

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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 2:40 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/25/2023	Time: 2:40 pm
	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 checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input checked="" 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 checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" 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 IU HEALTH NORTH HOSPITAL (15-0161) 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	Cara Breidster	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date		(Dated when report is electronically)	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	153,362	-13,146	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	6.00
200.00	TOTAL	0	153,362	-13,146	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:40 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 11700 NORTH MERIDIAN ST	PO Box:						1.00		
2.00	City: CARMEL	State: IN	Zip Code: 46032-4656	County: HAMILTON				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.			Y	N				22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			Y	Y				22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.			N	N		N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:40 pm			
		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.	881	1,622	6	65	7,121	20		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					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.	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00 62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00 62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:40 pm	
		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 1V? 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.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:40 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	361,138	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.		Y	5.05	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	15H059	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: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101	141.00
142.00	Street: 340 W. 10TH STREET	PO Box:			142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	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.				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 2:40 pm			
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								1.00	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	147.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	148.00
								N	149.00
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
		Beginning		Ending					
		1.00		2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
		1.00		2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	782	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 2:40 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2023		Y	04/01/2023	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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 2:40 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 2:40 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF GOVERNMENT PROGRAMS		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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

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		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	130	47,450	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)		130	47,450	0.00	0	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	34.00	0	0	0.00	0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	0	0.00	0	11.01
11.02	PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		153	55,845	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		153				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)		12	4,380			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

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)	8,199	680	29,155		1.00
2.00	HMO and other (see instructions)	5,124	7,934			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,199	680	29,155		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	0	0	0		11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		11.01
11.02	PREMATURE INTENSIVE CARE UNIT	0	135	5,089		11.02
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		946	4,011		13.00
14.00	Total (see instructions)	8,199	1,761	38,255	0.00	920.82
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			205		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	920.82
28.00	Observation Bed Days		64	3,152		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	20	1,926		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

Component	Full Time Equivalents	Discharges			Total All Patients		
	Nonpaid Workers	Title V	Title XVIII	Title XIX			
	11.00	12.00	13.00	14.00			15.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,738	98	10,266	1.00
2.00	HMO and other (see instructions)			907	1,374		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
11.01	PEDIATRIC INTENSIVE CARE UNIT						11.01
11.02	PREMATURE INTENSIVE CARE UNIT						11.02
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,738	98	10,266	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	82,345,783	-308,754	82,037,029	1,915,305.00	42.83
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		196,068	0	196,068	2,167.54	90.46
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		68,242	540,366	608,608	13,945.00	43.64
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		316,272	0	316,272	3,520.46	89.84
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		93,700	0	93,700	533.00	175.80
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		31,940,526	0	31,940,526	537,988.00	59.37
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,020,949	0	21,020,949		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		155,702	0	155,702		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist 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		7,398	0	7,398		
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)		7,752,651	0	7,752,651		
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: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
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	2,000	0	2,000	0.00	0.00	26.00
