

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: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/30/2023 8:40 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	Date: 5/30/2023	Time: 8:40 am
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL (15-0112) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	481,143	-41,239	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	59,975	1	0	3.00
4.00	SUBPROVIDER (OTHER)					4.00
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	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0		0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0	0	11.00
200.00	TOTAL	0	541,118	-41,238	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 8:40 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2400 EAST 17TH STREET	PO Box:							1.00	
2.00	City: COLUMBUS	State: IN		Zip Code: 47201-		County: BARTHOLOMEW			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	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
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)					8				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim UCPS, including supplemental UCPS, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N	22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								22.04	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 8:40 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,322	637	0	38	7,741	168		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	101	0	0	0	447			25.00
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00

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		V	XVIII	XIX		
		1.00	2.00	3.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	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 Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
		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

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

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 8:40 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/30/2023 8:40 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	611,718	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.				123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		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: COLUMBUS REGIONAL	Contractor's Name: WPS		Contractor's Number: 08101	141.00
142.00	Street: 2400 EAST 17TH STREET	PO Box:			142.00
143.00	City: COLUMBUS	State: IN		Zip Code: 47201	143.00
		1.00	2.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 8:40 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/11/2023	Y	04/11/2023		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/11/2023	Y	04/11/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 8:40 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KERRY		BEJARANO	41.00
42.00	Enter the employer/company name of the cost report preparer.	FORVIS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000		KERRY.BEJARANO@FORVIS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/30/2023 8:40 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Ti tle 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	206	75,190	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)		206	75,190	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		223	81,395	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	19	6,935		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	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						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
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		242				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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	12,310	961	33,894		1.00
2.00	HMO and other (see instructions)	9,016	8,416			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	560	447			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	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,310	961	33,894		7.00
8.00	INTENSIVE CARE UNIT	856	115	3,846		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		246	3,018		13.00
14.00	Total (see instructions)	13,166	1,322	40,758	0.00	1,218.86
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	1,899	101	3,453	0.00	20.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,238.86
28.00	Observation Bed Days		944	3,783		28.00
29.00	Ambulance Trips	3,854				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	168	312		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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,100	2,014	9,619	1.00
2.00	HMO and other (see instructions)			1,799	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,100	2,014	9,619	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	152	36	270	17.00
18.00	SUBPROVIDER	0.00	0		0	0	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						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					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: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 8:40 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	99,592,168	-920,056	98,672,112	2,643,716.00	37.32 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		3,416,617	0	3,416,617	13,620.00	250.85 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		195,913	0	195,913	4,160.00	47.09 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		6,465,492	1,146,510	7,612,002	237,222.00	32.09 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		54,026,700	0	54,026,700	548,260.00	98.54 11.00
12.00	Contract Labor: Top level management and other management and administrative services		1,490,904	0	1,490,904	24,029.00	62.05 12.00
13.00	Contract Labor: Physician-Part A - Administrative		6,964,537	0	6,964,537	57,949.00	120.18 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		4,960,551	0	4,960,551	43,421.00	114.24 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,884,390	0	24,884,390		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,143,540	0	2,143,540		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,017,288	0	1,017,288		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		700,391	0	700,391		
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: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2023 8:40 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	239,280	-228,110	11,170	301.00	37.11	26.00
27.00	Administrative & General	21,963,425	-312,925	21,650,500	501,581.00	43.16	27.00
28.00	Administrative & General under contract (see inst.)	6,621,498	0	6,621,498	79,021.00	83.79	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,353,243	46,299	3,399,542	101,519.00	33.49	30.00
31.00	Laundry & Linen Service	39,243	278	39,521	2,036.00	19.41	31.00
32.00	Housekeeping	2,249,632	-10,959	2,238,673	117,580.00	19.04	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,533,104	-1,449,459	1,083,645	52,504.00	20.64	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,458,926	1,458,926	65,602.00	22.24	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,810,936	190,285	6,001,221	151,808.00	39.53	38.00
39.00	Central Services and Supply	602	61	663	33.00	20.09	39.00
40.00	Pharmacy	3,623,343	-220,866	3,402,477	65,995.00	51.56	40.00
41.00	Medical Records & Medical Records Library	2,550,581	-1,180,745	1,369,836	37,501.00	36.53	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2023 8:40 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	102,601,136	-920,056	101,681,080	2,704,957.00	37.59	1.00
2.00	Excluded area salaries (see instructions)	6,465,492	1,146,510	7,612,002	237,222.00	32.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,135,644	-2,066,566	94,069,078	2,467,735.00	38.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	67,442,692	0	67,442,692	673,659.00	100.11	4.00
5.00	Subtotal wage-related costs (see inst.)	25,584,781	0	25,584,781	0.00	27.20	5.00
6.00	Total (sum of lines 3 thru 5)	189,163,117	-2,066,566	187,096,551	3,141,394.00	59.56	6.00
7.00	Total overhead cost (see instructions)	48,984,887	-1,707,215	47,277,672	1,175,481.00	40.22	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2023 8:40 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,064,033	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		14,688,825	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		411,646	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		47,380	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)		1,379,970	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		248,787	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		7,163,443	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-111,200	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		152,334	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,045,218	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: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/30/2023 8:40 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	54,026,700	28,045,218	1.00
2.00	Hospital	54,026,700	28,045,218	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			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/30/2023 8:40 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.347331	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			28,925,719	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			2,790,070	5.00	
6.00	Medicaid charges			157,446,178	6.00	
7.00	Medicaid cost (line 1 times line 6)			54,685,938	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)			22,970,149	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			22,970,149	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)	11,619,734	3,093,808	14,713,542	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,035,894	3,093,808	7,129,702	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)	4,035,894	3,093,808	7,129,702	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)			8,708,736	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			493,104	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			758,622	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			7,950,114	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,026,839	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,156,541	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			33,126,690	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		24,897,693	24,897,693	-14,806,292	10,091,401	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,765,434	13,765,434	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	239,280	32,946,376	33,185,656	-2,420,819	30,764,837	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,963,425	54,072,073	76,035,498	-4,999,340	71,036,158	5.00
7.00	00700	OPERATION OF PLANT	3,353,243	8,945,665	12,298,908	-2,556,631	9,742,277	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,243	771,368	810,611	278	810,889	8.00
9.00	00900	HOUSEKEEPING	2,249,632	542,078	2,791,710	-10,959	2,780,751	9.00
10.00	01000	DIETARY	2,533,104	1,419,904	3,953,008	-2,264,205	1,688,803	10.00
11.00	01100	CAFETERIA	0	0	0	2,273,672	2,273,672	11.00
13.00	01300	NURSING ADMINISTRATION	5,810,936	844,049	6,654,985	195,326	6,850,311	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	602	985,952	986,554	262,206	1,248,760	14.00
15.00	01500	PHARMACY	3,623,343	2,778,537	6,401,880	-177,903	6,223,977	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,550,581	250,211	2,800,792	-1,209,048	1,591,744	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	129,616	6,692	136,308	502,752	639,060	23.01
23.02	02302	PHARMACY RESIDENCY PROG	225,412	6,118	231,530	122,265	353,795	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,645,624	22,566,993	42,212,617	-1,878,178	40,334,439	30.00
31.00	03100	INTENSIVE CARE UNIT	2,354,317	7,110,929	9,465,246	-150,176	9,315,070	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,812,796	556,900	2,369,696	200,266	2,569,962	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,353,494	379,601	1,733,095	-25,978	1,707,117	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,121,827	33,512,799	34,634,626	-8,236,500	26,398,126	50.00
51.00	05100	RECOVERY ROOM	-329	1,596,812	1,596,483	327,481	1,923,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,308,551	2,308,551	52.00
53.00	05300	ANESTHESIOLOGY	0	91,007	91,007	241,889	332,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,630,909	1,645,774	3,276,683	-314,555	2,962,128	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	568,559	1,451,380	2,019,939	122,639	2,142,578	54.01
54.02	05404	ULTRA SOUND	443,992	624,929	1,068,921	85,904	1,154,825	54.02
54.03	05405	MAMMOGRAPHY	628,219	168,379	796,598	323,376	1,119,974	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	679,713	1,354,820	2,034,533	545,058	2,579,591	55.00
57.00	05700	CT SCAN	733,552	1,031,720	1,765,272	306,289	2,071,561	57.00
58.00	05800	MRI	420,653	191,179	611,832	213,136	824,968	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,778,964	4,329,551	6,108,515	-3,654,904	2,453,611	59.00
60.00	06000	LABORATORY	4,340,318	8,130,380	12,470,698	229,910	12,700,608	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	365,426	1,214,530	1,579,956	353,552	1,933,508	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	677,725	677,725	86,987	764,712	62.00
65.00	06500	RESPIRATORY THERAPY	2,107,035	2,422,914	4,529,949	-35,263	4,494,686	65.00
66.00	06600	PHYSICAL THERAPY	244,291	6,536,364	6,780,655	-338,510	6,442,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	62,354	1,370,271	1,432,625	955,326	2,387,951	67.00
68.00	06800	SPEECH PATHOLOGY	208,607	885,445	1,094,052	-132,494	961,558	68.00
69.00	06900	ELECTROCARDIOLOGY	806,774	462,837	1,269,611	5,271	1,274,882	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	641,087	413,696	1,054,783	164,559	1,219,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,780,546	7,780,546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,758,504	8,758,504	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,994,971	24,994,971	0	24,994,971	73.00
74.00	07400	RENAL DIALYSIS	0	817,533	817,533	0	817,533	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	270,521	120,888	391,409	4,482	395,891	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,663,327	361,285	2,024,612	46,643	2,071,255	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	310,261	11,648	321,909	4,117	326,026	90.02
90.03	09003	WOUND CENTER	676,684	938,799	1,615,483	44,353	1,659,836	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	261,683	261,683	90.04
90.05	09005	VIMCARE CLINIC	582,418	35,149	617,567	19,535	637,102	90.05
90.06	09006	MEDIATION MGMT CLINIC	262,635	2,580	265,215	-14,106	251,109	90.06
91.00	09100	EMERGENCY	6,862,055	1,392,236	8,254,291	2,398,791	10,653,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,698,830	473,119	3,171,949	64,000	3,235,949	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		1,127,426	1,127,426	-1,127,426	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,993,330	257,469,285	355,462,615	-1,378,506	354,084,109	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	43,646	43,646	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	313,596	313,596	194.00
194.01	07951	BUILDING RENTALS	0	713,476	713,476	-525,904	187,572	194.01
194.02	07952	HOSPICE	0	109,892	109,892	0	109,892	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	226,075	226,075	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	515,569	515,569	194.05
194.06	07956	CRH FOUNDATION	53,326	1,046	54,372	106	54,478	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	1,545,512	1,169,669	2,715,181	805,418	3,520,599	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	99,592,168	259,463,368	359,055,536	0	359,055,536	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	95,981	10,187,382	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	171,221	13,936,655	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-373,625	30,391,212	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-27,037,837	43,998,321	5.00
7.00	00700	OPERATION OF PLANT	-644,315	9,097,962	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	810,889	8.00
9.00	00900	HOUSEKEEPING	-150	2,780,601	9.00
10.00	01000	DIETARY	-16,497	1,672,306	10.00
11.00	01100	CAFETERIA	-931,588	1,342,084	11.00
13.00	01300	NURSING ADMINISTRATION	-7,000	6,843,311	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,553	1,246,207	14.00
15.00	01500	PHARMACY	-50,783	6,173,194	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,776	1,585,968	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
23.01	02301	XRAY EDUCATION	-34,072	604,988	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	353,795	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	321,016	40,655,455	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,315,070	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	2,569,962	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,707,117	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,102,413	21,295,713	50.00
51.00	05100	RECOVERY ROOM	66,491	1,990,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,308,551	52.00
53.00	05300	ANESTHESIOLOGY	-187,382	145,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,003,100	1,959,028	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,142,578	54.01
54.02	05404	ULTRA SOUND	0	1,154,825	54.02
54.03	05405	MAMMOGRAPHY	-682	1,119,292	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-29,445	2,550,146	55.00
57.00	05700	CT SCAN	0	2,071,561	57.00
58.00	05800	MRI	0	824,968	58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,989	2,441,622	59.00
60.00	06000	LABORATORY	2,940	12,703,548	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-138,684	1,794,824	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	764,712	62.00
65.00	06500	RESPIRATORY THERAPY	-16,817	4,477,869	65.00
66.00	06600	PHYSICAL THERAPY	-37,608	6,404,537	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,387,951	67.00
68.00	06800	SPEECH PATHOLOGY	-830	960,728	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,274,882	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,219,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,780,546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,758,504	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,994,971	73.00
74.00	07400	RENAL DIALYSIS	0	817,533	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	395,891	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	2,071,255	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	09002	NEUROPSYCH	-195,914	130,112	90.02
90.03	09003	WOUND CENTER	-26,317	1,633,519	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-976	260,707	90.04
90.05	09005	VIMCARE CLINIC	0	637,102	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	251,109	90.06
91.00	09100	EMERGENCY	-185,139	10,467,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-34,939	3,201,010	95.00
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-35,418,782	318,665,327	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	43,646	190.00
194.00	07950 WELLNESS COMMUNITY	0	313,596	194.00
194.01	07951 BUILDING RENTALS	0	187,572	194.01
194.02	07952 HOSPICE	0	109,892	194.02
194.03	07953 OUTREACH CLINICS	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	226,075	194.04
194.05	07955 NONALLOWABLE MARKETING	0	515,569	194.05
194.06	07956 CRH FOUNDATION	0	54,478	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	194.07
194.08	07958 CRHP	0	3,520,599	194.08
194.09	07959 NEUROPSYCH PART B	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-35,418,782	323,636,754	200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 8:40 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - RECLASS INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	841,782	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	98,033	2.00
	TOTALS		0	939,815	
C - RECLASS INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,098,938	1.00
2.00	LABORATORY	60.00	0	4,407	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	2,884	3.00
4.00	AMBULANCE SERVICES	95.00	0	53,045	4.00
	TOTALS		0	1,159,274	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,221,633	19,886	1.00
2.00	CRHP	194.08	0	8,417	2.00
	TOTALS		1,221,633	28,303	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	139,604	4,039	1.00
	TOTALS		139,604	4,039	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,453,494	814,746	1.00
	TOTALS		1,453,494	814,746	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	193,610	33,296	1.00
	TOTALS		193,610	33,296	
H - RECLASS PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	744,684	1.00
2.00	SUBPROVIDER - IRF	41.00	0	213,417	2.00
3.00	OPERATING ROOM	50.00	0	757,975	3.00
4.00	ANESTHESIOLOGY	53.00	0	241,889	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,000	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	45,000	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	55,000	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	326,400	8.00
9.00	RESPIRATORY THERAPY	65.00	0	50,000	9.00
10.00	PHYSICAL THERAPY	66.00	0	50,000	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	3,600	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,000	12.00
13.00	WOUND CENTER	90.03	0	67,397	13.00
14.00	HYPERBARIC OXYGEN THERAPY	90.04	0	2,603	14.00
15.00	EMERGENCY	91.00	0	2,393,041	15.00
16.00	AMBULANCE SERVICES	95.00	0	17,500	16.00
17.00	VIMCARE CLINIC	90.05	0	20,000	17.00
	TOTALS		0	5,058,506	
I - ADMINISTRATIVE SALARIES					
1.00	CRHP	194.08	243,550	15,467	1.00
	TOTALS		243,550	15,467	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	114,233	4,613	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
	TOTALS		114,233	4,613	
K - RECLASS RENT EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,832	1.00
2.00	OPERATION OF PLANT	7.00	0	94,684	2.00
3.00	XRAY EDUCATION	23.01	0	10,010	3.00
4.00	MAMMOGRAPHY	54.03	0	201,193	4.00
5.00	LABORATORY	60.00	0	24,679	5.00
6.00	PHYSICAL THERAPY	66.00	0	415,644	6.00
7.00	OCCUPATIONAL THERAPY	67.00	0	166,338	7.00
8.00	SPEECH PATHOLOGY	68.00	0	70,635	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	132,895	9.00
10.00	WOUND CENTER	90.03	0	105,914	10.00
11.00	HYPERBARIC OXYGEN THERAPY	90.04	0	58,523	11.00
12.00	AMBULANCE SERVICES	95.00	0	15,630	12.00
13.00	WELLNESS COMMUNITY	194.00	0	77,803	13.00
14.00	CRHP	194.08	0	437,733	14.00
	TOTALS		0	1,820,513	
L - RECLASS MARKETING EXPENSE					
1.00	NONALLOWABLE MARKETING	194.05	0	90,000	1.00
	TOTALS		0	90,000	
M - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,667,401	1.00
	TOTALS		0	13,667,401	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 8:40 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
N - RECLASS MAINTENANCE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,369	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	5,041	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,803	3.00	
4.00	PHARMACY	15.00	0	42,963	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	1,621	5.00	
6.00	OPERATING ROOM	50.00	0	373,409	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	223,692	7.00	
8.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	101,864	8.00	
9.00	MAMMOGRAPHY	54.03	0	228,196	9.00	
10.00	ULTRA SOUND	54.02	0	89,754	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	490,579	11.00	
12.00	CT SCAN	57.00	0	337,699	12.00	
13.00	MRI	58.00	0	127,125	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	234,648	14.00	
15.00	LABORATORY	60.00	0	330,071	15.00	
16.00	LABORATORY-PATHOLOGICAL	60.01	0	20,656	16.00	
17.00	EMERGENCY	91.00	0	32,124	17.00	
TOTALS			0	2,697,614		
O - RECLASS DIRECTOR PHARMACY						
1.00	RADIOLOGY-THERAPEUTIC	55.00	24,147	0	1.00	
2.00	RESPIRATORY THERAPY	65.00	24,147	0	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	2,012	0	3.00	
4.00	SPEECH PATHOLOGY	68.00	2,012	0	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	2,012	0	5.00	
6.00	CLINIC	90.00	24,147	0	6.00	
7.00	NEUROPSYCH	90.02	2,012	0	7.00	
8.00	AMBULANCE SERVICES	95.00	16,098	0	8.00	
9.00	CRHP	194.08	48,295	0	9.00	
TOTALS			144,882	0		
P - GIFT SHOP						
1.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	43,646	0	1.00	
TOTALS			43,646	0		
Q - RECLASS XRAY EDUCATION EXPENSES						
1.00	XRAY EDUCATION	23.01	490,127	868	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
TOTALS			490,127	868		
R - OTHER EXPENSE						
1.00	CRHP	194.08	0	41,469	1.00	
TOTALS			0	41,469		
S - RECLASS NON ALLOW ADVERTISING COSTS						
1.00	NONALLOWABLE MARKETING	194.05	0	425,569	1.00	
TOTALS			0	425,569		
T - EQUIPMENT LEASE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	941,486	1.00	
2.00	OPERATING ROOM	50.00	0	839,837	2.00	
3.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	29,863	3.00	
4.00	MRI	58.00	0	85,234	4.00	
5.00	LABORATORY	60.00	0	19,279	5.00	
6.00	HYPERBARIC OXYGEN THERAPY	90.04	0	56,914	6.00	
TOTALS			0	1,972,613		
U - RECLASS CHARGEABLE SUPPLY COST						
1.00	LABORATORY	60.00	0	1,123	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,780,546	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,758,504	3.00	
4.00	SPEECH - HEARING AIDS	194.04	0	226,075	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	
TOTALS			0	16,766,248		

