANSFERS	16,798,946		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)		16,798,946		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		813,965,802		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	TRANSFERS		0			4.00
5.00	NON ALLOWABLE HOME OFFICE INTEREST E		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	TRANSFERS		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: 15-0021

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	302,894,044		302,894,044	1.00
2.00	SUBPROVIDER - IPF	47,936,715		47,936,715	2.00
3.00	SUBPROVIDER - IRF	27,301,030		27,301,030	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	378,131,789		378,131,789	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	146,247,824		146,247,824	11.00
11.01	PEDIATRIC ICU	5,482,771		5,482,771	11.01
11.02	NEONATAL ICU	68,705,148		68,705,148	11.02
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	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	220,435,743		220,435,743	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	598,567,532		598,567,532	17.00
18.00	Ancillary services	1,986,870,877	3,049,290,035	5,036,160,912	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		33,968,601	33,968,601	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	22,732,190	22,732,190	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,585,438,409	3,105,990,826	5,691,429,235	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,752,239,994		29.00
30.00	HOME OFFICE INTEREST EXPENSE	15,336,183			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)		15,336,183		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,767,576,177		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0021

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

Worksheet G-3

Date/Time Prepared:
5/30/2023 12:37 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,691,429,235	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,033,936,102	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,657,493,133	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,767,576,177	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-110,083,044	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,613,688	6.00
7.00	Income from investments	-225,504	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	-2,830	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	4,220	12.00
13.00	Revenue from laundry and linen service	97,913	13.00
14.00	Revenue from meals sold to employees and guests	7,744,575	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	34,361,405	17.00
18.00	Revenue from sale of medical records and abstracts	812	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	8,789,574	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	19,188,844	24.00
24.01	HEALTH FITNESS INCOME	0	24.01
24.02	OTHER OPERATING INCOME	93,928,333	24.02
24.03	OTHER GAIN ON SALE OF ASSET	-4,224,548	24.03
24.04	INCOME RELATED TO NONREBURSABLE	0	24.04
24.05	ALL OTHER INCOME ANTHEMN SETTLEMENTN	9,156,952	24.05
24.50	COVID-19 PHE Funding	53,876,143	24.50
25.00	Total other income (sum of lines 6-24)	227,309,577	25.00
26.00	Total (line 5 plus line 25)	117,226,533	26.00
27.00	UNREALIZED LOSSES	132,319	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	132,319	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	117,094,214	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7423