27.00	Administrative & General	6,761,363	-3,269,005	3,492,358	89,015.00	39.23	27.00
28.00	Administrative & General under contract (see inst.)	398,837	0	398,837	6,796.75	58.68	28.00
29.00	Maintenance & Repairs	1,824,853	-14,701	1,810,152	46,826.00	38.66	29.00
30.00	Operation of Plant	1,251,574	-68,845	1,182,729	43,952.00	26.91	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,945,472	-8,763	1,936,709	101,910.00	19.00	32.00
33.00	Housekeeping under contract (see instructions)	76,344	0	76,344	2,152.35	35.47	33.00
34.00	Dietary	1,966,963	-1,124,288	842,675	41,362.00	20.37	34.00
35.00	Dietary under contract (see instructions)	26,180	0	26,180	1,047.22	25.00	35.00
36.00	Cafeteria	27,880	1,122,190	1,150,070	59,446.00	19.35	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,219,667	-21,576	5,198,091	37,869.00	137.27	38.00
39.00	Central Services and Supply	921	0	921	30.00	30.70	39.00
40.00	Pharmacy	3,892,539	-41,499	3,851,040	86,813.00	44.36	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	1,317,063	-7,832	1,309,231	29,574.00	44.27	42.00
43.00	Other General Service	258,371	0	258,371	13,343.00	19.36	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2023 2:40 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	82,651,076	-308,754	82,342,322	1,923,133.78	42.82	1.00
2.00	Excluded area salaries (see instructions)	68,242	540,366	608,608	13,945.00	43.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,582,834	-849,120	81,733,714	1,909,188.78	42.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,350,498	0	32,350,498	542,041.46	59.68	4.00
5.00	Subtotal wage-related costs (see inst.)	28,773,600	0	28,773,600	0.00	35.20	5.00
6.00	Total (sum of lines 3 thru 5)	143,706,932	-849,120	142,857,812	2,451,230.24	58.28	6.00
7.00	Total overhead cost (see instructions)	24,970,027	-3,434,319	21,535,708	560,136.32	38.45	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,095,345	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)	11,350,276	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	724,250	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	6,039,724	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,209,595	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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 2:40 pm
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	316,272	21,209,595	1.00
2.00	Hospital	316,272	21,209,595	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 2:40 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.213319	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		21,040,627	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		177,078,606	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,774,231	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)		16,733,604	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)		18,794	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		4,009	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)		4,009	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)		16,737,613	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)	13,207,679	279,819	13,487,498	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,817,449	279,819	3,097,268	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,817,449	279,819	3,097,268	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)		10,590,148	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		123,260	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		189,631	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		10,400,517	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,284,999	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,382,267	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,119,880	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	10,770,159	10,770,159	1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	0	0	1.01	
1.02	00102	MOB LEASED SPACE	0	0	415,461	415,461	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	10,693,593	10,693,593	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,000	694,101	696,101	12,786,153	13,482,254	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01	
5.02	00550	DATA PROCESSING	0	76,904	76,904	56	76,960	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	513,767	294,515	808,282	-174,978	633,304	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	6,247,596	58,283,600	64,531,196	-12,978,201	51,552,995	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,824,853	6,555,442	8,380,295	-784,225	7,596,070	6.00
7.00	00700	OPERATION OF PLANT	1,251,574	4,043,863	5,295,437	-343,962	4,951,475	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	243,731	243,731	0	243,731	8.00
9.00	00900	HOUSEKEEPING	1,945,472	1,560,924	3,506,396	-494,999	3,011,397	9.00
10.00	01000	DIETARY	1,966,963	1,610,141	3,577,104	-2,263,954	1,313,150	10.00
11.00	01100	CAFETERIA	27,880	18,682	46,562	1,724,532	1,771,094	11.00
13.00	01300	NURSING ADMINISTRATION	5,219,667	2,667,619	7,887,286	-1,800,202	6,087,084	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	921	-247,796	-246,875	7,712,566	7,465,691	14.00
15.00	01500	PHARMACY	3,892,539	47,464,195	51,356,734	-46,483,434	4,873,300	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,317,063	822,249	2,139,312	-254,176	1,885,136	17.00
18.00	01850	PATIENT TRANSPORTATION	258,371	72,553	330,924	-47,984	282,940	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,862,142	25,274,234	43,136,376	-3,879,622	39,256,754	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,053,990	2,846,709	6,900,699	-665,643	6,235,056	34.02
43.00	04300	NURSERY	0	0	0	1,387,589	1,387,589	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,920,680	32,755,746	39,676,426	-21,652,427	18,023,999	50.00
51.00	05100	RECOVERY ROOM	2,704,829	1,630,852	4,335,681	-457,627	3,878,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,581,902	4,556,620	9,138,522	-1,628,832	7,509,690	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,733,339	6,007,165	11,740,504	-4,765,743	6,974,761	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,575,094	5,410,769	8,985,863	-2,977,164	6,008,699	55.00
56.00	05600	RADIOISOTOPE	240,165	391,757	631,922	-349,833	282,089	56.00
60.00	06000	LABORATORY	856,270	11,290,918	12,147,188	-71,603	12,075,585	60.00
65.00	06500	RESPIRATORY THERAPY	2,876,845	1,366,338	4,243,183	-699,342	3,543,841	65.00