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
5/30/2023 8:40 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
V - RECL PTO COST FOR STD ELIMINATION PD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	920,056	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
TOTALS			0	920,056	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	0	783,405	1.00
TOTALS			0	783,405	
Y - LDRP					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,684,027	650,458	1.00
TOTALS			1,684,027	650,458	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	86,987	0	1.00
TOTALS			86,987	0	
WA - RECLASS CONTRACT LABOR BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	486,766	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	210,913	2.00
3.00	OPERATING ROOM	50.00	0	2,133,203	3.00
4.00	RECOVERY ROOM	51.00	0	318,613	4.00
TOTALS			0	3,149,495	
WB - RECLASS SALARIES TO HOME DEPT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,778	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	148	0	2.00
3.00	OPERATION OF PLANT	7.00	67,045	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	278	0	4.00
5.00	HOUSEKEEPING	9.00	36,871	0	5.00
6.00	DIETARY	10.00	24,068	0	6.00
7.00	CAFETERIA	11.00	32,403	0	7.00
8.00	NURSING ADMINISTRATION	13.00	236,014	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	61	9,429	9.00
10.00	PHARMACY	15.00	50,107	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	53,549	0	11.00
12.00	XRAY EDUCATION	23.01	1,747	0	12.00
13.00	PHARMACY RESIDENCY PROG	23.02	3,419	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	132,709	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	22,116	0	15.00
16.00	SUBPROVIDER - IRF	41.00	25,642	0	16.00
17.00	NURSERY	43.00	8,909	0	17.00
18.00	OPERATING ROOM	50.00	23,299	94,523	18.00
19.00	RECOVERY ROOM	51.00	549	8,319	19.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00	RADIOLOGY-DIAGNOSTIC	54.00	77,418	0		20.00
21.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	3,206	0		21.00
22.00	ULTRASOUND	54.02	6,916	0		22.00
23.00	MAMMOGRAPHY	54.03	21,088	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	4,076	0		24.00
25.00	CT SCAN	57.00	7,949	0		25.00
26.00	MRI	58.00	6,035	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	29,891	0		27.00
28.00	LABORATORY	60.00	76,623	0		28.00
29.00	LABORATORY-PATHOLOGICAL	60.01	7,147	0		29.00
30.00	RESPIRATORY THERAPY	65.00	18,344	0		30.00
31.00	PHYSICAL THERAPY	66.00	3,831	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	687	0		32.00
33.00	SPEECH PATHOLOGY	68.00	4,431	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	6,627	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	14,055	0		35.00
36.00	CARDIAC REHABILITATION	76.97	4,482	0		36.00
37.00	CLINIC	90.00	29,239	0		37.00
38.00	NEUROPSYCH	90.02	3,928	0		38.00
39.00	WOUND CENTER	90.03	21,134	0		39.00
40.00	VIMCARE CLINIC	90.05	8,469	0		40.00
41.00	MEDICATION MGMT CLINIC	90.06	1,132	0		41.00
42.00	EMERGENCY	91.00	52,945	0		42.00
43.00	AMBULANCE SERVICES	95.00	6,335	0		43.00
44.00	WELLNESS COMMUNITY	194.00	9,114	0		44.00
45.00	CRH FOUNDATION	194.06	106	0		45.00
46.00	CRHP	194.08	10,487	0		46.00
	TOTALS		1,154,629	185,049		
1.00	WC - RECLASS SEVERANCE PAY	0.00	0	0		1.00
	TOTALS		0	0		
500.00	Grand Total: Increases		6,970,422	51,228,817		500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 8:40 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - RECLASS INTEREST							
1.00	INTEREST EXPENSE	113.00	0	939,815	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	939,815			
C - RECLASS INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,159,274	12		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
	TOTALS		0	1,159,274			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,221,633	28,303	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,221,633	28,303			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	139,604	4,039	0		1.00
	TOTALS		139,604	4,039			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,453,494	814,746	0		1.00
	TOTALS		1,453,494	814,746			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	193,610	33,296	0		1.00
	TOTALS		193,610	33,296			
H - RECLASS PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,330,197	0		1.00
2.00	OPERATING ROOM	50.00	0	626,909	0		2.00
3.00	LABORATORY	60.00	0	101,400	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
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
	TOTALS		0	5,058,506			
I - ADMINSTRATIVE SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	243,550	15,467	0		1.00
	TOTALS		243,550	15,467			
J - RECLASS PHARMACY RES PROGRAM							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,884	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	19,219	2,729	0		2.00
3.00	PHARMACY	15.00	79,776	0	0		3.00
4.00	MEDIATION MGMT CLINIC	90.06	15,238	0	0		4.00
	TOTALS		114,233	4,613			
K - RECLASS RENT EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,217,168	9		1.00
2.00	INTEREST EXPENSE	113.00	0	77,441	0		2.00
3.00	BUILDING RENTALS	194.01	0	525,904	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
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
	TOTALS		0	1,820,513			
L - RECLASS MARKETING EXPENSE							
1.00	OPERATING ROOM	50.00	0	90,000	0		1.00
	TOTALS		0	90,000			
M - RECLASS DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,667,401	9		1.00
	TOTALS		0	13,667,401			

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
5/30/2023 8:40 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	2,697,614	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
11.00		0.00	0	0	0		11.00
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
	TOTALS		0	2,697,614			
O - RECLASS DIRECTOR PHARMACY							
1.00	PHARMACY	15.00	144,882	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
	TOTALS		144,882	0			
P - GIFT SHOP							
1.00	ADMINISTRATIVE & GENERAL	5.00	43,646	0	0		1.00
	TOTALS		43,646	0			
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	868	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	489,786	0	0		2.00
3.00	MAMMOGRAPHY	54.03	341	0	0		3.00
	TOTALS		490,127	868			
R - OTHER EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,469	0		1.00
	TOTALS		0	41,469			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	425,569	0		1.00
	TOTALS		0	425,569			
T - EQUIPMENT LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,862,443	9		1.00
2.00	INTEREST EXPENSE	113.00	0	110,170	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
	TOTALS		0	1,972,613			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	237,635	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	157,242	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	5,171	0		3.00
4.00	NURSERY	43.00	0	4,416	0		4.00
5.00	OPERATING ROOM	50.00	0	11,728,463	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	140,641	0		6.00
7.00	ULTRA SOUND	54.02	0	2,819	0		7.00
8.00	MAMMOGRAPHY	54.03	0	108,482	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,513	0		9.00
10.00	CT SCAN	57.00	0	31,453	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	3,951,416	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	105,049	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	17,782	0		13.00
14.00	SPEECH PATHOLOGY	68.00	0	208,293	0		14.00
15.00	VIMCARE CLINIC	90.05	0	4,560	0		15.00
16.00	EMERGENCY	91.00	0	40,755	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	18,558	0		17.00
	TOTALS		0	16,766,248			

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/30/2023 8:40 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	ADMINISTRATIVE & GENERAL	5.00	108,162	0	0		1.00
2.00	OPERATION OF PLANT	7.00	20,746	0	0		2.00
3.00	HOUSEKEEPING	9.00	47,830	0	0		3.00
4.00	DIETARY	10.00	20,033	0	0		4.00
5.00	CAFETERIA	11.00	26,971	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	45,729	0	0		6.00
7.00	PHARMACY	15.00	46,315	0	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	12,661	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	185,072	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	15,050	0	0		10.00
11.00	SUBPROVIDER - IRF	41.00	33,622	0	0		11.00
12.00	NURSERY	43.00	30,471	0	0		12.00
13.00	OPERATING ROOM	50.00	13,374	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	25,934	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	35,238	0	0		15.00
16.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	12,294	0	0		16.00
17.00	ULTRA SOUND	54.02	7,947	0	0		17.00
18.00	MAMMOGRAPHY	54.03	18,278	0	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	15,231	0	0		19.00
20.00	CT SCAN	57.00	7,906	0	0		20.00
21.00	MRI	58.00	5,258	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	23,027	0	0		22.00
23.00	LABORATORY	60.00	37,885	0	0		23.00
24.00	LABORATORY-PATHOLOGICAL	60.01	651	0	0		24.00
25.00	RESPIRATORY THERAPY	65.00	22,705	0	0		25.00
26.00	PHYSICAL THERAPY	66.00	6,798	0	0		26.00
27.00	SPEECH PATHOLOGY	68.00	1,279	0	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	4,956	0	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	4,403	0	0		29.00
30.00	CLINIC	90.00	6,743	0	0		30.00
31.00	NEUROPSYCH	90.02	1,823	0	0		31.00
32.00	WOUND CENTER	90.03	6,449	0	0		32.00
33.00	VMCARE CLINIC	90.05	4,374	0	0		33.00
34.00	EMERGENCY	91.00	38,564	0	0		34.00
35.00	AMBULANCE SERVICES	95.00	26,050	0	0		35.00
36.00	WELLNESS COMMUNITY	194.00	227	0	0		36.00
TOTALS			920,056	0			
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	0	783,405	0		1.00
TOTALS			0	783,405			
Y - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	1,684,027	650,458	0		1.00
TOTALS			1,684,027	650,458			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	86,987	0	0		1.00
TOTALS			86,987	0			
WA - RECLASS CONTRACT LABOR BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,149,495	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
TOTALS			0	3,149,495			
WB - RECLASS SALARIES TO HOME DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,120,129	185,049	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	34,500	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
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

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
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
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
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
	TOTALS		1,154,629	185,049		
	WC - RECLASS SEVERANCE PAY					
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
500.00	Grand Total: Decreases		7,890,478	50,308,761		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2023 8:40 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,872,375	0	0	80,000	1.00
2.00	Land Improvements	21,020,698	0	0	1,300	2.00
3.00	Buildings and Fixtures	103,640,183	826,077	0	484,529	3.00
4.00	Building Improvements	107,336,329	493,720	0	24,045	4.00
5.00	Fixed Equipment	9,618,375	29,722	0	16,799	5.00
6.00	Movable Equipment	176,993,003	14,522,133	0	22,412,218	6.00
7.00	HIT designated Assets	127,429	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	420,608,392	15,871,652	0	23,018,891	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	420,608,392	15,871,652	0	23,018,891	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,792,375	0			1.00
2.00	Land Improvements	21,019,398	0			2.00
3.00	Buildings and Fixtures	103,981,731	0			3.00
4.00	Building Improvements	107,806,004	0			4.00
5.00	Fixed Equipment	9,631,298	0			5.00
6.00	Movable Equipment	169,102,918	0			6.00
7.00	HIT designated Assets	127,429	0			7.00
8.00	Subtotal (sum of lines 1-7)	413,461,153	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	413,461,153	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	23,798,755	0	0	1,098,938	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)	23,798,755	0	0	1,098,938	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	24,897,693		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	24,897,693		3.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	244,358,236	0	244,358,236	0.591007	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	169,102,919	0	169,102,919	0.408993	0	2.00
3.00	Total (sum of lines 1-2)	413,461,155	0	413,461,155	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	7,009,374	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,839,852	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,849,226	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	980,132	2,197,876	0	0	10,187,382	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	96,803	0	0	0	13,936,655	2.00
3.00	Total (sum of lines 1-2)	1,076,935	2,197,876	0	0	24,124,037	3.00

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	138,350	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	13,666	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-45,868	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-46,128	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-157,169	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-14,993	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	-10,901,610			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	-328,156			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-705,974	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,776	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-34,072	XRAY EDUCATION	23.01	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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
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 TELEPHONE SERVICES	B	-300		ADMINISTRATIVE & GENERAL	5.00	9 33.00
33.01 DEPR PAT PHONES NEW EQUIP	A	-3,877		CAP REL COSTS-MVBLE EQUIP	2.00	9 33.01
33.02 TV DEPR NEW EQUIP	A	-634		CAP REL COSTS-MVBLE EQUIP	2.00	9 33.02
33.03 CAFETERIA VISITORS	A	-225,614		CAFETERIA	11.00	0 33.03
33.04 OPERATING ROOM OTHER REV	B	-1,172		OPERATING ROOM	50.00	0 33.04
33.05 BOND AMORTIZATION	A	10,008		CAP REL COSTS-BLDG & FIXT	1.00	9 33.05
33.06 LAND RENT MOB	B	-2,000		ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 EMPLOY BENEFITS OTHER REV	B	-76,154		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.07
33.08 EMERGENCY ROOM OTHER REV	B	-28,454		EMERGENCY	91.00	0 33.08
33.09 MEDICA STAFF INCOME	B	-900		ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10 RADIOLOGY OTHER REV	B	-44,385		RADIOLOGY-DIAGNOSTIC	54.00	0 33.10
33.11 BREAST FILM COPIES	B	-682		MAMMOGRAPHY	54.03	0 33.11
33.12 FACILITIES OTHER REVENUE	B	-620,917		OPERATION OF PLANT	7.00	0 33.12
33.13 RADIATION ONCOLOGY OTHER REV	B	-10,328		RADIOLOGY-THERAPEUTIC	55.00	0 33.13
33.14 CRHP OTHER REVENUE ADMIN	B	-2,815,519		ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 CRHP OTHER REVENUE EMPLOYEE BENEFITS	B	-403,683		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.15
33.16 FOOD OTHER REV	B	-16,497		DIETARY	10.00	0 33.16
33.17 PROTECTIVE SERV OTHER REV	B	-8,405		OPERATION OF PLANT	7.00	0 33.17
33.18 PHARMACY OTHER REVENUE	B	-50,783		PHARMACY	15.00	0 33.18
33.19 HUMAN RESOURCES OTHER REVENUE	B	-60		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.20 VOLUNTEER OTHER REV	B	-3,349		ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21 RENTAL PROPERTIES DEPRECIATION	A	-55,367		CAP REL COSTS-BLDG & FIXT	1.00	9 33.21
33.22 LOSS ON DISPOSAL DEMOLITION	A	1,760		CAP REL COSTS-BLDG & FIXT	1.00	9 33.22
33.23 UNALLOWABLE PHYS RECRUITMENT	A	-30,627		ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24 DEPRECIATION RELIEF BUILDING	A	1,230		CAP REL COSTS-BLDG & FIXT	1.00	9 33.24
33.25 DEPRECIATION RELIEF EQUIPMENT	A	176,962		CAP REL COSTS-MVBLE EQUIP	2.00	9 33.25
33.26 NONALLOWABLE INT EXP 1993	A	-4,204		CAP REL COSTS-MVBLE EQUIP	2.00	11 33.26
33.27 NONALLOWABLE INT EXP 2003/2009	A	-10,692		CAP REL COSTS-MVBLE EQUIP	2.00	11 33.27
33.28 UNALLOWABLE AHA MEMBERSHIP	A	-19,354		ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29 AMBULANCE SERVICES	B	-33,505		AMBULANCE SERVICES	95.00	0 33.29
33.30 HAF ADJUSTMENT	A	-19,032,448		ADMINISTRATIVE & GENERAL	5.00	0 33.30
33.31 AUDIOLOGY - OTHER REVENUE	B	-830		SPEECH PATHOLOGY	68.00	0 33.31
33.32 LAB SPECIMENT PROC OTHER REVENUE	B	5,224		LABORATORY	60.00	0 33.32
33.33 CARDIAC STEPDOWN OTHER REVENUE	B	-1,441		ADULTS & PEDIATRICS	30.00	0 33.33
33.34 RESPIRATORY CARE OTHER REVENUE	B	-779		RESPIRATORY THERAPY	65.00	0 33.34
33.35 OUTPATIENT PT AND OT MARR ROAD FACIL	B	-27		PHYSICAL THERAPY	66.00	0 33.35
33.36 PT SOLUTIONS OF WEST COLUMBUS OTHER	B	-8,957		PHYSICAL THERAPY	66.00	0 33.36
33.37 PT SOLUTIONS OF SOUTH INDIANAPOLIS O	B	-4,858		PHYSICAL THERAPY	66.00	0 33.37
33.38 LAB CORE OTHER REVENUE	B	-2,284		LABORATORY	60.00	0 33.38
33.39 NURSING RESOURCES OTHER REVENUE	B	-7,000		NURSING ADMINISTRATION	13.00	0 33.39
33.40 ENVIRONMENTAL SERVICES RESTROOM VEND	B	-150		HOUSEKEEPING	9.00	0 33.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,418,782				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0112
 Period: From 01/01/2022 To 12/31/2022
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2023 8:40 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	3,969,494	4,992,238	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	TRAVEL & ENTERTAINMENT	48,681	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES - SALARIES	1,316,744	1,324,012	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES - BENEFITS	755	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HUMAN RESOURCES - OTHER	48	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	GENERAL ADMINISTRATION - SAL	1,519,412	2,072,950	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	GENERAL ADMINISTRATION - OTH	8,014	0	4.03
4.04	9.00	HOUSEKEEPING	ENVIRONMENTAL SERVICES - SAL	2,625	2,625	4.04
4.05	13.00	NURSING ADMINISTRATION	NURSING ADMIN - SALARIES	4,108	4,108	4.05
4.06	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES - SALARIES	649,499	645,499	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES - OTHER	26	0	4.07
4.08	30.00	ADULTS & PEDIATRICS	ADULTS & PEDS - SALARIES	326,698	326,696	4.08
4.09	31.00	INTENSIVE CARE UNIT	ICU - SALARIES	51,928	51,928	4.09
4.10	41.00	SUBPROVIDER - IRF	REHAB - SALARIES	8,429	8,429	4.10
4.11	50.00	OPERATING ROOM	OPERATING ROOM - SALARIES	7,927,736	7,591,745	4.11
4.12	50.00	OPERATING ROOM	OPERATING ROOM - BENEFITS	398	0	4.12
4.13	50.00	OPERATING ROOM	OPERATING ROOM - OTHER	145	0	4.13
4.14	51.00	RECOVERY ROOM	RECOVERY ROOM - SALARIES	1,153,695	1,062,522	4.14
4.15	53.00	ANESTHESIOLOGY	ANESTHESIA - BENEFITS	15	0	4.15
4.16	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY - SALARIES	1,456	1,456	4.16
4.17	54.02	ULTRA SOUND	ULTRASOUND - SALARIES	3,893	3,893	4.17
4.18	54.03	MAMMOGRAPHY	MAMMOGRAPHY - SALARIES	951	951	4.18
4.19	57.00	CT SCAN	CT SCAN - SALARIES	200	200	4.19
4.20	58.00	MRI	MRI - SALARIES	1,708	1,708	4.20
4.21	59.00	CARDIAC CATHETERIZATION	CARDIAC CATH - SALARIES	660	661	4.21
4.22	90.03	WOUND CENTER	WOUND CENTER - SALARIES	128	128	4.22
4.23	91.00	EMERGENCY	EMERGENCY ROOM - SALARIES	21,926	21,925	4.23
4.24	194.08	CRHP	CRHP - SALARIES	11,088	11,088	4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	INSURANCE & TAXES - OTHER	1,145	0	4.25
4.26	30.00	ADULTS & PEDIATRICS	CRHP PHYSICIAN PART A	576,113	0	4.26
4.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS (SI MH) - B	411,209	479,503	4.27
4.28	5.00	ADMINISTRATIVE & GENERAL	EMPLOYEE BENEFITS (SI MH) - B	417,437	486,766	4.28
4.29	14.00	CENTRAL SERVICES & SUPPLY	EMPLOYEE BENEFITS (SI MH) - B	180,873	210,913	4.29
4.30	50.00	OPERATING ROOM	EMPLOYEE BENEFITS (SI MH) - B	1,829,376	2,133,203	4.30
4.31	51.00	RECOVERY ROOM	EMPLOYEE BENEFITS (SI MH) - B	273,233	318,613	4.31
4.32	4.00	EMPLOYEE BENEFITS DEPARTMENT	BUDGET - SALARIES	253,857	72,778	4.32
4.33	5.00	ADMINISTRATIVE & GENERAL	BUDGET - SALARIES	343,943	98,605	4.33
4.34	14.00	CENTRAL SERVICES & SUPPLY	BUDGET - SALARIES	32,890	9,429	4.34
4.35	50.00	OPERATING ROOM	BUDGET - SALARIES	329,705	94,523	4.35
4.36	51.00	RECOVERY ROOM	BUDGET - SALARIES	29,017	8,319	4.36
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,709,258	22,037,414	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	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	D TRAPP	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	S STARK	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	D DOUP	0.00	SI HEALTH MANAGEMENT	0.00	10.01
10.02	E	D MI CHAEL	0.00	SI HEALTH MANAGEMENT	0.00	10.02