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,801,213	611,279	0	0	2,398,024	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,043,648	1,711,668	484,643	0	7,239,959	6.00
7.00	Physical Therapy	1,378,301	467,755	89,838	0	1,935,894	7.00
8.00	Occupational Therapy	524,813	178,106	10,134	0	713,053	8.00
9.00	Speech Pathology	124,421	42,225	37,836	0	204,482	9.00
10.00	Medical Social Services	164,613	55,865	28,256	0	248,734	10.00
11.00	Home Health Aide	508,564	172,592	162,687	0	843,843	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	7,500,418	2,545,424	22,807	2,426,530	12,111,316	23.00
23.50	Telmedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	17,045,991	5,784,914	836,201	2,426,530	14,509,340	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-3,879,265	931,251	0	931,251		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-6,654,239	585,720	0	585,720		6.00
7.00	Physical Therapy	-803	1,935,091	0	1,935,091		7.00
8.00	Occupational Therapy	-386	712,667	0	712,667		8.00
9.00	Speech Pathology	-203	204,279	0	204,279		9.00
10.00	Medical Social Services	-98,603	150,131	0	150,131		10.00
11.00	Home Health Aide	-773,770	70,073	0	70,073		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	-6,010,157	18,596,338	-553,356	18,042,982		23.00
23.50	Telmedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-17,417,426	23,185,550	-553,356	22,632,194		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0021	Period: From 01/01/2022	Worksheet H-1
		HHA CCN: 15-7423	To 12/31/2022	Part I
				Date/Time Prepared: 5/30/2023 12:37 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	931,251	0	0	0	931,251	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	585,720	0	0	0	585,720	6.00
7.00	Physical Therapy	1,935,091	0	0	0	1,935,091	7.00
8.00	Occupational Therapy	712,667	0	0	0	712,667	8.00
9.00	Speech Pathology	204,279	0	0	0	204,279	9.00
10.00	Medical Social Services	150,131	0	0	0	150,131	10.00
11.00	Home Health Aide	70,073	0	0	0	70,073	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	18,042,982	0	0	0	18,042,982	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	22,632,194	0	0	0	22,632,194	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	931,251					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	25,135	610,855				6.00
7.00	Physical Therapy	83,041	2,018,132				7.00
8.00	Occupational Therapy	30,583	743,250				8.00
9.00	Speech Pathology	8,766	213,045				9.00
10.00	Medical Social Services	6,443	156,574				10.00
11.00	Home Health Aide	3,007	73,080				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	774,276	18,817,258				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		22,632,194				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2023 12:37 pm
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-931,251	21,700,943
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	585,720
7.00	Physical Therapy	0	0	0	0	0	1,935,091
8.00	Occupational Therapy	0	0	0	0	0	712,667
9.00	Speech Pathology	0	0	0	0	0	204,279
10.00	Medical Social Services	0	0	0	0	0	150,131
11.00	Home Health Aide	0	0	0	0	0	70,073
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	18,042,982
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-931,251	21,700,943
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		931,251
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.042913

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0	254,862	0	3,123,008	58,711	20,196	1.00
1.00 Administrative and General	0	254,862	0	3,123,008	58,711	20,196	1.00
2.00 Skilled Nursing Care	610,855	0	0	0	0	0	2.00
3.00 Physical Therapy	2,018,132	0	0	0	0	0	3.00
4.00 Occupational Therapy	743,250	0	0	0	0	0	4.00
5.00 Speech Pathology	213,045	0	0	0	0	0	5.00
6.00 Medical Social Services	156,574	0	0	0	0	0	6.00
7.00 Home Health Aide	73,080	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	18,817,258	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	22,632,194	254,862	0	3,123,008	58,711	20,196	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G	
	5.03	5.04	5.05	5.06	5A.06	5.07	
1.00 Administrative and General	596	0	620	0	3,457,993	1,082,815	1.00
2.00 Skilled Nursing Care	0	0	0	0	610,855	191,279	2.00
3.00 Physical Therapy	0	0	0	0	2,018,132	631,946	3.00
4.00 Occupational Therapy	0	0	0	0	743,250	232,737	4.00
5.00 Speech Pathology	0	0	0	0	213,045	66,712	5.00
6.00 Medical Social Services	0	0	0	0	156,574	49,029	6.00
7.00 Home Health Aide	0	0	0	0	73,080	22,884	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	18,817,258	5,892,323	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	596	0	620	0	26,090,187	8,169,725	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2022