66.00	06600	PHYSICAL THERAPY	1,865,058	627,746	2,492,804	-435,708	2,057,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	597,616	134,102	731,718	-88,266	643,452	67.00
68.00	06800	SPEECH PATHOLOGY	461,343	183,817	645,160	-148,866	496,294	68.00
69.00	06900	ELECTROCARDIOLOGY	391,741	568,239	959,980	-196,741	763,239	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	191,825	465,838	657,663	-73,358	584,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,522,360	5,522,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,864,914	8,864,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,738,131	47,738,131	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,114,581	6,173,491	7,288,072	-3,457,351	3,830,721	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,781,455	6,144,774	9,926,229	-921,556	9,004,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,277,541	229,989,838	312,267,379	-480,283	311,787,096	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	53,584	635,602	689,186	-300,773	388,413	192.01
192.02	19202	CHILD BIRTH EDUCATION	81,749	50,213	131,962	61,349	193,311	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	72,773	72,773	-69,830	2,943	192.04
192.05	19205	PHYSICIAN PRACTICE	-67,091	110,305	43,214	-30,921	12,293	192.05
192.06	19206	TIPTON HOSPITAL	0	0	0	282,743	282,743	192.06
192.07	19207	WEST HOSPITAL	0	0	0	270,305	270,305	192.07
192.08	19208	SAXONY HOSPITAL	0	0	0	267,410	267,410	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	82,345,783	230,858,731	313,204,514	0	313,204,514	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-774,002	9,996,157	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	14,859,190	14,859,190	1.01
1.02	00102	MOB LEASED SPACE	0	415,461	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,042,560	11,736,153	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-388,488	13,093,766	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	9,610,910	9,687,870	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,070,742	2,070,742	5.03
5.04	00570	ADMITTING	1,777,535	2,410,839	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-26,346,262	25,206,733	5.05
6.00	00600	MAINTENANCE & REPAIRS	-829,575	6,766,495	6.00
7.00	00700	OPERATION OF PLANT	-13,800	4,937,675	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	243,731	8.00
9.00	00900	HOUSEKEEPING	0	3,011,397	9.00
10.00	01000	DIETARY	0	1,313,150	10.00
11.00	01100	CAFETERIA	-11,963	1,759,131	11.00
13.00	01300	NURSING ADMINISTRATION	-334,383	5,752,701	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-847	7,464,844	14.00
15.00	01500	PHARMACY	-35,000	4,838,300	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-16,349	1,868,787	17.00
18.00	01850	PATIENT TRANSPORTATION	-35,399	247,541	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,324,031	32,932,723	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-642,525	5,592,531	34.02
43.00	04300	NURSERY	0	1,387,589	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-765,628	17,258,371	50.00
51.00	05100	RECOVERY ROOM	0	3,878,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-377,001	7,132,689	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-73,058	6,901,703	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-308,573	5,700,126	55.00
56.00	05600	RADIOISOTOPE	0	282,089	56.00
60.00	06000	LABORATORY	-116,181	11,959,404	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,543,841	65.00
66.00	06600	PHYSICAL THERAPY	11,167	2,068,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	643,452	67.00
68.00	06800	SPEECH PATHOLOGY	-42,992	453,302	68.00
69.00	06900	ELECTROCARDIOLOGY	-192,279	570,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	584,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,522,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,864,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,738,131	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-75,268	3,755,453	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,263,484	7,741,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,594,984	302,192,112	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	388,413	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	193,311	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	2,943	192.04
192.05	19205	PHYSICIAN PRACTICE	-4,853	7,440	192.05
192.06	19206	TIPTON HOSPITAL	0	282,743	192.06
192.07	19207	WEST HOSPITAL	0	270,305	192.07
192.08	19208	SAXONY HOSPITAL	0	267,410	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,599,837	303,604,677	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - LEASES					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	2,456,681	1.00
2.00	MOB LEASED SPACE	1.02	0	415,461	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	73,024	3.00
4.00	OPERATION OF PLANT	7.00	0	7,148	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	2,952,314	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	8,313,478	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	10,620,569	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
	0		0	18,934,047	
C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,837,146	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	847	2.00
3.00	PHYSICIAN PRACTICE	192.05	0	4,853	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
	0		0	12,842,846	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 2:40 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
E - LABOR AND DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	465,721	168,669	1.00
2.00	NURSERY	43.00	36,083	13,068	2.00
	0		501,804	181,737	
F - MARKETING					
1.00	CHILD BIRTH EDUCATION	192.02	0	65,879	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
	0		0	65,879	
G - NURSERY					
1.00	NURSERY	43.00	1,127,850	210,588	1.00
	0		1,127,850	210,588	
H - FMLA					
1.00	ADMINISTRATIVE	5.04		1,153	1.00
2.00	MAINTENANCE & REPAIRS	6.00		14,701	2.00
3.00	OPERATION OF PLANT	7.00		1,606	3.00
4.00	HOUSEKEEPING	9.00		8,763	4.00
5.00	DIETARY	10.00		2,098	5.00
6.00	NURSING ADMINISTRATION	13.00		21,576	6.00
7.00	PHARMACY	15.00		41,499	7.00
8.00	SOCIAL SERVICE	17.00		7,832	8.00
9.00	ADULTS & PEDIATRICS	30.00		89,917	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02		1,022	10.00
11.00	OPERATING ROOM	50.00		35,571	11.00