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

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 8:40 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
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: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 8:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,022,744	0		1.00
2.00	48,681	0		2.00
3.00	-7,268	0		3.00
4.00	755	0		4.00
4.01	48	0		4.01
4.02	-553,538	0		4.02
4.03	8,014	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	4,000	0		4.06
4.07	26	0		4.07
4.08	2	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	335,991	0		4.11
4.12	398	0		4.12
4.13	145	0		4.13
4.14	91,173	0		4.14
4.15	15	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	-1	0		4.21
4.22	0	0		4.22
4.23	1	0		4.23
4.24	0	0		4.24
4.25	1,145	0		4.25
4.26	576,113	0		4.26
4.27	-68,294	0		4.27
4.28	-69,329	0		4.28
4.29	-30,040	0		4.29
4.30	-303,827	0		4.30
4.31	-45,380	0		4.31
4.32	181,079	0		4.32
4.33	245,338	0		4.33
4.34	23,461	0		4.34
4.35	235,182	0		4.35
4.36	20,698	0		4.36
5.00	-328,156	0		5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
100.00			100.00

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

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2023 8:40 am

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(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: 15-0112

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 8:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,615,103	3,415,153	199,950	211,500	721	1.00
2.00	30.00	ADULTS & PEDIATRICS	744,684	0	744,684	211,500	4,829	2.00
3.00	41.00	SUBPROVIDER - IRF	213,417	0	213,417	211,500	8,703	3.00
4.00	50.00	OPERATING ROOM	7,910,485	5,282,223	2,628,262	246,400	21,453	4.00
5.00	53.00	ANESTHESIOLOGY	241,889	181,889	60,000	246,400	460	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,002,637	952,637	50,000	271,900	336	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	45,000	0	45,000	271,900	198	7.00
8.00	59.00	CARDIAC CATHETERIZATION	55,000	0	55,000	211,500	423	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	326,400	101,400	225,000	260,300	1,500	9.00
10.00	65.00	RESPIRATORY THERAPY	50,000	0	50,000	211,500	334	10.00
11.00	66.00	PHYSICAL THERAPY	50,000	0	50,000	211,500	258	11.00
12.00	69.00	ELECTROCARDIOLOGY	3,600	0	3,600	211,500	36	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	20,000	0	20,000	211,500	200	13.00
14.00	90.02	NEUROPSYCH	195,914	195,914	0	211,500	0	14.00
15.00	90.03	WOUND CENTER	67,397	0	67,397	211,500	404	15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	2,603	0	2,603	211,500	16	16.00
17.00	90.05	VIMCARE CLINIC	20,000	0	20,000	211,500	363	17.00
18.00	91.00	EMERGENCY	2,843,041	100,000	2,743,041	211,500	26,419	18.00
19.00	95.00	AMBULANCE SERVICES	17,500	0	17,500	211,500	158	19.00
200.00			17,424,670	10,229,216	7,195,454		66,811	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2
Date/Time Prepared:
5/30/2023 8:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	73,313	3,666	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	491,026	24,551	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	884,945	44,247	0	0	0	3.00
4.00	50.00	OPERATING ROOM	2,541,355	127,068	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	54,492	2,725	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	43,922	2,196	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	25,883	1,294	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	43,012	2,151	0	0	0	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	187,716	9,386	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	33,962	1,698	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	26,234	1,312	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	3,661	183	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	20,337	1,017	0	0	0	13.00
14.00	90.02	NEUROPSYCH	0	0	0	0	0	14.00
15.00	90.03	WOUND CENTER	41,080	2,054	0	0	0	15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	1,627	81	0	0	0	16.00
17.00	90.05	VIMCARE CLINIC	36,911	1,846	0	0	0	17.00
18.00	91.00	EMERGENCY	2,686,355	134,318	0	0	0	18.00
19.00	95.00	AMBULANCE SERVICES	16,066	803	0	0	0	19.00
200.00			7,211,897	360,596	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2023 8:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	73,313	126,637	3,541,790		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	491,026	253,658	253,658		2.00
3.00	41.00	SUBPROVIDER - IRF	0	884,945	0	0		3.00
4.00	50.00	OPERATING ROOM	0	2,541,355	86,907	5,369,130		4.00
5.00	53.00	ANESTHESIOLOGY	0	54,492	5,508	187,397		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	43,922	6,078	958,715		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	25,883	19,117	19,117		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	43,012	11,988	11,988		8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	0	187,716	37,284	138,684		9.00
10.00	65.00	RESPIRATORY THERAPY	0	33,962	16,038	16,038		10.00
11.00	66.00	PHYSICAL THERAPY	0	26,234	23,766	23,766		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	3,661	0	0		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	20,337	0	0		13.00
14.00	90.02	NEUROPSYCH	0	0	0	195,914		14.00
15.00	90.03	WOUND CENTER	0	41,080	26,317	26,317		15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	0	1,627	976	976		16.00
17.00	90.05	VIMCARE CLINIC	0	36,911	0	0		17.00
18.00	91.00	EMERGENCY	0	2,686,355	56,686	156,686		18.00
19.00	95.00	AMBULANCE SERVICES	0	16,066	1,434	1,434		19.00
200.00			0	7,211,897	672,394	10,901,610		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	10,187,382	10,187,382				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	13,936,655		13,936,655			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	30,391,212	155,614	4,908	30,551,734		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	43,998,321	801,816	6,896,936	5,823,693	57,520,766	5.00
7.00 00700 OPERATION OF PLANT	9,097,962	4,978,864	323,662	1,093,571	15,494,059	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	810,889	11,075	0	12,714	834,678	8.00
9.00 00900 HOUSEKEEPING	2,780,601	72,633	132,943	720,141	3,706,318	9.00
10.00 01000 DIETARY	1,672,306	109,970	9,097	348,589	2,139,962	10.00
11.00 01100 CAFETERIA	1,342,084	86,435	12,248	469,310	1,910,077	11.00
13.00 01300 NURSING ADMINISTRATION	6,843,311	140,484	30,286	1,930,485	8,944,566	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,246,207	106,237	57,386	3,247	1,413,077	14.00
15.00 01500 PHARMACY	6,173,194	67,123	235,414	1,094,516	7,570,247	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,585,968	51,084	1,303	440,651	2,079,006	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	604,988	4,894	8,327	199,922	818,131	23.01
23.02 02302 PHARMACY RESIDENCY PROG	353,795	5,258	8,514	99,273	466,840	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	40,655,455	1,086,252	190,690	5,761,080	47,693,477	30.00
31.00 03100 INTENSIVE CARE UNIT	9,315,070	153,251	80,739	759,614	10,308,674	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	2,569,962	155,013	10,494	580,576	3,316,045	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,707,117	8,153	14,011	428,459	2,157,740	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	21,295,713	556,942	1,682,463	394,471	23,929,589	50.00
51.00 05100 RECOVERY ROOM	1,990,455	44,539	3,350	2,747	2,041,091	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,308,551	53,545	20,176	533,379	2,915,651	52.00
53.00 05300 ANESTHESIOLOGY	145,514	1,664	2,193	0	149,371	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,959,028	118,808	167,427	369,550	2,614,813	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	2,142,578	47,000	149,546	179,972	2,519,096	54.01
54.02 05404 ULTRA SOUND	1,154,825	21,032	17,647	142,493	1,335,997	54.02
54.03 05405 MAMMOGRAPHY	1,119,292	1,412	184,137	202,881	1,507,722	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	2,550,146	109,201	797,459	222,830	3,679,636	55.00
57.00 05700 CT SCAN	2,071,561	25,255	26,345	235,984	2,359,145	57.00
58.00 05800 MRI	824,968	12,586	17,063	135,566	990,183	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,441,622	129,408	325,040	574,469	3,470,539	59.00
60.00 06000 LABORATORY	12,703,548	151,978	283,821	1,380,681	14,520,028	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	1,794,824	16,949	32,745	119,641	1,964,159	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	764,712	5,985	2,970	27,982	801,649	62.00
65.00 06500 RESPIRATORY THERAPY	4,477,869	110,488	86,835	684,160	5,359,352	65.00
66.00 06600 PHYSICAL THERAPY	6,404,537	8,614	11,677	77,629	6,502,457	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,387,951	3,090	6,023	20,926	2,417,990	67.00
68.00 06800 SPEECH PATHOLOGY	960,728	0	16,683	68,119	1,045,530	68.00
69.00 06900 ELECTROCARDIOLOGY	1,274,882	19,550	265,663	260,062	1,820,157	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,219,342	0	5,931	209,978	1,435,251	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,780,546	0	0	0	7,780,546	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,758,504	0	0	0	8,758,504	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	24,994,971	0	0	0	24,994,971	73.00
74.00 07400 RENAL DIALYSIS	817,533	0	0	0	817,533	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	395,891	22,109	1,833	88,463	508,296	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,071,255	100,937	20,747	550,067	2,743,006	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02 09002 NEUROPSYCH	130,112	1,147	171	38,108	169,538	90.02
90.03 09003 WOUND CENTER	1,633,519	0	3,917	177,493	1,814,929	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	260,707	0	151	44,908	305,766	90.04
90.05 09005 VIMCARE CLINIC	637,102	59,502	6,058	188,671	891,333	90.05
90.06 09006 MEDICATION MGMT CLINIC	251,109	12,823	7,736	84,849	356,517	90.06
91.00 09100 EMERGENCY	10,467,943	252,482	95,654	2,212,026	13,028,105	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	3,201,010	112,320	214,513	867,002	4,394,845	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	318,665,327	9,993,522	12,472,932	29,860,948	316,316,958	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	43,646	37,981	184	14,040	95,851	190.00
194.00 07950	WELLNESS COMMUNITY	313,596	0	3,383	65,140	382,119	194.00
194.01 07951	BUILDING RENTALS	187,572	0	0	0	187,572	194.01
194.02 07952	HOSPICE	109,892	13,075	0	0	122,967	194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954	SPEECH - HEARING AIDS	226,075	0	0	0	226,075	194.04
194.05 07955	NONALLOWABLE MARKETING	515,569	0	0	0	515,569	194.05
194.06 07956	CRH FOUNDATION	54,478	26,891	0	17,188	98,557	194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08 07958	CRHP	3,520,599	108,348	1,459,029	594,418	5,682,394	194.08
194.09 07959	NEUROPSYCH PART B	0	7,565	1,127	0	8,692	194.09
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)	323,636,754	10,187,382	13,936,655	30,551,734	323,636,754	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/30/2023 8:40 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,520,766				5.00
7.00	00700	OPERATION OF PLANT	3,349,025	18,843,084			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	180,415	49,092	1,064,185		8.00
9.00	00900	HOUSEKEEPING	801,117	321,948	0	4,829,383	9.00
10.00	01000	DIETARY	462,551	487,447	0	62,555	3,152,515
11.00	01100	CAFETERIA	412,861	383,127	0	83,688	0
13.00	01300	NURSING ADMINISTRATION	1,933,359	622,698	0	14,371	0
14.00	01400	CENTRAL SERVICES & SUPPLY	305,435	470,897	0	63,400	0
15.00	01500	PHARMACY	1,636,301	297,526	0	35,504	0
16.00	01600	MEDICAL RECORDS & LIBRARY	449,375	226,430	0	5,917	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	176,838	21,695	0	1,691	0
23.02	02302	PHARMACY RESIDENCY PROG	100,907	23,306	0	2,536	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,308,956	4,814,843	350,676	1,702,495	2,522,147
31.00	03100	INTENSIVE CARE UNIT	2,228,210	679,290	44,636	252,754	282,611
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	716,760	687,100	43,323	136,944	253,728
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	466,393	36,137	14,443	1,691	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,172,357	2,468,662	230,214	756,572	17,988
51.00	05100	RECOVERY ROOM	441,180	197,421	46,959	104,821	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	630,215	237,339	15,949	72,699	0
53.00	05300	ANESTHESIOLOGY	32,286	7,376	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	565,189	526,622	77,304	110,739	1,646
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	544,500	208,330	0	61,709	0
54.02	05404	ULTRA SOUND	288,774	93,225	0	20,288	0
54.03	05405	MAMMOGRAPHY	325,893	6,260	4,212	20,288	0
55.00	05500	RADIOLOGY-THERAPEUTIC	795,350	484,038	13,292	80,307	12,201
57.00	05700	CT SCAN	509,927	111,944	0	12,680	0
58.00	05800	MRI	214,027	55,786	0	5,917	0
59.00	05900	CARDIAC CATHETERIZATION	750,154	573,606	62,813	129,336	6,381
60.00	06000	LABORATORY	3,138,490	673,649	0	77,771	0
60.01	06001	LABORATORY-PATHOLOGICAL	424,551	75,125	0	4,227	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	173,276	26,529	0	2,536	0
65.00	06500	RESPIRATORY THERAPY	1,158,419	489,741	0	86,224	0
66.00	06600	PHYSICAL THERAPY	1,405,500	38,183	26,263	1,691	0
67.00	06700	OCCUPATIONAL THERAPY	522,646	13,699	11,506	0	0
68.00	06800	SPEECH PATHOLOGY	225,990	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	393,425	86,655	0	1,691	0
70.00	07000	ELECTROENCEPHALOGRAPHY	310,228	0	1,054	121,728	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,681,757	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,893,142	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,402,638	0	0	0	0
74.00	07400	RENAL DIALYSIS	176,709	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	109,868	97,998	0	2,536	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	592,898	447,405	44,472	78,616	40,846
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	36,645	5,083	0	1,691	0
90.03	09003	WOUND CENTER	392,295	0	1,567	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	66,091	0	65	0	0
90.05	09005	VIMCARE CLINIC	192,661	263,745	5,756	248,528	0
90.06	09006	MEDICATION MGMT CLINIC	77,061	56,840	0	12,680	0
91.00	09100	EMERGENCY	2,816,012	1,119,133	69,681	418,439	14,967
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	949,941	497,861	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,938,598	17,983,791	1,064,185	4,797,260	3,152,515 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	20,718	168,350	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	82,595	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	40,544	0	0	0	0 194.01
194.02	07952	HOSPICE	26,579	57,956	0	1,691	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	48,866	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	111,440	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	21,303	119,196	0	30,432	0 194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08	07958	CRHP	1,228,244	480,257	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	1,879	33,534	0	0	0 194.09
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)	57,520,766	18,843,084	1,064,185	4,829,383	3,152,515 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,789,753					11.00
13.00	01300	202,115	11,717,109				13.00
14.00	01400	34,160	212,816	2,499,785			14.00
15.00	01500	88,247	549,988	0	10,177,813		15.00
16.00	01600	99,634	0	0	0	2,860,362	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	19,927	0	0	0	0	23.01
23.02	02302	8,540	56,353	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	600,652	3,757,935	45,266	15,445	303,084	30.00
31.00	03100	65,474	408,621	1,195	6,113	52,113	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	56,934	365,894	0	1,541	23,437	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	37,007	228,616	0	2	10,693	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	290,362	1,828,001	2,300,982	75,497	352,455	50.00
51.00	05100	34,160	208,185	0	112	28,713	51.00
52.00	05200	54,087	346,520	21,014	0	16,304	52.00
53.00	05300	0	0	0	30,709	54,856	53.00
54.00	05400	37,007	0	16,387	17,561	22,615	54.00
54.01	05402	17,080	0	0	134,582	43,601	54.01
54.02	05404	14,233	0	0	765	24,707	54.02
54.03	05405	28,467	0	0	470	19,655	54.03
55.00	05500	22,773	0	0	733	74,606	55.00
57.00	05700	25,620	0	0	54,704	134,442	57.00
58.00	05800	14,233	0	0	30,405	33,411	58.00
59.00	05900	54,087	337,576	17,544	19,068	105,127	59.00
60.00	06000	213,502	0	0	43	263,163	60.00
60.01	06001	14,233	0	0	38	25,190	60.01
62.00	06200	2,847	0	0	0	11,726	62.00
65.00	06500	68,320	430,160	193	771	112,771	65.00
66.00	06600	11,387	0	17,428	977	62,313	66.00
67.00	06700	2,847	0	0	0	22,515	67.00
68.00	06800	8,540	0	0	0	7,119	68.00
69.00	06900	25,620	168,079	0	114,975	46,717	69.00
70.00	07000	22,773	0	0	0	28,619	70.00
71.00	07100	0	0	0	0	108,100	71.00
72.00	07200	0	0	0	0	58,631	72.00
73.00	07300	0	0	0	9,638,796	406,591	73.00
74.00	07400	0	0	0	4,610	10,544	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	8,540	56,104	0	14	6,401	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	68,320	298,389	7,095	4,378	28,168	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	11,387	0	0	0	596	90.02
90.03	09003	19,927	128,746	67,167	4,546	32,458	90.03
90.04	09004	2,847	20,981	0	0	2,244	90.04
90.05	09005	28,467	183,596	0	384	5,320	90.05
90.06	09006	5,693	28,877	0	0	2,465	90.06
91.00	09100	239,122	1,264,146	5,514	8,495	277,243	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	133,794	837,526	0	11,551	41,649	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,692,965	11,717,109	2,499,785	10,177,285	2,860,362
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,847	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	8,540	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	528	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	2,847	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	82,554	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	194.09
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)	2,789,753	11,717,109	2,499,785	10,177,813	2,860,362