Part I Date/Time Prepared: 5/30/2023 12:37 pm

Home Health Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	219,183	232,966	1,356	310,103	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	219,183	232,966	1,356	310,103	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	0	0	1,370,643	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	1,370,643	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS	PROGRAM	SERVICES-SALARY & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	38,538	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	38,538	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00					23.00	23.01
1.00 Administrative and General	0	0	0	87,115	6,800,712	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	802,134	0	2.00
3.00 Physical Therapy	0	0	0	0	2,650,078	0	3.00
4.00 Occupational Therapy	0	0	0	0	975,987	0	4.00
5.00 Speech Pathology	0	0	0	0	279,757	0	5.00
6.00 Medical Social Services	0	0	0	0	205,603	0	6.00
7.00 Home Health Aide	0	0	0	0	95,964	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	24,709,581	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	87,115	36,519,816	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	6,800,712						1.00
2.00 Skilled Nursing Care	802,134	183,555	985,689				2.00
3.00 Physical Therapy	2,650,078	606,425	3,256,503				3.00
4.00 Occupational Therapy	975,987	223,338	1,199,325				4.00
5.00 Speech Pathology	279,757	64,018	343,775				5.00
6.00 Medical Social Services	205,603	47,049	252,652				6.00
7.00 Home Health Aide	95,964	21,960	117,924				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	24,709,581	5,654,367	30,363,948				19.00
19.50 Telemedicine	0	0	0				19.50
20.00 Total (sum of lines 1-19) (2)	36,519,816	6,800,712	36,519,816				20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.228833					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared: 5/30/2023 12:37 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUIREMENT)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	19,888	0	11,838,722	276	435	1,231,052	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	19,888	0	11,838,722	276	435	1,231,052	20.00
21.00	Total cost to be allocated	254,862	0	3,123,008	58,711	20,196	596	21.00
22.00	Unit cost multiplier	12.814863	0.000000	0.263796	212.721014	46.427586	0.000484	22.00
Cost Center Description		PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM. COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
		5.04	5.05	5.06	5A.07	5.07	5.08	
1.00	Administrative and General	0	34,462,670	0	0	3,457,993	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	610,855	0	2.00
3.00	Physical Therapy	0	0	0	0	2,018,132	0	3.00
4.00	Occupational Therapy	0	0	0	0	743,250	0	4.00
5.00	Speech Pathology	0	0	0	0	213,045	0	5.00
6.00	Medical Social Services	0	0	0	0	156,574	0	6.00
7.00	Home Health Aide	0	0	0	0	73,080	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	18,817,258	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	34,462,670	0	0	26,090,187	0	20.00
21.00	Total cost to be allocated	0	620	0	0	8,169,725	0	21.00
22.00	Unit cost multiplier	0.000000	0.000018	0.000000	0	0.313134	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared: 5/30/2023 12:37 pm
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	19,888	19,888	2	19,888	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	19,888	19,888	2	19,888	0	20.00
21.00	Total cost to be allocated	0	219,183	232,966	1,356	310,103	0	21.00
22.00	Unit cost multiplier	0.000000	11.020867	11.713898	678.000000	15.592468	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITTS AND ER (MEALS PREADMITTS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/30/2023 12:37 pm PPS
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	6,962,525	0	0	0	304	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	6,962,525	0	0	0	304	20.00
21.00	Total cost to be allocated	0	1,370,643	0	0	0	38,538	21.00
22.00	Unit cost multiplier	0.000000	0.196860	0.000000	0.000000	0.000000	126.769737	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/30/2023 12:37 pm PPS
		Home Health Agency I	

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
	23.00	23.01	23.02		
1.00 Administrative and General	0	0	6,962,525		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
19.50 Telemedicine	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	6,962,525		20.00
21.00 Total cost to be allocated	0	0	87,115		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.012512		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/30/2023 12:37 pm
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			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	2.00	985,689		985,689	30,968	31.83			1.00
2.00	Physical Therapy	3.00	3,256,503	0	3,256,503	9,980	326.30			2.00
3.00	Occupational Therapy	4.00	1,199,325	0	1,199,325	3,918	306.11			3.00
4.00	Speech Pathology	5.00	343,775	0	343,775	805	427.05			4.00
5.00	Medical Social Services	6.00	252,652		252,652	800	315.82			5.00
6.00	Home Health Aide	7.00	117,924		117,924	2,377	49.61			6.00
7.00	Total (sum of lines 1-6)		6,155,868	0	6,155,868	48,848				7.00

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

Limitation Cost Computation										
8.00	Skilled Nursing Care		23060	0	3,347					8.00
8.01	Skilled Nursing Care		99915	0	3,160					8.01
9.00	Physical Therapy		23060	0	1,365					9.00
9.01	Physical Therapy		99915	0	1,214					9.01
10.00	Occupational Therapy		23060	0	523					10.00
10.01	Occupational Therapy		99915	0	505					10.01
11.00	Speech Pathology		23060	0	107					11.00
11.01	Speech Pathology		99915	0	48					11.01
12.00	Medical Social Services		23060	0	96					12.00
12.01	Medical Social Services		99915	0	75					12.01
13.00	Home Health Aide		23060	0	274					13.00
13.01	Home Health Aide		99915	0	301					13.01
14.00	Total (sum of lines 8-13)			0	11,015					14.00

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

Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000			15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000			16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	0	6,507		0	207,118				1.00
2.00	Physical Therapy	0	2,579		0	841,528				2.00
3.00	Occupational Therapy	0	1,028		0	314,681				3.00
4.00	Speech Pathology	0	155		0	66,193				4.00
5.00	Medical Social Services	0	171		0	54,005				5.00
6.00	Home Health Aide	0	575		0	28,526				6.00
7.00	Total (sum of lines 1-6)	0	11,015		0	1,512,051				7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-3
Part I
Date/Time Prepared:
5/30/2023 12:37 pm
PPS

Title XVIII

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	207,118						1.00
2.00	Physical Therapy	841,528						2.00
3.00	Occupational Therapy	314,681						3.00
4.00	Speech Pathology	66,193						4.00
5.00	Medical Social Services	54,005						5.00
6.00	Home Health Aide	28,526						6.00
7.00	Total (sum of lines 1-6)	1,512,051						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part II Date/Time Prepared: 5/30/2023 12:37 pm PPS
			Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.627575	0	0	col. 2, line 2.00 1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01 1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02 1.02
2.00	Occupational Therapy	67.00	0.350745	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.335407	0	0	col. 2, line 4.00 3.00
3.01	Speech Pathology 1	68.01	0.333628	0	0	col. 2, line 4.01 3.01
4.00	Cost of Medical Supplies	71.00	0.234735	0	0	col. 2, line 15.00 4.00
4.01	Cost of Medical Supplies 1	71.01	0.068341	0	0	col. 2, line 15.01 4.01
5.00	Cost of Drugs	73.00	0.199703	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-11 Date/Time Prepared: 5/30/2023 12: 37 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	2,501,241	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	2,501,241	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	2,501,241	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,206,082
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	157,624
13.00	Total PPS Reimbursement - LUPA Episodes		0	52,151
14.00	Total PPS Reimbursement - PEP Episodes		0	18,207
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	32,440
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,200
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,467,704
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,467,704
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,467,704
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	2,467,704
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,467,704
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,438,476
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	29,228
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-5
Date/Time Prepared:
5/30/2023 12:37 pm
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		0		2,438,476	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,438,476	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		29,228	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,467,704	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	2,293,575	2,293,575	0	2,293,575	3.00
4.00	ADMINISTRATIVE & GENERAL*	107,234	0	107,234	0	107,234	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	79,919	0	79,919	0	79,919	13.00
14.00	PHARMACY*	0	417,294	417,294	0	417,294	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		1,347,300	1,347,300	0	1,347,300	25.00
26.00	PHYSICIAN SERVICES**	583,931	18,163	602,094	0	602,094	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	4,243,686	224,496	4,468,182	0	4,468,182	28.00
29.00	LPN/LVN**	471,521	0	471,521	0	471,521	29.00
30.00	PHYSICAL THERAPY**	438	0	438	0	438	30.00
31.00	OCCUPATIONAL THERAPY**	28	0	28	0	28	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	104	0	104	0	104	32.00
33.00	MEDICAL SOCIAL SERVICES**	515,695	17,639	533,334	0	533,334	33.00
34.00	SPIRITUAL COUNSELING**	330,853	17,049	347,902	0	347,902	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	441,405	67,105	508,510	0	508,510	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	38,192	576,771	614,963	0	614,963	38.00
39.00	PATIENT TRANSPORTATION**	0	49,581	49,581	0	49,581	39.00
40.00	IMAGING SERVICES**	0	7,868	7,868	0	7,868	40.00
41.00	LABS & DIAGNOSTICS**	0	3,022	3,022	0	3,022	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	8,997	8,997	0	8,997	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	6,813,006	5,048,860	11,861,866	0	11,861,866	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet 0
		Hospice CCN: 15-1552	Date/Time Prepared: 5/30/2023 12:37 pm	