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED ED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		1,038,282			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			658,482		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	72,114,976	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	14,329,691	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	5,601,706	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	2,952,722	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	37,422,679	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	3,102,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,309,778	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	274,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,038,282	0	5,028,165	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	3,528,898	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	1,777,989	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	1,912,967	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,162,936	55.00
57.00	05700	CT SCAN	0	0	0	0	3,208,462	57.00
58.00	05800	MRI	0	0	0	0	1,343,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,526,231	59.00
60.00	06000	LABORATORY	0	0	0	0	18,886,646	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	2,507,523	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,018,563	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,705,951	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,066,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,991,203	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,287,179	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,657,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,919,653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,570,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,710,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	658,482	41,101,478	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,009,396	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	789,757	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	4,353,593	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	224,940	90.02
90.03	09003	WOUND CENTER	0	0	0	0	2,461,635	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	397,994	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	1,819,790	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	540,133	90.06
91.00	09100	EMERGENCY	0	0	0	0	19,260,857	91.00
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	6,867,167	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,038,282	658,482	313,746,058 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	287,766	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	473,254	194.00
194.01	07951	BUILDING RENTALS	0	0	0	228,116	194.01
194.02	07952	HOSPICE	0	0	0	209,721	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	274,941	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	627,009	194.05
194.06	07956	CRH FOUNDATION	0	0	0	272,335	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	7,473,449	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	44,105	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,038,282	658,482	323,636,754 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	72,114,976	30.00
31.00	03100	INTENSIVE CARE UNIT	14,329,691	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,601,706	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	2,952,722	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	37,422,679	50.00
51.00	05100	RECOVERY ROOM	3,102,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,309,778	52.00
53.00	05300	ANESTHESIOLOGY	274,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,028,165	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,528,898	54.01
54.02	05404	ULTRA SOUND	1,777,989	54.02
54.03	05405	MAMMOGRAPHY	1,912,967	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	5,162,936	55.00
57.00	05700	CT SCAN	3,208,462	57.00
58.00	05800	MRI	1,343,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,526,231	59.00
60.00	06000	LABORATORY	18,886,646	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	2,507,523	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,018,563	62.00
65.00	06500	RESPIRATORY THERAPY	7,705,951	65.00
66.00	06600	PHYSICAL THERAPY	8,066,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,991,203	67.00
68.00	06800	SPEECH PATHOLOGY	1,287,179	68.00
69.00	06900	ELECTROCARDIOLOGY	2,657,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,919,653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,570,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,710,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,101,478	73.00
74.00	07400	RENAL DIALYSIS	1,009,396	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	789,757	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	4,353,593	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	224,940	90.02
90.03	09003	WOUND CENTER	2,461,635	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	397,994	90.04
90.05	09005	VIMCARE CLINIC	1,819,790	90.05
90.06	09006	MEDICATION MGMT CLINIC	540,133	90.06
91.00	09100	EMERGENCY	19,260,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	6,867,167	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	313,746,058	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	287,766	190.00
194.00	07950	WELLNESS COMMUNITY	0	473,254	194.00
194.01	07951	BUILDING RENTALS	0	228,116	194.01
194.02	07952	HOSPICE	0	209,721	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	274,941	194.04
194.05	07955	NONALLOWABLE MARKETING	0	627,009	194.05
194.06	07956	CRH FOUNDATION	0	272,335	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	7,473,449	194.08
194.09	07959	NEUROPSYCH PART B	0	44,105	194.09
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	323,636,754	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	155,614	4,908	160,522	160,522 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,464,456	801,816	6,896,936	9,163,208	30,610 5.00
7.00 00700	OPERATION OF PLANT	102,685	4,978,864	323,662	5,405,211	5,745 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,787	11,075	0	12,862	67 8.00
9.00 00900	HOUSEKEEPING	5,927	72,633	132,943	211,503	3,783 9.00
10.00 01000	DIETARY	9,253	109,970	9,097	128,320	1,831 10.00
11.00 01100	CAFETERIA	0	86,435	12,248	98,683	2,466 11.00
13.00 01300	NURSING ADMINISTRATION	16,058	140,484	30,286	186,828	10,142 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,476	106,237	57,386	167,099	17 14.00
15.00 01500	PHARMACY	5,339	67,123	235,414	307,876	5,750 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,174	51,084	1,303	64,561	2,315 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	10,010	4,894	8,327	23,231	1,050 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	5,258	8,514	13,772	522 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	156,492	1,086,252	190,690	1,433,434	30,267 30.00
31.00 03100	INTENSIVE CARE UNIT	17,236	153,251	80,739	251,226	3,991 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	44,977	155,013	10,494	210,484	3,050 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	770	8,153	14,011	22,934	2,251 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,124,019	556,942	1,682,463	3,363,424	2,072 50.00
51.00 05100	RECOVERY ROOM	2,910	44,539	3,350	50,799	14 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	53,545	20,176	73,721	2,802 52.00
53.00 05300	ANESTHESIOLOGY	557	1,664	2,193	4,414	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,582	118,808	167,427	290,817	1,941 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	87,275	47,000	149,546	283,821	946 54.01
54.02 05404	ULTRASOUND	3,044	21,032	17,647	41,723	749 54.02
54.03 05405	MAMMOGRAPHY	168,693	1,412	184,137	354,242	1,066 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,186	109,201	797,459	913,846	1,171 55.00
57.00 05700	CT SCAN	39,397	25,255	26,345	90,997	1,240 57.00
58.00 05800	MRI	180,664	12,586	17,063	210,313	712 58.00
59.00 05900	CARDIAC CATHETERIZATION	16,003	129,408	325,040	470,451	3,018 59.00
60.00 06000	LABORATORY	25,031	151,978	283,821	460,830	7,254 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,578	16,949	32,745	51,272	629 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,985	2,970	8,955	147 62.00
65.00 06500	RESPIRATORY THERAPY	15,562	110,488	86,835	212,885	3,594 65.00
66.00 06600	PHYSICAL THERAPY	382,959	8,614	11,677	403,250	408 66.00
67.00 06700	OCCUPATIONAL THERAPY	136,781	3,090	6,023	145,894	110 67.00
68.00 06800	SPEECH PATHOLOGY	57,221	0	16,683	73,904	358 68.00
69.00 06900	ELECTROCARDIOLOGY	2,449	19,550	265,663	287,662	1,366 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	186,495	0	5,931	192,426	1,103 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	1,012	22,109	1,833	24,954	465 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	100,937	20,747	121,684	2,890 90.00
90.01 09001	DIABETES CENTER	0	0	0	0	0 90.01
90.02 09002	NEUROPSYCH	1,007	1,147	171	2,325	200 90.02
90.03 09003	WOUND CENTER	81,866	0	3,917	85,783	932 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	101,146	0	151	101,297	236 90.04
90.05 09005	VIMCARE CLINIC	2,751	59,502	6,058	68,311	991 90.05
90.06 09006	MEDICATION MGMT CLINIC	0	12,823	7,736	20,559	446 90.06
91.00 09100	EMERGENCY	5,319	252,482	95,654	353,455	11,621 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	25,592	112,320	214,513	352,425	4,555	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,511,739	9,993,522	12,472,932	26,978,193	156,893	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	37,981	184	38,165	74	190.00
194.00 07950	WELLNESS COMMUNITY	64,560	0	3,383	67,943	342	194.00
194.01 07951	BUILDING RENTALS	31,509	0	0	31,509	0	194.01
194.02 07952	HOSPICE	0	13,075	0	13,075	0	194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956	CRH FOUNDATION	0	26,891	0	26,891	90	194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08 07958	CRHP	438,968	108,348	1,459,029	2,006,345	3,123	194.08
194.09 07959	NEUROPSYCH PART B	0	7,565	1,127	8,692	0	194.09
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)	5,046,776	10,187,382	13,936,655	29,170,813	160,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 8:40 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,193,818				5.00
7.00	00700	OPERATION OF PLANT	535,289	5,946,245			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,836	15,492	57,257		8.00
9.00	00900	HOUSEKEEPING	128,046	101,596	0	444,928	9.00
10.00	01000	DIETARY	73,931	153,822	0	5,763	363,667
11.00	01100	CAFETERIA	65,989	120,902	0	7,710	0
13.00	01300	NURSING ADMINISTRATION	309,017	196,503	0	1,324	0
14.00	01400	CENTRAL SERVICES & SUPPLY	48,819	148,599	0	5,841	0
15.00	01500	PHARMACY	261,537	93,889	0	3,271	0
16.00	01600	MEDICAL RECORDS & LIBRARY	71,825	71,454	0	545	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	28,265	6,846	0	156	0
23.02	02302	PHARMACY RESIDENCY PROG	16,128	7,355	0	234	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,647,759	1,519,401	18,866	156,846	290,949
31.00	03100	INTENSIVE CARE UNIT	356,144	214,361	2,402	23,286	32,601
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	114,563	216,826	2,331	12,617	29,270
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	74,546	11,404	777	156	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	826,719	779,027	12,386	69,703	2,075
51.00	05100	RECOVERY ROOM	70,516	62,299	2,527	9,657	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,730	74,896	858	6,698	0
53.00	05300	ANESTHESIOLOGY	5,160	2,328	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,337	166,184	4,159	10,202	190
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	87,030	65,742	0	5,685	0
54.02	05404	ULTRA SOUND	46,156	29,419	0	1,869	0
54.03	05405	MAMMOGRAPHY	52,089	1,976	227	1,869	0
55.00	05500	RADIOLOGY-THERAPEUTIC	127,124	152,746	715	7,399	1,407
57.00	05700	CT SCAN	81,504	35,326	0	1,168	0
58.00	05800	MRI	34,209	17,604	0	545	0
59.00	05900	CARDIAC CATHETERIZATION	119,900	181,011	3,380	11,916	736
60.00	06000	LABORATORY	501,638	212,581	0	7,165	0
60.01	06001	LABORATORY-PATHOLOGICAL	67,858	23,707	0	389	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	27,695	8,372	0	234	0
65.00	06500	RESPIRATORY THERAPY	185,155	154,546	0	7,944	0
66.00	06600	PHYSICAL THERAPY	224,647	12,049	1,413	156	0
67.00	06700	OCCUPATIONAL THERAPY	83,537	4,323	619	0	0
68.00	06800	SPEECH PATHOLOGY	36,121	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	62,883	27,345	0	156	0
70.00	07000	ELECTROENCEPHALOGRAPHY	49,585	0	57	11,215	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	268,802	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	302,589	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	863,526	0	0	0	0
74.00	07400	RENAL DIALYSIS	28,244	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	17,561	30,925	0	234	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	94,765	141,186	2,393	7,243	4,712
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	5,857	1,604	0	156	0
90.03	09003	WOUND CENTER	62,702	0	84	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	10,564	0	4	0	0
90.05	09005	VIMCARE CLINIC	30,794	83,229	310	22,897	0
90.06	09006	MEDIATION MGMT CLINIC	12,317	17,937	0	1,168	0
91.00	09100	EMERGENCY	450,095	353,161	3,749	38,551	1,727
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	151,833	157,108	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 8:40 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,940,936	5,675,081	57,257	441,968	363,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,311	53,126	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	13,201	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	6,480	0	0	0	0	194.01
194.02	07952	HOSPICE	4,248	18,289	0	156	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	7,810	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	17,812	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	3,405	37,614	0	2,804	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	196,315	151,553	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	300	10,582	0	0	0	194.09
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)	9,193,818	5,946,245	57,257	444,928	363,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/30/2023 8:40 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	295,750					11.00
13.00	01300	21,427	725,241				13.00
14.00	01400	3,621	13,172	387,168			14.00
15.00	01500	9,355	34,042	0	715,720		15.00
16.00	01600	10,562	0	0	0	221,262	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	2,112	0	0	0	0	23.01
23.02	02302	905	3,488	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,679	232,602	7,011	1,086	23,447	30.00
31.00	03100	6,941	25,292	185	430	4,031	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	6,036	22,647	0	108	1,813	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,923	14,150	0	0	827	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,782	113,146	356,377	5,309	27,266	50.00
51.00	05100	3,621	12,886	0	8	2,221	51.00
52.00	05200	5,734	21,448	3,255	0	1,261	52.00
53.00	05300	0	0	0	2,159	4,244	53.00
54.00	05400	3,923	0	2,538	1,235	1,749	54.00
54.01	05402	1,811	0	0	9,464	3,373	54.01
54.02	05404	1,509	0	0	54	1,911	54.02
54.03	05405	3,018	0	0	33	1,520	54.03
55.00	05500	2,414	0	0	52	5,772	55.00
57.00	05700	2,716	0	0	3,847	10,400	57.00
58.00	05800	1,509	0	0	2,138	2,585	58.00
59.00	05900	5,734	20,895	2,717	1,341	8,133	59.00
60.00	06000	22,634	0	0	3	20,358	60.00
60.01	06001	1,509	0	0	3	1,949	60.01
62.00	06200	302	0	0	0	907	62.00
65.00	06500	7,243	26,625	30	54	8,724	65.00
66.00	06600	1,207	0	2,699	69	4,821	66.00
67.00	06700	302	0	0	0	1,742	67.00
68.00	06800	905	0	0	0	551	68.00
69.00	06900	2,716	10,403	0	8,085	3,614	69.00
70.00	07000	2,414	0	0	0	2,214	70.00
71.00	07100	0	0	0	0	8,363	71.00
72.00	07200	0	0	0	0	4,536	72.00
73.00	07300	0	0	0	677,816	31,436	73.00
74.00	07400	0	0	0	324	816	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	905	3,473	0	1	495	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,243	18,469	1,099	308	2,179	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	1,207	0	0	0	46	90.02
90.03	09003	2,112	7,969	10,403	320	2,511	90.03
90.04	09004	302	1,299	0	0	174	90.04
90.05	09005	3,018	11,364	0	27	412	90.05
90.06	09006	604	1,787	0	0	191	90.06
91.00	09100	25,350	78,245	854	597	21,448	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	14,184	51,839	0	812	3,222	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	285,489	725,241	387,168	715,683	221,262
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	302	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	905	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	37	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	302	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	8,752	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	295,750	725,241	387,168	715,720	221,262

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED ED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		61,660			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			42,404		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0				5,425,347	30.00
31.00	03100	INTENSIVE CARE UNIT	0				920,890	31.00
32.00	03200	CORONARY CARE UNIT	0				0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				0	34.00
40.00	04000	SUBPROVIDER - I/PF	0				0	40.00
41.00	04100	SUBPROVIDER - I/RF	0				619,745	41.00
42.00	04200	SUBPROVIDER	0				0	42.00
43.00	04300	NURSERY	0				130,968	43.00
44.00	04400	SKILLED NURSING FACILITY	0				0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				5,588,286	50.00
51.00	05100	RECOVERY ROOM	0				214,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				291,403	52.00
53.00	05300	ANESTHESIOLOGY	0				18,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				573,275	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0				457,872	54.01
54.02	05404	ULTRASOUND	0				123,390	54.02
54.03	05405	MAMMOGRAPHY	0				416,040	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0				1,212,646	55.00
57.00	05700	CT SCAN	0				227,198	57.00
58.00	05800	MRI	0				269,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	0				829,232	59.00
60.00	06000	LABORATORY	0				1,232,463	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0				147,316	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0				46,612	62.00
65.00	06500	RESPIRATORY THERAPY	0				606,800	65.00
66.00	06600	PHYSICAL THERAPY	0				650,719	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				236,527	67.00
68.00	06800	SPEECH PATHOLOGY	0				111,839	68.00
69.00	06900	ELECTROCARDIOLOGY	0				404,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				259,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				277,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				307,125	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				1,572,778	73.00
74.00	07400	RENAL DIALYSIS	0				29,384	74.00
76.00	03020	ACUPUNCTURE	0				0	76.00
76.97	07697	CARDIAC REHABILITATION	0				79,013	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				0	89.00
90.00	09000	CLINIC	0				404,171	90.00
90.01	09001	DIABETES CENTER	0				0	90.01
90.02	09002	NEUROPSYCH	0				11,395	90.02
90.03	09003	WOUND CENTER	0				172,816	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0				113,876	90.04
90.05	09005	VIMCARE CLINIC	0				221,353	90.05
90.06	09006	MEDICATION MGMT CLINIC	0				55,009	90.06
91.00	09100	EMERGENCY	0				1,338,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0				735,978	95.00
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00
111.00	11100	ISLET ACQUISITION	0			0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	26,333,196	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			94,978	190.00
194.00	07950	WELLNESS COMMUNITY	0			82,391	194.00
194.01	07951	BUILDING RENTALS	0			37,989	194.01
194.02	07952	HOSPICE	0			35,805	194.02
194.03	07953	OUTREACH CLINICS	0			0	194.03
194.04	07954	SPEECH - HEARING AIDS	0			7,810	194.04
194.05	07955	NONALLOWABLE MARKETING	0			17,812	194.05
194.06	07956	CRH FOUNDATION	0			71,106	194.06
194.07	07957	HEALTHY COMMUNITIES	0			0	194.07
194.08	07958	CRHP	0			2,366,088	194.08
194.09	07959	NEUROPSYCH PART B	0			19,574	194.09
200.00		Cross Foot Adjustments		0	61,660	42,404	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	61,660	42,404	29,170,813

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	90.04
90.05	09005	VIMCARE CLINIC	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	26,333,196	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	94,978	190.00
194.00	07950	WELLNESS COMMUNITY	0	82,391	194.00
194.01	07951	BUILDING RENTALS	0	37,989	194.01
194.02	07952	HOSPICE	0	35,805	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	7,810	194.04
194.05	07955	NONALLOWABLE MARKETING	0	17,812	194.05
194.06	07956	CRH FOUNDATION	0	71,106	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	2,366,088	194.08
194.09	07959	NEUROPSYCH PART B	0	19,574	194.09
200.00		Cross Foot Adjustments	0	104,064	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	29,170,813	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	728,501				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,667,402			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,128	4,813	94,974,938		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	57,338	6,763,687	18,103,868	-57,520,766	266,115,988 5.00
7.00 00700	OPERATION OF PLANT	356,039	317,409	3,399,539	0	15,494,059 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	39,522	0	834,678 8.00
9.00 00900	HOUSEKEEPING	5,194	130,375	2,238,674	0	3,706,318 9.00
10.00 01000	DIETARY	7,864	8,921	1,083,644	0	2,139,962 10.00
11.00 01100	CAFETERIA	6,181	12,011	1,458,926	0	1,910,077 11.00
13.00 01300	NURSING ADMINISTRATION	10,046	29,701	6,001,222	0	8,944,566 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,597	56,277	10,093	0	1,413,077 14.00
15.00 01500	PHARMACY	4,800	230,866	3,402,477	0	7,570,247 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,653	1,278	1,369,835	0	2,079,006 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	350	8,166	621,490	0	818,131 23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	8,350	308,607	0	466,840 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	77,678	187,006	17,909,240	0	47,693,477 30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	79,179	2,361,382	0	10,308,674 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RP	11,085	10,291	1,804,815	0	3,316,045 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	583	13,740	1,331,932	0	2,157,740 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,827	1,649,959	1,226,276	0	23,929,589 50.00
51.00 05100	RECOVERY ROOM	3,185	3,285	8,539	0	2,041,091 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,829	19,786	1,658,093	0	2,915,651 52.00
53.00 05300	ANESTHESIOLOGY	119	2,151	0	0	149,371 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,496	164,192	1,148,804	0	2,614,813 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,361	146,657	559,472	0	2,519,096 54.01
54.02 05404	ULTRA SOUND	1,504	17,306	442,961	0	1,335,997 54.02
54.03 05405	MAMMOGRAPHY	101	180,580	630,687	0	1,507,722 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,809	782,053	692,704	0	3,679,636 55.00
57.00 05700	CT SCAN	1,806	25,836	733,593	0	2,359,145 57.00
58.00 05800	MRI	900	16,733	421,430	0	990,183 58.00
59.00 05900	CARDIAC CATHETERIZATION	9,254	318,760	1,785,828	0	3,470,539 59.00
60.00 06000	LABORATORY	10,868	278,338	4,292,069	0	14,520,028 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	32,112	371,922	0	1,964,159 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	428	2,913	86,987	0	801,649 62.00
65.00 06500	RESPIRATORY THERAPY	7,901	85,157	2,126,820	0	5,359,352 65.00
66.00 06600	PHYSICAL THERAPY	616	11,451	241,323	0	6,502,457 66.00
67.00 06700	OCCUPATIONAL THERAPY	221	5,907	65,053	0	2,417,990 67.00
68.00 06800	SPEECH PATHOLOGY	0	16,361	211,759	0	1,045,530 68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	260,531	808,444	0	1,820,157 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,816	652,751	0	1,435,251 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,780,546 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,758,504 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,994,971 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	817,533 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	1,581	1,798	275,002	0	508,296 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	7,218	20,346	1,709,971	0	2,743,006 90.00
90.01 09001	DIABETES CENTER	0	0	0	0	0 90.01
90.02 09002	NEUROPSYCH	82	168	118,464	0	169,538 90.02
90.03 09003	WOUND CENTER	0	3,841	551,765	0	1,814,929 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	148	139,604	0	305,766 90.04
90.05 09005	VIMCARE CLINIC	4,255	5,941	586,514	0	891,333 90.05
90.06 09006	MEDICATION MGMT CLINIC	917	7,587	263,768	0	356,517 90.06
91.00 09100	EMERGENCY	18,055	93,806	6,876,436	0	13,028,105 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)						
	1.00	2.00	4.00					
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,032	210,369	2,695,214	0	4,394,845	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	714,638	12,231,958	92,827,519	-57,520,766	258,796,192	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,716	180	43,646	0	95,851	190.00
194.00	07950	WELLNESS COMMUNITY	0	3,318	202,497	0	382,119	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	187,572	194.01
194.02	07952	HOSPICE	935	0	0	0	122,967	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	226,075	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	515,569	194.05
194.06	07956	CRH FOUNDATION	1,923	0	53,432	0	98,557	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	7,748	1,430,841	1,847,844	0	5,682,394	194.08
194.09	07959	NEUROPSYCH PART B	541	1,105	0	0	8,692	194.09
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)	10,187,382	13,936,655	30,551,734		57,520,766	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.984033	1.019700	0.321682		0.216149	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			160,522		9,193,818	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001690		0.034548	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: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	303,996					7.00
8.00	00800	792	2,049,410				8.00
9.00	00900	5,194	0	5,713			9.00
10.00	01000	7,864	0	74	185,775		10.00
11.00	01100	6,181	0	99	0	980	11.00
13.00	01300	10,046	0	17	0	71	13.00
14.00	01400	7,597	0	75	0	12	14.00
15.00	01500	4,800	0	42	0	31	15.00
16.00	01600	3,653	0	7	0	35	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	350	0	2	0	7	23.01
23.02	02302	376	0	3	0	3	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	77,678	675,336	2,014	148,628	211	30.00
31.00	03100	10,959	85,960	299	16,654	23	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,085	83,432	162	14,952	20	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	27,814	2	0	13	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,827	443,346	895	1,060	102	50.00
51.00	05100	3,185	90,433	124	0	12	51.00
52.00	05200	3,829	30,714	86	0	19	52.00
53.00	05300	119	0	0	0	0	53.00
54.00	05400	8,496	148,872	131	97	13	54.00
54.01	05402	3,361	0	73	0	6	54.01
54.02	05404	1,504	0	24	0	5	54.02
54.03	05405	101	8,111	24	0	10	54.03
55.00	05500	7,809	25,597	95	719	8	55.00
57.00	05700	1,806	0	15	0	9	57.00
58.00	05800	900	0	7	0	5	58.00
59.00	05900	9,254	120,966	153	376	19	59.00
60.00	06000	10,868	0	92	0	75	60.00
60.01	06001	1,212	0	5	0	5	60.01
62.00	06200	428	0	3	0	1	62.00
65.00	06500	7,901	0	102	0	24	65.00
66.00	06600	616	50,577	2	0	4	66.00
67.00	06700	221	22,158	0	0	1	67.00
68.00	06800	0	0	0	0	3	68.00
69.00	06900	1,398	0	2	0	9	69.00
70.00	07000	0	2,029	144	0	8	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,581	0	3	0	3	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,218	85,645	93	2,407	24	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	82	0	2	0	4	90.02
90.03	09003	0	3,018	0	0	7	90.03
90.04	09004	0	126	0	0	1	90.04
90.05	09005	4,255	11,085	294	0	10	90.05
90.06	09006	917	0	15	0	2	90.06
91.00	09100	18,055	134,191	495	882	84	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	8,032	0	0	0	47	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,133	2,049,410	5,675	185,775	946 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,716	0	0	0	1 190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	3 194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0 194.01
194.02	07952	HOSPICE	935	0	2	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	1,923	0	36	0	1 194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08	07958	CRHP	7,748	0	0	0	29 194.08
194.09	07959	NEUROPSYCH PART B	541	0	0	0	0 194.09
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)	18,843,084	1,064,185	4,829,383	3,152,515	2,789,753 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	61.984645	0.519264	845.332225	16.969533	2,846.686735 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,946,245	57,257	444,928	363,667	295,750 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.560274	0.027938	77.879923	1.957567	301.785714 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: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,363,773					13.00
14.00	01400	24,770	64,833				14.00
15.00	01500	64,014	0	25,974,849			15.00
16.00	01600	0	0	0	903,305,588		16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	6,559	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	437,392	1,174	39,417	95,700,648	0	30.00
31.00	03100	47,560	31	15,602	16,454,922	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	42,587	0	3,933	7,400,339	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	26,609	0	5	3,376,431	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	212,764	59,677	192,676	111,289,949	0	50.00
51.00	05100	24,231	0	285	9,066,340	0	51.00
52.00	05200	40,332	545	0	5,147,953	0	52.00
53.00	05300	0	0	78,372	17,321,214	0	53.00
54.00	05400	0	425	44,818	7,140,679	0	54.00
54.01	05402	0	0	343,467	13,767,143	0	54.01
54.02	05404	0	0	1,952	7,801,256	0	54.02
54.03	05405	0	0	1,200	6,206,056	0	54.03
55.00	05500	0	0	1,870	23,557,432	0	55.00
57.00	05700	0	0	139,611	42,450,832	0	57.00
58.00	05800	0	0	77,598	10,549,756	0	58.00
59.00	05900	39,291	455	48,663	33,194,438	0	59.00
60.00	06000	0	0	110	83,095,475	0	60.00
60.01	06001	0	0	98	7,954,012	0	60.01
62.00	06200	0	0	0	3,702,695	0	62.00
65.00	06500	50,067	5	1,967	35,608,119	0	65.00
66.00	06600	0	452	2,494	19,675,668	0	66.00
67.00	06700	0	0	0	7,109,159	0	67.00
68.00	06800	0	0	0	2,247,818	0	68.00
69.00	06900	19,563	0	293,428	14,751,188	0	69.00
70.00	07000	0	0	0	9,036,609	0	70.00
71.00	07100	0	0	0	34,133,137	0	71.00
72.00	07200	0	0	0	18,512,970	0	72.00
73.00	07300	0	0	24,599,219	128,512,935	0	73.00
74.00	07400	0	0	11,764	3,329,228	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	6,530	0	36	2,021,133	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	34,730	184	11,174	8,894,157	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	188,179	0	90.02
90.03	09003	14,985	1,742	11,603	10,248,789	0	90.03
90.04	09004	2,442	0	0	708,639	0	90.04
90.05	09005	21,369	0	980	1,679,714	0	90.05
90.06	09006	3,361	0	0	778,235	0	90.06
91.00	09100	147,136	143	21,680	87,541,259	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	97,481	0	29,479	13,151,082	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description			NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,363,773	64,833	25,973,501	903,305,588	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	1,348	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
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)	11,717,109	2,499,785	10,177,813	2,860,362	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.591686	38.557293	0.391833	0.003167	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	725,241	387,168	715,720	221,262	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.531790	5.971774	0.027554	0.000245	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

Provider CCN: 15-0112

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

Worksheet B-1
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
23.00	02300	0			23.00
23.01	02301		100		23.01
23.02	02302			100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	100	0	54.00
54.01	05402	0	0	0	54.01
54.02	05404	0	0	0	54.02
54.03	05405	0	0	0	54.03
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
90.04	09004	0	0	0	90.04
90.05	09005	0	0	0	90.05
90.06	09006	0	0	0	90.06
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
99.10	09910	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	194.01
194.02	07952 HOSPICE	0	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	194.07
194.08	07958 CRHP	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	194.09
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,038,282	658,482	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	10,382.820000	6,584.820000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	61,660	42,404	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	616.600000	424.040000	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: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 8:40 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		72,114,976	253,658	72,368,634	30.00
31.00	03100	INTENSIVE CARE UNIT		14,329,691	0	14,329,691	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		5,601,706	0	5,601,706	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		2,952,722	0	2,952,722	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		37,422,679	86,907	37,509,586	50.00
51.00	05100	RECOVERY ROOM		3,102,642	0	3,102,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,309,778	0	4,309,778	52.00
53.00	05300	ANESTHESIOLOGY		274,598	5,508	280,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,028,165	6,078	5,034,243	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC		3,528,898	0	3,528,898	54.01
54.02	05404	ULTRA SOUND		1,777,989	0	1,777,989	54.02
54.03	05405	MAMMOGRAPHY		1,912,967	0	1,912,967	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		5,162,936	19,117	5,182,053	55.00
57.00	05700	CT SCAN		3,208,462	0	3,208,462	57.00
58.00	05800	MRI		1,343,962	0	1,343,962	58.00
59.00	05900	CARDIAC CATHETERIZATION		5,526,231	11,988	5,538,219	59.00
60.00	06000	LABORATORY		18,886,646	0	18,886,646	60.00
60.01	06001	LABORATORY-PATHOLOGICAL		2,507,523	37,284	2,544,807	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		1,018,563	0	1,018,563	62.00
65.00	06500	RESPIRATORY THERAPY	0	7,705,951	16,038	7,721,989	65.00
66.00	06600	PHYSICAL THERAPY	0	8,066,199	23,766	8,089,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,991,203	0	2,991,203	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,287,179	0	1,287,179	68.00
69.00	06900	ELECTROCARDIOLOGY		2,657,319	0	2,657,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,919,653	0	1,919,653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		9,570,403	0	9,570,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,710,277	0	10,710,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		41,101,478	0	41,101,478	73.00
74.00	07400	RENAL DIALYSIS		1,009,396	0	1,009,396	74.00
76.00	03020	ACUPUNCTURE		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		789,757	0	789,757	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,353,593	0	4,353,593	90.00
90.01	09001	DIABETES CENTER		0	0	0	90.01
90.02	09002	NEUROPSYCH		224,940	0	224,940	90.02
90.03	09003	WOUND CENTER		2,461,635	26,317	2,487,952	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY		397,994	976	398,970	90.04
90.05	09005	VIMCARE CLINIC		1,819,790	0	1,819,790	90.05
90.06	09006	MEDICATION MGMT CLINIC		540,133	0	540,133	90.06
91.00	09100	EMERGENCY		19,260,857	56,686	19,317,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		7,266,235	0	7,266,235	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		6,867,167	1,434	6,868,601	95.00
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	321,012,293	545,757	321,558,050	200.00
201.00		Less Observation Beds		7,266,235	0	7,266,235	201.00
202.00		Total (see instructions)	0	313,746,058	545,757	314,291,815	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 8:40 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	80,656,829		80,656,829		30.00
31.00	03100	INTENSIVE CARE UNIT	16,454,922		16,454,922		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/PF	7,400,339		7,400,339		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,376,431		3,376,431		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,778,936	82,511,013	111,289,949	0.336263	50.00
51.00	05100	RECOVERY ROOM	2,443,807	6,622,533	9,066,340	0.342215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,138,181	9,772	5,147,953	0.837183	52.00
53.00	05300	ANESTHESIOLOGY	5,495,517	11,825,697	17,321,214	0.015853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,023	5,320,656	7,140,679	0.704158	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	953,054	12,814,089	13,767,143	0.256328	54.01
54.02	05404	ULTRA SOUND	1,581,277	6,219,979	7,801,256	0.227911	54.02
54.03	05405	MAMMOGRAPHY	1,315	6,204,741	6,206,056	0.308242	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	367,415	23,190,017	23,557,432	0.219164	55.00
57.00	05700	CT SCAN	12,735,508	29,715,324	42,450,832	0.075581	57.00
58.00	05800	MRI	2,688,576	7,861,180	10,549,756	0.127393	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,419,884	12,774,554	33,194,438	0.166481	59.00
60.00	06000	LABORATORY	26,904,219	56,191,256	83,095,475	0.227289	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	853,045	7,100,967	7,954,012	0.315253	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,152,939	1,549,756	3,702,695	0.275087	62.00
65.00	06500	RESPIRATORY THERAPY	29,443,713	6,164,406	35,608,119	0.216410	65.00
66.00	06600	PHYSICAL THERAPY	5,231,245	14,444,423	19,675,668	0.409958	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,887,050	3,222,109	7,109,159	0.420753	67.00
68.00	06800	SPEECH PATHOLOGY	902,383	1,345,435	2,247,818	0.572635	68.00
69.00	06900	ELECTROCARDIOLOGY	5,813,732	8,937,456	14,751,188	0.180143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	657,639	8,378,970	9,036,609	0.212431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,488,293	14,644,844	34,133,137	0.280385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,493,235	11,019,735	18,512,970	0.578528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,782,763	88,730,172	128,512,935	0.319824	73.00
74.00	07400	RENAL DIALYSIS	3,329,228	0	3,329,228	0.303192	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	13,146	2,007,987	2,021,133	0.390750	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	65,117	8,829,040	8,894,157	0.489489	90.00
90.01	09001	DIABETES CENTER	0	0	0	0.000000	90.01
90.02	09002	NEUROPSYCH	5,310	182,869	188,179	1.195351	90.02
90.03	09003	WOUND CENTER	104,686	10,144,103	10,248,789	0.240188	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	708,639	708,639	0.561632	90.04
90.05	09005	VIMCARE CLINIC	5,413	1,674,301	1,679,714	1.083393	90.05
90.06	09006	MEDICATION MGMT CLINIC	2,897	775,338	778,235	0.694049	90.06
91.00	09100	EMERGENCY	25,938,954	61,602,305	87,541,259	0.220020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,043,819	15,043,819	0.483005	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,384	13,133,698	13,151,082	0.522175	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	362,404,405	540,901,183	903,305,588		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	362,404,405	540,901,183	903,305,588		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.337044		50.00
51.00	05100 RECOVERY ROOM	0.342215		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.837183		52.00
53.00	05300 ANESTHESIOLOGY	0.016171		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.705009		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.256328		54.01
54.02	05404 ULTRASOUND	0.227911		54.02
54.03	05405 MAMMOGRAPHY	0.308242		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.219975		55.00
57.00	05700 CT SCAN	0.075581		57.00
58.00	05800 MRI	0.127393		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166842		59.00
60.00	06000 LABORATORY	0.227289		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.319940		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087		62.00
65.00	06500 RESPIRATORY THERAPY	0.216860		65.00
66.00	06600 PHYSICAL THERAPY	0.411166		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420753		67.00
68.00	06800 SPEECH PATHOLOGY	0.572635		68.00
69.00	06900 ELECTROCARDIOLOGY	0.180143		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.212431		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.578528		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319824		73.00
74.00	07400 RENAL DIALYSIS	0.303192		74.00
76.00	03020 ACUPUNCTURE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.390750		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.489489		90.00
90.01	09001 DIABETES CENTER	0.000000		90.01
90.02	09002 NEUROPSYCH	1.195351		90.02
90.03	09003 WOUND CENTER	0.242756		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.563009		90.04
90.05	09005 VIMCARE CLINIC	1.083393		90.05
90.06	09006 MEDICATION MGMT CLINIC	0.694049		90.06
91.00	09100 EMERGENCY	0.220668		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.483005		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.522284		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 8:40 am
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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	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		72,114,976	253,658	72,368,634	30.00
31.00	03100	INTENSIVE CARE UNIT		14,329,691	0	14,329,691	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		5,601,706	0	5,601,706	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		2,952,722	0	2,952,722	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		37,422,679	86,907	37,509,586	50.00
51.00	05100	RECOVERY ROOM		3,102,642	0	3,102,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,309,778	0	4,309,778	52.00
53.00	05300	ANESTHESIOLOGY		274,598	5,508	280,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,028,165	6,078	5,034,243	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC		3,528,898	0	3,528,898	54.01
54.02	05404	ULTRA SOUND		1,777,989	0	1,777,989	54.02
54.03	05405	MAMMOGRAPHY		1,912,967	0	1,912,967	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		5,162,936	19,117	5,182,053	55.00
57.00	05700	CT SCAN		3,208,462	0	3,208,462	57.00
58.00	05800	MRI		1,343,962	0	1,343,962	58.00
59.00	05900	CARDIAC CATHETERIZATION		5,526,231	11,988	5,538,219	59.00
60.00	06000	LABORATORY		18,886,646	0	18,886,646	60.00
60.01	06001	LABORATORY-PATHOLOGICAL		2,507,523	37,284	2,544,807	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		1,018,563	0	1,018,563	62.00
65.00	06500	RESPIRATORY THERAPY	0	7,705,951	16,038	7,721,989	65.00
66.00	06600	PHYSICAL THERAPY	0	8,066,199	23,766	8,089,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,991,203	0	2,991,203	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,287,179	0	1,287,179	68.00
69.00	06900	ELECTROCARDIOLOGY		2,657,319	0	2,657,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,919,653	0	1,919,653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		9,570,403	0	9,570,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,710,277	0	10,710,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		41,101,478	0	41,101,478	73.00
74.00	07400	RENAL DIALYSIS		1,009,396	0	1,009,396	74.00
76.00	03020	ACUPUNCTURE		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		789,757	0	789,757	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,353,593	0	4,353,593	90.00
90.01	09001	DIABETES CENTER		0	0	0	90.01
90.02	09002	NEUROPSYCH		224,940	0	224,940	90.02
90.03	09003	WOUND CENTER		2,461,635	26,317	2,487,952	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY		397,994	976	398,970	90.04
90.05	09005	VIMCARE CLINIC		1,819,790	0	1,819,790	90.05
90.06	09006	MEDICATION MGMT CLINIC		540,133	0	540,133	90.06
91.00	09100	EMERGENCY		19,260,857	56,686	19,317,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		7,266,235	0	7,266,235	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		6,867,167	1,434	6,868,601	95.00
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	321,012,293	545,757	321,558,050	200.00
201.00		Less Observation Beds		7,266,235	0	7,266,235	201.00
202.00		Total (see instructions)	0	313,746,058	545,757	314,291,815	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2023 8:40 am