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	2,293,575	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,486,756	1,593,990	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	79,919	13.00
14.00	PHARMACY*	0	417,294	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,347,300	25.00
26.00	PHYSICIAN SERVICES**	0	602,094	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	4,468,182	28.00
29.00	LPN/LVN**	0	471,521	29.00
30.00	PHYSICAL THERAPY**	0	438	30.00
31.00	OCCUPATIONAL THERAPY**	0	28	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	104	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	533,334	33.00
34.00	SPIRITUAL COUNSELING**	0	347,902	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	508,510	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	614,963	38.00
39.00	PATIENT TRANSPORTATION**	0	49,581	39.00
40.00	IMAGING SERVICES**	0	7,868	40.00
41.00	LABS & DIAGNOSTICS**	0	3,022	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	8,997	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	1,486,756	13,348,622	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-1

Hospice CCN: 15-1552

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/30/2023 12:37 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	557,540	17,342	574,882	0	574,882	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,051,887	214,349	4,266,236	0	4,266,236	28.00
29.00	LPN/LVN	450,210	0	450,210	0	450,210	29.00
30.00	PHYSICAL THERAPY	418	0	418	0	418	30.00
31.00	OCCUPATIONAL THERAPY	19	0	19	0	19	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	100	0	100	0	100	32.00
33.00	MEDICAL SOCIAL SERVICES	492,387	16,842	509,229	0	509,229	33.00
34.00	SPIRITUAL COUNSELING	315,900	16,279	332,179	0	332,179	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	421,455	64,072	485,527	0	485,527	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	36,465	550,703	587,168	0	587,168	38.00
39.00	PATIENT TRANSPORTATION	0	47,340	47,340	0	47,340	39.00
40.00	IMAGING SERVICES	0	7,512	7,512	0	7,512	40.00
41.00	LABS & DIAGNOSTICS	0	2,886	2,886	0	2,886	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	8,590	8,590	0	8,590	46.00
100.00	TOTAL *	6,326,381	945,915	7,272,296	0	7,272,296	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	574,882	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	4,266,236	28.00
29.00	LPN/LVN	0	450,210	29.00
30.00	PHYSICAL THERAPY	0	418	30.00
31.00	OCCUPATIONAL THERAPY	0	19	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	100	32.00
33.00	MEDICAL SOCIAL SERVICES	0	509,229	33.00
34.00	SPIRITUAL COUNSELING	0	332,179	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	485,527	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	587,168	38.00
39.00	PATIENT TRANSPORTATION	0	47,340	39.00
40.00	IMAGING SERVICES	0	7,512	40.00
41.00	LABS & DIAGNOSTICS	0	2,886	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	8,590	46.00
100.00	TOTAL *	0	7,272,296	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-3

Hospice CCN: 15-1552

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	2,577	80	2,657	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	18,729	991	19,720	0	28.00
29.00	LPN/LVN	2,081	0	2,081	0	29.00
30.00	PHYSICAL THERAPY	2	0	2	0	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,276	78	2,354	0	33.00
34.00	SPIRITUAL COUNSELING	1,460	75	1,535	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,948	296	2,244	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	169	2,546	2,715	0	38.00
39.00	PATIENT TRANSPORTATION	0	219	219	0	39.00
40.00	IMAGING SERVICES	0	35	35	0	40.00
41.00	LABS & DIAGNOSTICS	0	13	13	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	40	40	0	46.00
100.00	TOTAL *	29,243	4,373	33,616	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	2,657
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	19,720
29.00	LPN/LVN	0	2,081
30.00	PHYSICAL THERAPY	0	2
31.00	OCCUPATIONAL THERAPY	0	1
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	2,354
34.00	SPIRITUAL COUNSELING	0	1,535
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,244
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,715
39.00	PATIENT TRANSPORTATION	0	219
40.00	IMAGING SERVICES	0	35
41.00	LABS & DIAGNOSTICS	0	13
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	40
100.00	TOTAL *	0	33,616