		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	80,656,829		80,656,829		30.00
31.00	03100	INTENSIVE CARE UNIT	16,454,922		16,454,922		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/PF	7,400,339		7,400,339		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,376,431		3,376,431		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,778,936	82,511,013	111,289,949	0.336263	50.00
51.00	05100	RECOVERY ROOM	2,443,807	6,622,533	9,066,340	0.342215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,138,181	9,772	5,147,953	0.837183	52.00
53.00	05300	ANESTHESIOLOGY	5,495,517	11,825,697	17,321,214	0.015853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,023	5,320,656	7,140,679	0.704158	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	953,054	12,814,089	13,767,143	0.256328	54.01
54.02	05404	ULTRA SOUND	1,581,277	6,219,979	7,801,256	0.227911	54.02
54.03	05405	MAMMOGRAPHY	1,315	6,204,741	6,206,056	0.308242	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	367,415	23,190,017	23,557,432	0.219164	55.00
57.00	05700	CT SCAN	12,735,508	29,715,324	42,450,832	0.075581	57.00
58.00	05800	MRI	2,688,576	7,861,180	10,549,756	0.127393	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,419,884	12,774,554	33,194,438	0.166481	59.00
60.00	06000	LABORATORY	26,904,219	56,191,256	83,095,475	0.227289	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	853,045	7,100,967	7,954,012	0.315253	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,152,939	1,549,756	3,702,695	0.275087	62.00
65.00	06500	RESPIRATORY THERAPY	29,443,713	6,164,406	35,608,119	0.216410	65.00
66.00	06600	PHYSICAL THERAPY	5,231,245	14,444,423	19,675,668	0.409958	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,887,050	3,222,109	7,109,159	0.420753	67.00
68.00	06800	SPEECH PATHOLOGY	902,383	1,345,435	2,247,818	0.572635	68.00
69.00	06900	ELECTROCARDIOLOGY	5,813,732	8,937,456	14,751,188	0.180143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	657,639	8,378,970	9,036,609	0.212431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,488,293	14,644,844	34,133,137	0.280385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,493,235	11,019,735	18,512,970	0.578528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,782,763	88,730,172	128,512,935	0.319824	73.00
74.00	07400	RENAL DIALYSIS	3,329,228	0	3,329,228	0.303192	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	13,146	2,007,987	2,021,133	0.390750	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	65,117	8,829,040	8,894,157	0.489489	90.00
90.01	09001	DIABETES CENTER	0	0	0	0.000000	90.01
90.02	09002	NEUROPSYCH	5,310	182,869	188,179	1.195351	90.02
90.03	09003	WOUND CENTER	104,686	10,144,103	10,248,789	0.240188	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	708,639	708,639	0.561632	90.04
90.05	09005	VIMCARE CLINIC	5,413	1,674,301	1,679,714	1.083393	90.05
90.06	09006	MEDICATION MGMT CLINIC	2,897	775,338	778,235	0.694049	90.06
91.00	09100	EMERGENCY	25,938,954	61,602,305	87,541,259	0.220020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,043,819	15,043,819	0.483005	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,384	13,133,698	13,151,082	0.522175	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	362,404,405	540,901,183	903,305,588		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	362,404,405	540,901,183	903,305,588		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/30/2023 8:40 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.337044		50.00
51.00	05100 RECOVERY ROOM	0.342215		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.837183		52.00
53.00	05300 ANESTHESIOLOGY	0.016171		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.705009		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.256328		54.01
54.02	05404 ULTRASOUND	0.227911		54.02
54.03	05405 MAMMOGRAPHY	0.308242		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.219975		55.00
57.00	05700 CT SCAN	0.075581		57.00
58.00	05800 MRI	0.127393		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166842		59.00
60.00	06000 LABORATORY	0.227289		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.319940		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087		62.00
65.00	06500 RESPIRATORY THERAPY	0.216860		65.00
66.00	06600 PHYSICAL THERAPY	0.411166		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420753		67.00
68.00	06800 SPEECH PATHOLOGY	0.572635		68.00
69.00	06900 ELECTROCARDIOLOGY	0.180143		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.212431		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.578528		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319824		73.00
74.00	07400 RENAL DIALYSIS	0.303192		74.00
76.00	03020 ACUPUNCTURE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.390750		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.489489		90.00
90.01	09001 DIABETES CENTER	0.000000		90.01
90.02	09002 NEUROPSYCH	1.195351		90.02
90.03	09003 WOUND CENTER	0.242756		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.563009		90.04
90.05	09005 VIMCARE CLINIC	1.083393		90.05
90.06	09006 MEDICATION MGMT CLINIC	0.694049		90.06
91.00	09100 EMERGENCY	0.220668		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.483005		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.522284		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0.000000		111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepared: 5/30/2023 8:40 am
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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	37,422,679	5,588,286	31,834,393	0	0	50.00
51.00	05100 RECOVERY ROOM	3,102,642	214,548	2,888,094	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,309,778	291,403	4,018,375	0	0	52.00
53.00	05300 ANESTHESIOLOGY	274,598	18,305	256,293	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,028,165	573,275	4,454,890	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,528,898	457,872	3,071,026	0	0	54.01
54.02	05404 ULTRASOUND	1,777,989	123,390	1,654,599	0	0	54.02
54.03	05405 MAMMOGRAPHY	1,912,967	416,040	1,496,927	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,162,936	1,212,646	3,950,290	0	0	55.00
57.00	05700 CT SCAN	3,208,462	227,198	2,981,264	0	0	57.00
58.00	05800 MRI	1,343,962	269,615	1,074,347	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,526,231	829,232	4,696,999	0	0	59.00
60.00	06000 LABORATORY	18,886,646	1,232,463	17,654,183	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	2,507,523	147,316	2,360,207	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,018,563	46,612	971,951	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	7,705,951	606,800	7,099,151	0	0	65.00
66.00	06600 PHYSICAL THERAPY	8,066,199	650,719	7,415,480	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,991,203	236,527	2,754,676	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,287,179	111,839	1,175,340	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,657,319	404,230	2,253,089	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,919,653	259,014	1,660,639	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,570,403	277,165	9,293,238	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,710,277	307,125	10,403,152	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,101,478	1,572,778	39,528,700	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,009,396	29,384	980,012	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	789,757	79,013	710,744	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	4,353,593	404,171	3,949,422	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	224,940	11,395	213,545	0	0	90.02
90.03	09003 WOUND CENTER	2,461,635	172,816	2,288,819	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	397,994	113,876	284,118	0	0	90.04
90.05	09005 VIMCARE CLINIC	1,819,790	221,353	1,598,437	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	540,133	55,009	485,124	0	0	90.06
91.00	09100 EMERGENCY	19,260,857	1,338,853	17,922,004	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	7,266,235	544,735	6,721,500	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	6,867,167	735,978	6,131,189	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	226,013,198	19,780,981	206,232,217	0	0	200.00
201.00	Less Observation Beds	7,266,235	544,735	6,721,500	0	0	201.00
202.00	Total (line 200 minus line 201)	218,746,963	19,236,246	199,510,717	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepared: 5/30/2023 8:40 am
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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)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	37,422,679	111,289,949	0.336263		50.00
51.00	05100 RECOVERY ROOM	3,102,642	9,066,340	0.342215		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,309,778	5,147,953	0.837183		52.00
53.00	05300 ANESTHESIOLOGY	274,598	17,321,214	0.015853		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,028,165	7,140,679	0.704158		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,528,898	13,767,143	0.256328		54.01
54.02	05404 ULTRASOUND	1,777,989	7,801,256	0.227911		54.02
54.03	05405 MAMMOGRAPHY	1,912,967	6,206,056	0.308242		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,162,936	23,557,432	0.219164		55.00
57.00	05700 CT SCAN	3,208,462	42,450,832	0.075581		57.00
58.00	05800 MRI	1,343,962	10,549,756	0.127393		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,526,231	33,194,438	0.166481		59.00
60.00	06000 LABORATORY	18,886,646	83,095,475	0.227289		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	2,507,523	7,954,012	0.315253		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,018,563	3,702,695	0.275087		62.00
65.00	06500 RESPIRATORY THERAPY	7,705,951	35,608,119	0.216410		65.00
66.00	06600 PHYSICAL THERAPY	8,066,199	19,675,668	0.409958		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,991,203	7,109,159	0.420753		67.00
68.00	06800 SPEECH PATHOLOGY	1,287,179	2,247,818	0.572635		68.00
69.00	06900 ELECTROCARDIOLOGY	2,657,319	14,751,188	0.180143		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,919,653	9,036,609	0.212431		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,570,403	34,133,137	0.280385		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,710,277	18,512,970	0.578528		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,101,478	128,512,935	0.319824		73.00
74.00	07400 RENAL DIALYSIS	1,009,396	3,329,228	0.303192		74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	789,757	2,021,133	0.390750		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	4,353,593	8,894,157	0.489489		90.00
90.01	09001 DIABETES CENTER	0	0	0.000000		90.01
90.02	09002 NEUROPSYCH	224,940	188,179	1.195351		90.02
90.03	09003 WOUND CENTER	2,461,635	10,248,789	0.240188		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	397,994	708,639	0.561632		90.04
90.05	09005 VIMCARE CLINIC	1,819,790	1,679,714	1.083393		90.05
90.06	09006 MEDICATION MGMT CLINIC	540,133	778,235	0.694049		90.06
91.00	09100 EMERGENCY	19,260,857	87,541,259	0.220020		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	7,266,235	15,043,819	0.483005		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	6,867,167	13,151,082	0.522175		95.00
99.10	09910 CORF	0	0	0.000000		99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
200.00	Subtotal (sum of lines 50 thru 199)	226,013,198	795,417,067			200.00
201.00	Less Observation Beds	7,266,235	0			201.00
202.00	Total (line 200 minus line 201)	218,746,963	795,417,067			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description	Title XVIII			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)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,425,347	0	5,425,347	37,677	144.00	30.00
31.00	INTENSIVE CARE UNIT	920,890		920,890	3,846	239.44	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	619,745	0	619,745	3,453	179.48	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	130,968		130,968	3,018	43.40	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	7,096,950		7,096,950	47,994		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	12,310	1,772,640				30.00
31.00	INTENSIVE CARE UNIT	856	204,961				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,899	340,833				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	15,065	2,318,434				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 8:40 am
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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	5,588,286	111,289,949	0.050214	9,399,954	472,009	50.00
51.00	05100	RECOVERY ROOM	214,548	9,066,340	0.023664	814,961	19,285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	291,403	5,147,953	0.056606	10,157	575	52.00
53.00	05300	ANESTHESIOLOGY	18,305	17,321,214	0.001057	1,872,723	1,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	573,275	7,140,679	0.080283	779,109	62,549	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	457,872	13,767,143	0.033258	379,833	12,632	54.01
54.02	05404	ULTRASOUND	123,390	7,801,256	0.015817	532,261	8,419	54.02
54.03	05405	MAMMOGRAPHY	416,040	6,206,056	0.067038	786	53	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,212,646	23,557,432	0.051476	121,374	6,248	55.00
57.00	05700	CT SCAN	227,198	42,450,832	0.005352	4,983,663	26,673	57.00
58.00	05800	MRI	269,615	10,549,756	0.025557	1,007,172	25,740	58.00
59.00	05900	CARDIAC CATHETERIZATION	829,232	33,194,438	0.024981	5,472,461	136,708	59.00
60.00	06000	LABORATORY	1,232,463	83,095,475	0.014832	9,381,729	139,150	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	147,316	7,954,012	0.018521	270,339	5,007	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,612	3,702,695	0.012589	744,820	9,377	62.00
65.00	06500	RESPIRATORY THERAPY	606,800	35,608,119	0.017041	11,042,970	188,183	65.00
66.00	06600	PHYSICAL THERAPY	650,719	19,675,668	0.033072	1,424,924	47,125	66.00
67.00	06700	OCCUPATIONAL THERAPY	236,527	7,109,159	0.033271	899,168	29,916	67.00
68.00	06800	SPEECH PATHOLOGY	111,839	2,247,818	0.049754	122,594	6,100	68.00
69.00	06900	ELECTROCARDIOLOGY	404,230	14,751,188	0.027403	2,370,340	64,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,014	9,036,609	0.028663	291,891	8,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	277,165	34,133,137	0.008120	7,119,173	57,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	307,125	18,512,970	0.016590	3,317,440	55,036	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,572,778	128,512,935	0.012238	13,748,909	168,259	73.00
74.00	07400	RENAL DIALYSIS	29,384	3,329,228	0.008826	1,122,347	9,906	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	79,013	2,021,133	0.039093	3,140	123	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	404,171	8,894,157	0.045442	34,286	1,558	90.00
90.01	09001	DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002	NEUROPSYCH	11,395	188,179	0.060554	0	0	90.02
90.03	09003	WOUND CENTER	172,816	10,248,789	0.016862	52,920	892	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	113,876	708,639	0.160697	0	0	90.04
90.05	09005	VIMCARE CLINIC	221,353	1,679,714	0.131780	2,667	351	90.05
90.06	09006	MEDICATION MGMT CLINIC	55,009	778,235	0.070684	1,430	101	90.06
91.00	09100	EMERGENCY	1,338,853	87,541,259	0.015294	10,051,757	153,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	544,735	15,043,819	0.036210	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	19,045,003	782,265,985		87,377,298	1,718,814	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	37,677	0.00	12,310	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,846	0.00	856	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,453	0.00	1,899	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	3,018	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	47,994	0.00	15,065	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,038,282	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	658,482	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
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	1,696,764	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	111,289,949	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,066,340	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,147,953	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	17,321,214	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,038,282	1,038,282	7,140,679	0.145404	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,767,143	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	7,801,256	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	6,206,056	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,557,432	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	42,450,832	0.000000	57.00
58.00 05800 MRI	0	0	0	10,549,756	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	33,194,438	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	83,095,475	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	7,954,012	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,702,695	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	35,608,119	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,675,668	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,109,159	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,247,818	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,751,188	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,036,609	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,133,137	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,512,970	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,482	658,482	128,512,935	0.005124	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,329,228	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,021,133	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,894,157	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	188,179	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	10,248,789	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	708,639	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,679,714	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	778,235	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	87,541,259	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,043,819	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,696,764	1,696,764	782,265,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9,399,954	0	20,026,944	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	814,961	0	1,132,640	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,157	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,872,723	0	2,457,912	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145404	779,109	113,286	1,043,884	151,785	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	379,833	0	4,318,607	0	54.01
54.02	05404 ULTRASOUND	0.000000	532,261	0	1,074,860	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	786	0	515,222	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	121,374	0	6,773,705	0	55.00
57.00	05700 CT SCAN	0.000000	4,983,663	0	6,429,991	0	57.00
58.00	05800 MRI	0.000000	1,007,172	0	1,756,092	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,472,461	0	3,589,797	0	59.00
60.00	06000 LABORATORY	0.000000	9,381,729	0	4,244,134	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	270,339	0	1,571,401	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	744,820	0	223,753	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	11,042,970	0	1,428,159	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,424,924	0	32,997	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	899,168	0	13,914	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	122,594	0	127,047	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,370,340	0	2,930,772	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	291,891	0	1,480,519	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,119,173	0	2,900,198	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,317,440	0	3,312,094	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.005124	13,748,909	70,449	29,470,931	151,009	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,122,347	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	3,140	0	825,031	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	34,286	0	3,017,514	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	0	0	4,760	0	90.02
90.03	09003 WOUND CENTER	0.000000	52,920	0	4,504,332	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	164,772	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	2,667	0	1,972	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	1,430	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	10,051,757	0	6,146,924	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,501,892	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		87,377,298	183,735	114,022,770	302,794	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.336263	20,026,944	0	408	6,734,320 50.00
51.00	05100 RECOVERY ROOM	0.342215	1,132,640	0	0	387,606 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.837183	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.015853	2,457,912	0	0	38,965 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.704158	1,043,884	0	0	735,059 54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	4,318,607	0	0	1,106,980 54.01
54.02	05404 ULTRA SOUND	0.227911	1,074,860	0	0	244,972 54.02
54.03	05405 MAMMOGRAPHY	0.308242	515,222	0	0	158,813 54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.219164	6,773,705	0	0	1,484,552 55.00
57.00	05700 CT SCAN	0.075581	6,429,991	0	0	485,985 57.00
58.00	05800 MRI	0.127393	1,756,092	0	0	223,714 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166481	3,589,797	0	0	597,633 59.00
60.00	06000 LABORATORY	0.227289	4,244,134	0	170	964,645 60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.315253	1,571,401	0	0	495,389 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	223,753	0	0	61,552 62.00
65.00	06500 RESPIRATORY THERAPY	0.216410	1,428,159	0	0	309,068 65.00
66.00	06600 PHYSICAL THERAPY	0.409958	32,997	0	0	13,527 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420753	13,914	0	0	5,854 67.00
68.00	06800 SPEECH PATHOLOGY	0.572635	127,047	0	0	72,752 68.00
69.00	06900 ELECTROCARDIOLOGY	0.180143	2,930,772	0	0	527,958 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.212431	1,480,519	0	0	314,508 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	2,900,198	0	0	813,172 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.578528	3,312,094	0	0	1,916,139 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319824	29,470,931	0	160,709	9,425,511 73.00
74.00	07400 RENAL DIALYSIS	0.303192	0	0	0	0 74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.390750	825,031	0	0	322,381 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					
90.00	09000 CLINIC	0.489489	3,017,514	0	0	1,477,040 90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0 90.01
90.02	09002 NEUROPSYCH	1.195351	4,760	0	0	5,690 90.02
90.03	09003 WOUND CENTER	0.240188	4,504,332	0	0	1,081,886 90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.561632	164,772	0	0	92,541 90.04
90.05	09005 VIMCARE CLINIC	1.083393	1,972	0	0	2,136 90.05
90.06	09006 MEDICATION MGMT CLINIC	0.694049	0	0	0	0 90.06
91.00	09100 EMERGENCY	0.220020	6,146,924	0	0	1,352,446 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.483005	2,501,892	0	0	1,208,426 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.522175		0		
200.00	Subtotal (see instructions)		114,022,770	0	161,287	32,661,220 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		114,022,770	0	161,287	32,661,220 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	137	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	39	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,399	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	90.02
90.03	09003	WOUND CENTER	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	51,575	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	51,575	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/30/2023 8:40 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,588,286	111,289,949	0.050214	31,116	1,562	50.00
51.00	05100	RECOVERY ROOM	214,548	9,066,340	0.023664	2,765	65	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	291,403	5,147,953	0.056606	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,305	17,321,214	0.001057	6,390	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	573,275	7,140,679	0.080283	15,914	1,278	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	457,872	13,767,143	0.033258	8,366	278	54.01
54.02	05404	ULTRASOUND	123,390	7,801,256	0.015817	13,161	208	54.02
54.03	05405	MAMMOGRAPHY	416,040	6,206,056	0.067038	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,212,646	23,557,432	0.051476	0	0	55.00
57.00	05700	CT SCAN	227,198	42,450,832	0.005352	44,313	237	57.00
58.00	05800	MRI	269,615	10,549,756	0.025557	13,305	340	58.00
59.00	05900	CARDIAC CATHETERIZATION	829,232	33,194,438	0.024981	2,655	66	59.00
60.00	06000	LABORATORY	1,232,463	83,095,475	0.014832	274,857	4,077	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	147,316	7,954,012	0.018521	391	7	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,612	3,702,695	0.012589	20,747	261	62.00
65.00	06500	RESPIRATORY THERAPY	606,800	35,608,119	0.017041	658,958	11,229	65.00
66.00	06600	PHYSICAL THERAPY	650,719	19,675,668	0.033072	956,881	31,646	66.00
67.00	06700	OCCUPATIONAL THERAPY	236,527	7,109,159	0.033271	926,569	30,828	67.00
68.00	06800	SPEECH PATHOLOGY	111,839	2,247,818	0.049754	312,600	15,553	68.00
69.00	06900	ELECTROCARDIOLOGY	404,230	14,751,188	0.027403	23,771	651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,014	9,036,609	0.028663	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	277,165	34,133,137	0.008120	96,767	786	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	307,125	18,512,970	0.016590	10,219	170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,572,778	128,512,935	0.012238	445,433	5,451	73.00
74.00	07400	RENAL DIALYSIS	29,384	3,329,228	0.008826	77,651	685	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	79,013	2,021,133	0.039093	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	404,171	8,894,157	0.045442	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002	NEUROPSYCH	11,395	188,179	0.060554	0	0	90.02
90.03	09003	WOUND CENTER	172,816	10,248,789	0.016862	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	113,876	708,639	0.160697	0	0	90.04
90.05	09005	VIMCARE CLINIC	221,353	1,679,714	0.131780	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	55,009	778,235	0.070684	0	0	90.06
91.00	09100	EMERGENCY	1,338,853	87,541,259	0.015294	13,052	200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,043,819	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	18,500,268	782,265,985		3,955,881	105,585	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am
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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,038,282	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	658,482	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
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	1,696,764	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	111,289,949	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,066,340	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,147,953	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	17,321,214	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,038,282	1,038,282	7,140,679	0.145404	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,767,143	0.000000	54.01
54.02 05404 ULTRA SOUND	0	0	0	7,801,256	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	6,206,056	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,557,432	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	42,450,832	0.000000	57.00
58.00 05800 MRI	0	0	0	10,549,756	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	33,194,438	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	83,095,475	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	7,954,012	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,702,695	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	35,608,119	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,675,668	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,109,159	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,247,818	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,751,188	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,036,609	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,133,137	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,512,970	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,482	658,482	128,512,935	0.005124	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,329,228	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,021,133	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,894,157	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	188,179	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	10,248,789	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	708,639	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,679,714	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	778,235	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	87,541,259	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,043,819	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	1,696,764	1,696,764	782,265,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	31,116	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,765	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	6,390	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145404	15,914	2,314	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	8,366	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	13,161	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	44,313	0	0	0	57.00
58.00	05800 MRI	0.000000	13,305	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,655	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	274,857	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	391	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	20,747	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	658,958	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	956,881	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	926,569	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	312,600	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	23,771	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	96,767	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,219	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.005124	445,433	2,282	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	77,651	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	13,052	0	60	0	91.00
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)		3,955,881	4,596	60	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (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.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.336263	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.342215	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.837183	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.015853	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.704158	0	0	0	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	0	0	0	0	54.01
54.02 05404 ULTRA SOUND	0.227911	0	0	0	0	54.02
54.03 05405 MAMMOGRAPHY	0.308242	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.219164	0	0	0	0	55.00
57.00 05700 CT SCAN	0.075581	0	0	0	0	57.00
58.00 05800 MRI	0.127393	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.166481	0	0	0	0	59.00
60.00 06000 LABORATORY	0.227289	0	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.315253	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.216410	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.409958	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.420753	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.572635	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.180143	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.212431	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.578528	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.319824	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.303192	0	0	0	0	74.00
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.390750	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000 CLINIC	0.489489	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02 09002 NEUROPSYCH	1.195351	0	0	0	0	90.02
90.03 09003 WOUND CENTER	0.240188	0	0	0	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.561632	0	0	0	0	90.04
90.05 09005 VIMCARE CLINIC	1.083393	0	0	0	0	90.05
90.06 09006 MEDICATION MGMT CLINIC	0.694049	0	0	0	0	90.06
91.00 09100 EMERGENCY	0.220020	60	0	0	0	13 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.483005	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.522175		0	0		95.00
200.00	Subtotal (see instructions)		60	0	0	13 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		60	0	0	13 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 8:40 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 05404 ULTRA SOUND	0	0	54.02
54.03 05405 MAMMOGRAPHY	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 ACUPUNCTURE	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CENTER	0	0	90.01
90.02 09002 NEUROPSYCH	0	0	90.02
90.03 09003 WOUND CENTER	0	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	90.04
90.05 09005 VIMCARE CLINIC	0	0	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	90.06
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/30/2023 8:40 am
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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)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,425,347	0	5,425,347	37,677	144.00	30.00
31.00	INTENSIVE CARE UNIT	920,890		920,890	3,846	239.44	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	619,745	0	619,745	3,453	179.48	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	130,968		130,968	3,018	43.40	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	7,096,950		7,096,950	47,994		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	961	138,384				30.00
31.00	INTENSIVE CARE UNIT	115	27,536				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	101	18,127				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	246	10,676				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	1,423	194,723				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,588,286	111,289,949	0.050214	3,858,175	193,734	50.00
51.00	05100 RECOVERY ROOM	214,548	9,066,340	0.023664	348,796	8,254	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	291,403	5,147,953	0.056606	1,869,094	105,802	52.00
53.00	05300 ANESTHESIOLOGY	18,305	17,321,214	0.001057	762,543	806	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	573,275	7,140,679	0.080283	193,801	15,559	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	457,872	13,767,143	0.033258	75,011	2,495	54.01
54.02	05404 ULTRASOUND	123,390	7,801,256	0.015817	250,405	3,961	54.02
54.03	05405 MAMMOGRAPHY	416,040	6,206,056	0.067038	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	1,212,646	23,557,432	0.051476	62,238	3,204	55.00
57.00	05700 CT SCAN	227,198	42,450,832	0.005352	1,705,470	9,128	57.00
58.00	05800 MRI	269,615	10,549,756	0.025557	438,715	11,212	58.00
59.00	05900 CARDIAC CATHETERIZATION	829,232	33,194,438	0.024981	1,879,827	46,960	59.00
60.00	06000 LABORATORY	1,232,463	83,095,475	0.014832	4,526,231	67,133	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	147,316	7,954,012	0.018521	128,822	2,386	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	46,612	3,702,695	0.012589	289,345	3,643	62.00
65.00	06500 RESPIRATORY THERAPY	606,800	35,608,119	0.017041	3,408,659	58,087	65.00
66.00	06600 PHYSICAL THERAPY	650,719	19,675,668	0.033072	327,471	10,830	66.00
67.00	06700 OCCUPATIONAL THERAPY	236,527	7,109,159	0.033271	268,946	8,948	67.00
68.00	06800 SPEECH PATHOLOGY	111,839	2,247,818	0.049754	18,184	905	68.00
69.00	06900 ELECTROCARDIOLOGY	404,230	14,751,188	0.027403	665,214	18,229	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	259,014	9,036,609	0.028663	90,644	2,598	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	277,165	34,133,137	0.008120	1,905,444	15,472	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	307,125	18,512,970	0.016590	584,273	9,693	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,572,778	128,512,935	0.012238	6,158,146	75,363	73.00
74.00	07400 RENAL DIALYSIS	29,384	3,329,228	0.008826	698,461	6,165	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	79,013	2,021,133	0.039093	1,596	62	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	404,171	8,894,157	0.045442	5,347	243	90.00
90.01	09001 DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002 NEUROPSYCH	11,395	188,179	0.060554	1,062	64	90.02
90.03	09003 WOUND CENTER	172,816	10,248,789	0.016862	3,475	59	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	113,876	708,639	0.160697	0	0	90.04
90.05	09005 VIMCARE CLINIC	221,353	1,679,714	0.131780	1,663	219	90.05
90.06	09006 MEDICATION MGMT CLINIC	55,009	778,235	0.070684	0	0	90.06
91.00	09100 EMERGENCY	1,338,853	87,541,259	0.015294	4,330,361	66,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	544,735	15,043,819	0.036210	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,045,003	782,265,985		34,857,419	747,443	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	37,677	0.00	961	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,846	0.00	115	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,453	0.00	101	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	3,018	0.00	246	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	47,994	0.00	1,423	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am
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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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,038,282	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	658,482	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
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	1,696,764	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/30/2023 8:40 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	111,289,949	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,066,340	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,147,953	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	17,321,214	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,038,282	1,038,282	7,140,679	0.145404	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,767,143	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	7,801,256	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	6,206,056	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,557,432	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	42,450,832	0.000000	57.00
58.00 05800 MRI	0	0	0	10,549,756	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	33,194,438	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	83,095,475	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	7,954,012	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,702,695	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	35,608,119	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,675,668	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,109,159	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,247,818	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,751,188	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,036,609	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,133,137	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,512,970	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,482	658,482	128,512,935	0.005124	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,329,228	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,021,133	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	8,894,157	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	188,179	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	10,248,789	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	708,639	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,679,714	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	778,235	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	87,541,259	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,043,819	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	1,696,764	1,696,764	782,265,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0112

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2023 8:40 am

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	3,858,175	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	348,796	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,869,094	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	762,543	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145404	193,801	28,179	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	75,011	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	250,405	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	62,238	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	1,705,470	0	0	0	57.00
58.00	05800 MRI	0.000000	438,715	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,879,827	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	4,526,231	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	128,822	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	289,345	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,408,659	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	327,471	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	268,946	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	18,184	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	665,214	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	90,644	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,905,444	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	584,273	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.005124	6,158,146	31,554	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	698,461	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,596	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	5,347	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	1,062	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	3,475	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	1,663	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	4,330,361	0	0	0	91.00
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)		34,857,419	59,733	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 8:40 am
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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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.336263	0	12,042,688	0	0
51.00 05100 RECOVERY ROOM	0.342215	0	1,221,221	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.837183	0	3,752	0	0
53.00 05300 ANESTHESIOLOGY	0.015853	0	1,971,491	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.704158	0	1,123,380	0	0
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	0	1,322,014	0	0
54.02 05404 ULTRA SOUND	0.227911	0	1,638,702	0	0
54.03 05405 MAMMOGRAPHY	0.308242	0	596,929	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.219164	0	2,996,127	0	0
57.00 05700 CT SCAN	0.075581	0	6,753,244	0	0
58.00 05800 MRI	0.127393	0	1,389,102	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.166481	0	1,205,500	0	0
60.00 06000 LABORATORY	0.227289	0	12,508,613	0	0
60.01 06001 LABORATORY-PATHOLOGICAL	0.315253	0	919,525	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	0	250,601	0	0
65.00 06500 RESPIRATORY THERAPY	0.216410	0	1,098,821	0	0
66.00 06600 PHYSICAL THERAPY	0.409958	0	2,007,801	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.420753	0	418,530	0	0
68.00 06800 SPEECH PATHOLOGY	0.572635	0	545,329	0	0
69.00 06900 ELECTROCARDIOLOGY	0.180143	0	1,021,322	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.212431	0	1,894,443	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	0	2,223,887	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.578528	0	901,056	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.319824	0	11,546,941	0	0
74.00 07400 RENAL DIALYSIS	0.303192	0	0	0	0
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.390750	0	76,022	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.489489	0	1,211,145	0	0
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0
90.02 09002 NEUROPSYCH	1.195351	0	8,142	0	0
90.03 09003 WOUND CENTER	0.240188	0	1,419,560	0	0
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.561632	0	0	0	0
90.05 09005 VIMCARE CLINIC	1.083393	0	998,692	0	0
90.06 09006 MEDICATION MGMT CLINIC	0.694049	0	42,198	0	0
91.00 09100 EMERGENCY	0.220020	0	21,214,624	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.483005	0	3,510,152	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.522175	0	2,932,363		95.00
200.00	Subtotal (see instructions)	0	99,013,917	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	99,013,917	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/30/2023 8:40 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	4,049,510	0		50.00
51.00 05100 RECOVERY ROOM	417,920	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,141	0		52.00
53.00 05300 ANESTHESIOLOGY	31,254	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	791,037	0		54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	338,869	0		54.01
54.02 05404 ULTRA SOUND	373,478	0		54.02
54.03 05405 MAMMOGRAPHY	183,999	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	656,643	0		55.00
57.00 05700 CT SCAN	510,417	0		57.00
58.00 05800 MRI	176,962	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	200,693	0		59.00
60.00 06000 LABORATORY	2,843,070	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	289,883	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	68,937	0		62.00
65.00 06500 RESPIRATORY THERAPY	237,796	0		65.00
66.00 06600 PHYSICAL THERAPY	823,114	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	176,098	0		67.00
68.00 06800 SPEECH PATHOLOGY	312,274	0		68.00
69.00 06900 ELECTROCARDIOLOGY	183,984	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	402,438	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	623,545	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	521,286	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,692,989	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ACUPUNCTURE	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	29,706	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	592,842	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
90.02 09002 NEUROPSYCH	9,733	0		90.02
90.03 09003 WOUND CENTER	340,961	0		90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0		90.04
90.05 09005 VIMCARE CLINIC	1,081,976	0		90.05
90.06 09006 MEDICATION MGMT CLINIC	29,287	0		90.06
91.00 09100 EMERGENCY	4,667,642	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,695,421	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	1,531,207			95.00
200.00	Subtotal (see instructions)	27,888,112	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	27,888,112	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,677	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,677	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)		33,894	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)		12,310	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)		72,368,634	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)		72,368,634	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)		72,368,634	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)		1,920.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,644,556	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)		23,644,556	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am		
Cost Center Description			Title XVIII	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,329,691	3,846	3,725.87	856	3,189,345	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)				22,946,419		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)				49,780,320		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)				1,977,601		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,902,549		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,880,150		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				45,900,170		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)				3,783		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,920.76		88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am		
		Title XVIII		Hospital		PPS		
Cost Center Description						1.00		
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,266,235		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	5,425,347	72,368,634	0.074968	7,266,235	544,735	90.00	
91.00	Nursing Program cost	0	72,368,634	0.000000	7,266,235	0	91.00	
92.00	Allied health cost	0	72,368,634	0.000000	7,266,235	0	92.00	
93.00	All other Medical Education	0	72,368,634	0.000000	7,266,235	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,453	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,453	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,453	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)		1,899	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,601,706	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,601,706	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,601,706	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)		1,622.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,080,691	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,080,691	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1	
				Component CCN: 15-T112		Date/Time Prepared: 5/30/2023 8:40 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,413,102	48.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01	
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					4,493,793	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)					340,833	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					110,181	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					451,014	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,042,779	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
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	619,745	5,601,706	0.110635	0	0	90.00
91.00	Nursing Program cost	0	5,601,706	0.000000	0	0	91.00
92.00	Allied health cost	0	5,601,706	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,601,706	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am
Cost Center Description		Title XIX	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)			37,677 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			37,677 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)			33,894 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)			961 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)			3,018 15.00
16.00	Nursery days (title V or XIX only)			246 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)			72,368,634 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)			72,368,634 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)			72,368,634 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)			1,920.76 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,845,850 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,845,850 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,952,722	3,018	978.37	246	240,679	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,329,691	3,846	3,725.87	115	428,475	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					10,024,264	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)					12,539,268	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)					176,596	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					807,176	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					983,772	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,555,496	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)					3,783	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,920.76	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,266,235	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,425,347	72,368,634	0.074968	7,266,235	544,735	90.00
91.00	Nursing Program cost	0	72,368,634	0.000000	7,266,235	0	91.00
92.00	Allied health cost	0	72,368,634	0.000000	7,266,235	0	92.00
93.00	All other Medical Education	0	72,368,634	0.000000	7,266,235	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am
		Title XIX	Subprovider - IRF	
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,453	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,453	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,453	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		100	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)		101	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)		3,018	15.00
16.00	Nursery days (title V or XIX only)		246	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,601,706	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,601,706	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,601,706	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)		1,622.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		163,849	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)		163,849	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Component CCN: 15-T112				Date/Time Prepared: 5/30/2023 8:40 am	
		Title XIX		Subprovider - IRF			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)				364,097	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)				527,946	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)				18,127	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				18,127	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				509,819	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0	54.00	
55.00	Target amount per discharge				0.00	55.00	
55.01	Permanent adjustment amount per discharge				0.00	55.01	
55.02	Adjustment amount per discharge (contractor use only)				0.00	55.02	
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00	
58.00	Bonus payment (see instructions)				0	58.00	
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00	59.00	
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00	60.00	
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0	61.00	
62.00	Relief payment (see instructions)				0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/30/2023 8:40 am
		Title XIX	Subprovider - IRF	