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-4 Date/Time Prepared: 5/30/2023 12:37 pm
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		1,347,300	1,347,300	0	1,347,300	25.00
26.00	PHYSICIAN SERVICES	23,814	741	24,555	0	24,555	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	173,070	9,156	182,226	0	182,226	28.00
29.00	LPN/LVN	19,230	0	19,230	0	19,230	29.00
30.00	PHYSICAL THERAPY	18	0	18	0	18	30.00
31.00	OCCUPATIONAL THERAPY	8	0	8	0	8	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	4	0	4	0	4	32.00
33.00	MEDICAL SOCIAL SERVICES	21,032	719	21,751	0	21,751	33.00
34.00	SPIRITUAL COUNSELING	13,493	695	14,188	0	14,188	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	18,002	2,737	20,739	0	20,739	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	1,558	23,522	25,080	0	25,080	38.00
39.00	PATIENT TRANSPORTATION	0	2,022	2,022	0	2,022	39.00
40.00	IMAGING SERVICES	0	321	321	0	321	40.00
41.00	LABS & DIAGNOSTICS	0	123	123	0	123	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	367	367	0	367	46.00
100.00	TOTAL *	270,229	1,387,703	1,657,932	0	1,657,932	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	1,347,300	25.00
26.00	PHYSICIAN SERVICES	0	24,555	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	182,226	28.00
29.00	LPN/LVN	0	19,230	29.00
30.00	PHYSICAL THERAPY	0	18	30.00
31.00	OCCUPATIONAL THERAPY	0	8	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	4	32.00
33.00	MEDICAL SOCIAL SERVICES	0	21,751	33.00
34.00	SPIRITUAL COUNSELING	0	14,188	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	20,739	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	25,080	38.00
39.00	PATIENT TRANSPORTATION	0	2,022	39.00
40.00	IMAGING SERVICES	0	321	40.00
41.00	LABS & DIAGNOSTICS	0	123	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	367	46.00
100.00	TOTAL *	0	1,657,932	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1552

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

Descriptions	Hospice I		TOTAL EXPENSES (sum of col.s. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	2,293,575	1,958,021	4,251,596	3.00
4.00 ADMINISTRATIVE & GENERAL	1,593,990	4,793,567	6,387,557	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00 MEDICAL RECORDS	0	0	0	11.00
12.00 STAFF TRANSPORTATION	0	0	0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	79,919		79,919	13.00
14.00 PHARMACY	417,294	0	417,294	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	7,272,296		7,272,296	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	33,616		33,616	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,657,932		1,657,932	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0		0	60.00
61.00 VOLUNTEER PROGRAM	0		0	61.00
62.00 FUNDRAISING	0		0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00 PALLIATIVE CARE PROGRAM	0		0	64.00
65.00 OTHER PHYSICIAN SERVICES	0		0	65.00
66.00 RESIDENTIAL CARE	0		0	66.00
67.00 ADVERTISING	0		0	67.00
68.00 TELEHEALTH/TELEMONITORING	0		0	68.00
69.00 THRIFT STORE	0		0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00 NEGATIVE COST CENTER	0		0	99.00
100.00 TOTAL	13,348,622	6,751,588	20,100,210	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4,251,596	0	0	4,251,596	3.00
4.00	ADMINISTRATIVE & GENERAL	6,387,557	0	0	67,711	6,455,268
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	79,919	0	0	0	79,919
14.00	PHARMACY	417,294	0	0	0	417,294
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	7,272,296			3,994,789	11,267,085
52.00	HOSPICE INPATIENT RESPIRE CARE	33,616	0	0	18,465	52,081
53.00	HOSPICE GENERAL INPATIENT CARE	1,657,932	0	0	170,631	1,828,563
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	20,100,210	0	0	4,251,596	20,100,210

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	6,455,268					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	37,809	0		0		13.00
14.00 PHARMACY	197,417	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	5,330,330					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	24,639	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	865,073	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	6,455,268	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	117,728 13.00
14.00	PHARMACY	0			0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0 15.00
16.00	OTHER GENERAL SERVICE	0			0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	112,399 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	515 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	4,814 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0 60.00
61.00	VOLUNTEER PROGRAM	0			0	0 61.00
62.00	FUNDRAISING	0			0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0 65.00
66.00	RESIDENTIAL CARE	0			0	0 66.00
67.00	ADVERTISING	0			0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0 68.00
69.00	THRIFT STORE	0			0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	0	0	0	0	117,728 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2022

Part I
Date/Time Prepared:
5/30/2023 12:37 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	614,711					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	204,903	0	0		16,914,717	51.00
52.00	204,904	0	0	0	282,139	52.00
53.00	204,904	0	0	0	2,903,354	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	614,711	0	0	0	20,100,210	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0021

Hospice CCN: 15-1552

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			6,733,258			3.00
4.00	ADMINISTRATIVE & GENERAL			107,234	-6,455,268	13,644,942	4.00
5.00	PLANT OPERATION & MAINTENANCE			0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE			0	0	0	6.00
7.00	HOUSEKEEPING			0	0	0	7.00
8.00	DIETARY			0	0	0	8.00
9.00	NURSING ADMINISTRATION			0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES			0	0	0	10.00
11.00	MEDICAL RECORDS			0	0	0	11.00
12.00	STAFF TRANSPORTATION			0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	79,919	13.00
14.00	PHARMACY			0	0	417,294	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			6,326,552	0	11,267,085	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE			29,243	0	52,081	52.00
53.00	HOSPICE GENERAL INPATIENT CARE			270,229	0	1,828,563	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			4,251,596		6,455,268	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.631432		0.473089	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2022

Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2022

Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	3,888	13.00
14.00	PHARMACY				0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	3,712	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	17	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	159	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		117,728	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		30.279835	101.00
						2,049.036667	

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0021
Hospice CCN: 15-1552

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2023 12:37 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1552

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.627575	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.000000	0	0	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.350745	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.335407	0	0	0	3.00
3.01	NEURO REHAB	68.01	0.333628	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.199703	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.109340	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.162978	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.234735	0	0	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.068341	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.105528	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.279063	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	0	0	0	0	0	1.01
1.02	PV REHAB OUTREACH	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
3.01	NEURO REHAB	0	0	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
7.01	COST OF SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0021

Period: From 01/01/2022

Worksheet 0-8

Hospice CCN: 15-1552

To 12/31/2022

Date/Time Prepared: 5/30/2023 12:37 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			16,914,717	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			70,095	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			241.31	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	60,842	3,855		9.00
10.00	Program cost (line 8 times line 9)	14,681,783	930,250		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			282,139	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			324	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			870.80	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	281	18		14.00
15.00	Program cost (line 13 times line 14)	244,695	15,674		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,903,354	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			2,994	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			969.72	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,599	165		19.00
20.00	Program cost (line 18 times line 19)	2,520,302	160,004		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			20,100,210	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			73,413	22.00
23.00	Average cost per diem (line 21 divided by line 22)			273.80	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0021	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 12:37 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,264,182	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		304,654	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)		554.88	3.00
4.00	Number of interns & residents (see instructions)		15.98	4.00
5.00	Indirect medical education percentage (see instructions)		0.81	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)		50,740	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)		6,619,576	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