Cost Center Description						1.00	
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	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 8:40 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,787,142	30.00
31.00	03100	INTENSIVE CARE UNIT		5,111,501	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.337044	9,399,954	3,168,198 50.00
51.00	05100	RECOVERY ROOM	0.342215	814,961	278,892 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837183	10,157	8,503 52.00
53.00	05300	ANESTHESIOLOGY	0.016171	1,872,723	30,284 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.705009	779,109	549,279 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	379,833	97,362 54.01
54.02	05404	ULTRA SOUND	0.227911	532,261	121,308 54.02
54.03	05405	MAMMOGRAPHY	0.308242	786	242 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.219975	121,374	26,699 55.00
57.00	05700	CT SCAN	0.075581	4,983,663	376,670 57.00
58.00	05800	MRI	0.127393	1,007,172	128,307 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166842	5,472,461	913,036 59.00
60.00	06000	LABORATORY	0.227289	9,381,729	2,132,364 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.319940	270,339	86,492 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	744,820	204,890 62.00
65.00	06500	RESPIRATORY THERAPY	0.216860	11,042,970	2,394,778 65.00
66.00	06600	PHYSICAL THERAPY	0.411166	1,424,924	585,880 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.420753	899,168	378,328 67.00
68.00	06800	SPEECH PATHOLOGY	0.572635	122,594	70,202 68.00
69.00	06900	ELECTROCARDIOLOGY	0.180143	2,370,340	427,000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.212431	291,891	62,007 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	7,119,173	1,996,109 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.578528	3,317,440	1,919,232 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319824	13,748,909	4,397,231 73.00
74.00	07400	RENAL DIALYSIS	0.303192	1,122,347	340,287 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.390750	3,140	1,227 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.489489	34,286	16,783 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	1.195351	0	0 90.02
90.03	09003	WOUND CENTER	0.242756	52,920	12,847 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.563009	0	0 90.04
90.05	09005	VIMCARE CLINIC	1.083393	2,667	2,889 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.694049	1,430	992 90.06
91.00	09100	EMERGENCY	0.220668	10,051,757	2,218,101 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.483005	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)		87,377,298	22,946,419 200.00
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)		87,377,298	22,946,419 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 8:40 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		4,065,051	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.337044	31,116	50.00
51.00	05100	RECOVERY ROOM	0.342215	2,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837183	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016171	6,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.705009	15,914	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	8,366	54.01
54.02	05404	ULTRA SOUND	0.227911	13,161	54.02
54.03	05405	MAMMOGRAPHY	0.308242	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.219975	0	55.00
57.00	05700	CT SCAN	0.075581	44,313	57.00
58.00	05800	MRI	0.127393	13,305	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166842	2,655	59.00
60.00	06000	LABORATORY	0.227289	274,857	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.319940	391	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	20,747	62.00
65.00	06500	RESPIRATORY THERAPY	0.216860	658,958	65.00
66.00	06600	PHYSICAL THERAPY	0.411166	956,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.420753	926,569	67.00
68.00	06800	SPEECH PATHOLOGY	0.572635	312,600	68.00
69.00	06900	ELECTROCARDIOLOGY	0.180143	23,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.212431	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	96,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.578528	10,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319824	445,433	73.00
74.00	07400	RENAL DIALYSIS	0.303192	77,651	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.390750	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.489489	0	90.00
90.01	09001	DIABETES CENTER	0.000000	0	90.01
90.02	09002	NEUROPSYCH	1.195351	0	90.02
90.03	09003	WOUND CENTER	0.242756	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.563009	0	90.04
90.05	09005	VIMCARE CLINIC	1.083393	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.694049	0	90.06
91.00	09100	EMERGENCY	0.220668	13,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.483005	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)		3,955,881	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)		3,955,881	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/30/2023 8:40 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,716,568	30.00
31.00	03100	INTENSIVE CARE UNIT		2,360,704	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,011,622	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.337044	3,858,175	1,300,375 50.00
51.00	05100	RECOVERY ROOM	0.342215	348,796	119,363 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837183	1,869,094	1,564,774 52.00
53.00	05300	ANESTHESIOLOGY	0.016171	762,543	12,331 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.705009	193,801	136,631 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	75,011	19,227 54.01
54.02	05404	ULTRA SOUND	0.227911	250,405	57,070 54.02
54.03	05405	MAMMOGRAPHY	0.308242	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.219975	62,238	13,691 55.00
57.00	05700	CT SCAN	0.075581	1,705,470	128,901 57.00
58.00	05800	MRI	0.127393	438,715	55,889 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166842	1,879,827	313,634 59.00
60.00	06000	LABORATORY	0.227289	4,526,231	1,028,763 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.319940	128,822	41,215 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	289,345	79,595 62.00
65.00	06500	RESPIRATORY THERAPY	0.216860	3,408,659	739,202 65.00
66.00	06600	PHYSICAL THERAPY	0.411166	327,471	134,645 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.420753	268,946	113,160 67.00
68.00	06800	SPEECH PATHOLOGY	0.572635	18,184	10,413 68.00
69.00	06900	ELECTROCARDIOLOGY	0.180143	665,214	119,834 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.212431	90,644	19,256 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	1,905,444	534,258 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.578528	584,273	338,018 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319824	6,158,146	1,969,523 73.00
74.00	07400	RENAL DIALYSIS	0.303192	698,461	211,768 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.390750	1,596	624 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.489489	5,347	2,617 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	1.195351	1,062	1,269 90.02
90.03	09003	WOUND CENTER	0.242756	3,475	844 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.563009	0	0 90.04
90.05	09005	VIMCARE CLINIC	1.083393	1,663	1,802 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.694049	0	0 90.06
91.00	09100	EMERGENCY	0.220668	4,330,361	955,572 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.483005	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)		34,857,419	10,024,264 200.00
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)		34,857,419	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3	
		Component CCN: 15-T112		Date/Time Prepared: 5/30/2023 8:40 am	
		Title XIX	Subprovider - IRF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		1,036,975	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.337044	12,658	50.00
51.00	05100	RECOVERY ROOM	0.342215	1,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.837183	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016171	2,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.705009	4,745	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.256328	0	54.01
54.02	05404	ULTRA SOUND	0.227911	3,250	54.02
54.03	05405	MAMMOGRAPHY	0.308242	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.219975	0	55.00
57.00	05700	CT SCAN	0.075581	9,807	57.00
58.00	05800	MRI	0.127393	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166842	0	59.00
60.00	06000	LABORATORY	0.227289	77,783	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.319940	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.275087	908	62.00
65.00	06500	RESPIRATORY THERAPY	0.216860	87,112	65.00
66.00	06600	PHYSICAL THERAPY	0.411166	267,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.420753	232,268	67.00
68.00	06800	SPEECH PATHOLOGY	0.572635	104,764	68.00
69.00	06900	ELECTROCARDIOLOGY	0.180143	4,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.212431	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.280385	19,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.578528	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319824	134,424	73.00
74.00	07400	RENAL DIALYSIS	0.303192	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.390750	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.489489	0	90.00
90.01	09001	DIABETES CENTER	0.000000	0	90.01
90.02	09002	NEUROPSYCH	1.195351	177	90.02
90.03	09003	WOUND CENTER	0.242756	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.563009	0	90.04
90.05	09005	VIMCARE CLINIC	1.083393	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.694049	0	90.06
91.00	09100	EMERGENCY	0.220668	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.483005	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)		964,668	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)		964,668	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,314,607	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,497,641	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)		683,918	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		42,201	2.04
3.00	Managed Care Simulated Payments		20,066,111	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		212.64	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.12	31.00
32.00	Sum of lines 30 and 31		30.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.97	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 8:40 am	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			1,111,043	34.00
			Prior to 10/1	1.00	
			On/After 10/1	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)		0.000453542	0.000450068	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		3,261,880	3,093,946	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,439,707	779,845	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		3,219,552		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)		36,868,962		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)			36,868,962	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,658,424	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			58,295	53.00
54.00	Special add-on payments for new technologies			23,878	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			183,735	58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,793,294	59.00
60.00	Primary payer payments			38,705	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,754,589	61.00
62.00	Deductibles billed to program beneficiaries			3,515,596	62.00
63.00	Coinurance billed to program beneficiaries			208,958	63.00
64.00	Allowable bad debts (see instructions)			299,922	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			194,949	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			109,347	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,224,984	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)			-21,000	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/30/2023 8:40 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			36,203,984	71.00
71.01	Sequestration adjustment (see instructions)			456,170	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs				71.03
72.00	Interim payments			35,266,671	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			481,143	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			776,319	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	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. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
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: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		51,575	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		32,358,426	2.00
3.00	OPPI payments		28,024,824	3.00
4.00	Outlier payment (see instructions)		210,127	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		302,794	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		51,575	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		161,287	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)		161,287	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)		161,287	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		109,712	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)		51,575	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)		28,537,745	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)		5,070,878	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)		23,518,442	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)		23,518,442	30.00
31.00	Primary payer payments		5,808	31.00
32.00	Subtotal (line 30 minus line 31)		23,512,634	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)		453,068	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		294,494	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		244,244	36.00
37.00	Subtotal (see instructions)		23,807,128	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-45	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,807,173	40.00
40.01	Sequestration adjustment (see instructions)		299,970	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		23,548,442	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-41,239	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		37,820	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 8:40 am
	Title XVIII	Hospital	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Subprovider - IRF	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)		13	2.00
3.00	OPPS payments		41	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)		41	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		41	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)		41	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		41	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, 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)		41	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		41	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		40	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		1	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 8:40 am
	Title XVIII	Subprovider - IRF	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: 15-0112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 8:40 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,239,871		23,548,442	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	09/14/2022	26,800		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)		26,800		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)		35,266,671		23,548,442		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		481,143		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		41,239		6.02
7.00	Total Medicare program liability (see instructions)		35,747,814		23,507,203		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: 15-0112
Component CCN: 15-T112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2023 8:40 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,829,289		40	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)		3,829,289		40	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		59,975		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,889,264		41	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: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & 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: 15-0112 Component CCN: 15-T112	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/30/2023 8:40 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,534,722 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0270 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			196,531 3.00
4.00	Outlier Payments			222,436 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)			9.460274 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)			3,953,689 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)			3,953,689 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,953,689 19.00
20.00	Deductibles			23,052 20.00
21.00	Subtotal (line 19 minus line 20)			3,930,637 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			3,930,637 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,632 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,661 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,632 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,934,298 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)			4,596 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)			3,938,894 32.00
32.01	Sequestration adjustment (see instructions)			49,630 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,829,289 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)			59,975 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			222,436 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: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2023 8:40 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			27,888,112	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	27,888,112	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	27,888,112	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		34,857,419	99,013,917	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		34,857,419	99,013,917	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		34,857,419	99,013,917	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		34,857,419	71,125,805	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	27,888,112	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		59,733	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		59,733	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		59,733	27,888,112	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		59,733	27,888,112	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		59,733	27,888,112	36.00
37.00	TO ZERO OUT MEDICAID		-59,733	-27,888,112	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/30/2023 8:40 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, 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: 15-0112

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

Worksheet G

Date/Time Prepared:
5/30/2023 8:40 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	25,210,269	0	0	0	1.00
2.00	Temporary investments	205,344	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	83,073,062	0	0	0	4.00
5.00	Other receivable	1,884,225	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-35,090,598	0	0	0	6.00
7.00	Inventory	6,566,355	0	0	0	7.00
8.00	Prepaid expenses	7,414,082	0	0	0	8.00
9.00	Other current assets	3,270,025	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)	92,532,764	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,792,375	0	0	0	12.00
13.00	Land improvements	21,019,398	0	0	0	13.00
14.00	Accumulated depreciation	-13,864,472	0	0	0	14.00
15.00	Buildings	211,501,218	0	0	0	15.00
16.00	Accumulated depreciation	-160,420,894	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	9,631,299	0	0	0	19.00
20.00	Accumulated depreciation	-8,677,288	0	0	0	20.00
21.00	Automobiles and trucks	2,130,917	0	0	0	21.00
22.00	Accumulated depreciation	-1,479,370	0	0	0	22.00
23.00	Major movable equipment	167,385,946	0	0	0	23.00
24.00	Accumulated depreciation	-114,328,507	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)	114,690,622	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	151,786,973	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	15,036,546	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	166,823,519	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	374,046,905	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,372,890	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,170,084	0	0	0	38.00
39.00	Payroll taxes payable	2,534,122	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,245,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,888,030	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,210,126	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	35,731,163	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	35,731,163	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	85,941,289	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	288,105,616				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	288,105,616	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	374,046,905	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

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

Worksheet G-1

Date/Time Prepared:
5/30/2023 8:40 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		360,641,735		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-27,465,477				2.00
3.00	Total (sum of line 1 and line 2)		333,176,258		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		333,176,258		0		11.00
12.00	EQUITY TRANSFERS WHOLLY OWNED SUBS	45,070,647		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		45,070,647		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		288,105,611		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFERS WHOLLY OWNED SUBS		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: 15-0112

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2023 8:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	89,399,039		89,399,039	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	7,410,635		7,410,635	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	96,809,674		96,809,674	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,665,926		16,665,926	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,665,926		16,665,926	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,475,600		113,475,600	17.00
18.00	Ancillary services	222,414,406	465,460,457	687,874,863	18.00
19.00	Outpatient services	25,763,286	61,478,915	87,242,201	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		0	0	22.00
23.00	AMBULANCE SERVICES	15,051	13,162,049	13,177,100	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	3,387,111	0	3,387,111	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	365,055,454	540,101,421	905,156,875	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		359,055,536		29.00
30.00	PROVISION FOR BAD DEBT	6,138,762			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)		6,138,762		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)		365,194,298		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

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

Worksheet G-3

Date/Time Prepared:
5/30/2023 8:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	905,156,875	1.00
2.00	Less contractual allowances and discounts on patients' accounts	543,374,692	2.00
3.00	Net patient revenues (line 1 minus line 2)	361,782,183	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	365,194,298	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,412,115	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	582,221	6.00
7.00	Income from investments	3,321,284	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	45,868	10.00
11.00	Rebates and refunds of expenses	46,128	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	794,552	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	33,158	17.00
18.00	Revenue from sale of medical records and abstracts	5,776	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	34,072	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	150	21.00
22.00	Rental of hospital space	75,011	22.00
23.00	Governmental appropriations	0	23.00
24.00	UNREALIZED INVESTMENT INCOME	-36,306,890	24.00
24.01	JV INCOME	64,204	24.01
24.02	WELLNESS REVENUE	-314,967	24.02
24.03	CRHP REVENUE	5,002,476	24.03
24.04	OTHER OPERATING INCOME	1,053,124	24.04
24.50	COVID-19 PHE Funding	858,553	24.50
24.51	FEMA GRANT FUNDING	1,265,272	24.51
25.00	Total other income (sum of lines 6-24)	-23,440,008	25.00
26.00	Total (line 5 plus line 25)	-26,852,123	26.00
27.00	LOSS ON DISPOSAL	-780,324	27.00
27.01	OTHER NON-OPERATING EXPENSES	1,393,678	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	613,354	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-27,465,477	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 8:40 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,393,664	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		114,677	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)		104.25	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.12	8.00
9.00	Sum of lines 7 and 8		30.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.27	10.00
11.00	Disproportionate share adjustment (see instructions)		150,083	11.00
12.00	Total prospective capital payments (see instructions)		2,658,424	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