12.00	RECOVERY ROOM	51.00		17,482	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		30,101	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00		10,724	14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00		20,740	15.00
16.00	RADIOISOTOPE	56.00		4,082	16.00
17.00	LABORATORY	60.00		2,173	17.00
18.00	RESPIRATORY THERAPY	65.00		11,748	18.00
19.00	PHYSICAL THERAPY	66.00		18,619	19.00
20.00	OCCUPATIONAL THERAPY	67.00		470	20.00
21.00	SPEECH PATHOLOGY	68.00		840	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00		4,224	22.00
23.00	EMERGENCY	91.00		28,904	23.00
	0		0	375,845	
J - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,522,360	1.00
2.00	OPERATION OF PLANT	7.00	0	386	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
	0		0	5,522,746	
K - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,721,830	1.00
2.00	DATA PROCESSING	5.02	0	56	2.00
3.00	ADMINISTRATIVE	5.04	0	79	3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	175,452	4.00
5.00	OPERATION OF PLANT	7.00	0	64,595	5.00
6.00	HOUSEKEEPING	9.00	0	1,803	6.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	DIETARY	10.00	0	338	7.00
8.00	SOCIAL SERVICE	17.00	0	108	8.00
9.00	RADIOISOTOPE	56.00	0	3,833	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	1,537	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	476	11.00
12.00	OTHER NON-REIMBURSABLE	192.01	0	3	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
			0	7,970,110	
L - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	47,738,131	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,224	2.00
3.00	OPERATION OF PLANT	7.00	0	182	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
			0	47,740,537	
M - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	838,419	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
			0	838,419	
N - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,864,914	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,725	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
			0	8,900,639	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
O - NORTH TO TIPTON ISR ALLOCATION					
1.00	TIPTON HOSPITAL	192.06	142,456	140,287	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		142,456	140,287	
P - NORTH TO WEST ISR ALLOCATION					
1.00	WEST HOSPITAL	192.07	183,771	86,534	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		183,771	86,534	
Q - NORTH TO SAXONY ISR ALLOCATION					
1.00	SAXONY HOSPITAL	192.08	147,048	120,362	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		147,048	120,362	
R - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	28,937	1.00
	O		0	28,937	
S - PHYSICIAN PRACTICE					
1.00	PHYSICIAN PRACTICE	192.05	67,091	0	1.00
	TOTALS		67,091	0	
T - CAFETERIA					
1.00	CAFETERIA	11.00	1,122,190	622,190	1.00
	TOTALS		1,122,190	622,190	
U - SPOT RETENTION					
1.00	ADULTS & PEDIATRICS	30.00	1,014,899	0	1.00
2.00	OPERATING ROOM	50.00	498,580	0	2.00
3.00	RECOVERY ROOM	51.00	254,254	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	464,558	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	65,874	0	5.00
6.00	RADIOLOGY - THERAPEUTIC	55.00	137,927	0	6.00
7.00	LABORATORY	60.00	135,526	0	7.00
8.00	RESPIRATORY THERAPY	65.00	121,209	0	8.00
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	78,630	0	9.00
10.00	EMERGENCY	91.00	204,825	0	10.00
	TOTALS		2,976,282	0	
500.00	Grand Total: Increases		6,268,492	107,534,017	500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 2:40 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - LEASES						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,628,845	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	172,143	10	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	265	10	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	14,611	0	4.00
5.00	OPERATING ROOM	50.00	0	65,296	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,154	0	6.00
	O		0	2,952,314		
B - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,299	9	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	6,384,745	9	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	219,777	0	3.00
4.00	OPERATION OF PLANT	7.00	0	11,236	0	4.00
5.00	DIETARY	10.00	0	44,512	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,210,726	0	6.00
7.00	PHARMACY	15.00	0	326,385	0	7.00
8.00	SOCIAL SERVICE	17.00	0	17,260	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	360,170	0	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	79,449	0	10.00
11.00	OPERATING ROOM	50.00	0	3,124,453	0	11.00
12.00	RECOVERY ROOM	51.00	0	31,860	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	140,133	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,865,490	0	14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00	0	2,181,226	0	15.00
16.00	RADIOISOTOPE	56.00	0	63,376	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	87,000	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	62,870	0	18.00
19.00	SPEECH PATHOLOGY	68.00	0	16,156	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	103,841	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,325	0	21.00
22.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	987,122	0	22.00
23.00	EMERGENCY	91.00	0	198,818	0	23.00
24.00	OTHER NON-REIMBURSABLE	192.01	0	288,922	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	47,580	0	25.00
26.00	PHYSICIAN PRACTICE	192.05	0	33,316	0	26.00
	O		0	18,934,047		
C - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE	5.04	0	175,053	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	636,964	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	272,372	0	3.00
4.00	OPERATION OF PLANT	7.00	0	256,322	0	4.00
5.00	HOUSEKEEPING	9.00	0	496,791	0	5.00
6.00	DIETARY	10.00	0	475,400	0	6.00
7.00	CAFETERIA	11.00	0	19,832	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	516,134	0	8.00
9.00	PHARMACY	15.00	0	593,159	0	9.00
10.00	SOCIAL SERVICE	17.00	0	229,871	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	0	47,984	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,753,520	0	12.00
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	499,227	0	13.00
14.00	OPERATING ROOM	50.00	0	1,114,136	0	14.00
15.00	RECOVERY ROOM	51.00	0	456,351	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	760,309	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	800,595	0	17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	0	684,752	0	18.00
19.00	RADIOISOTOPE	56.00	0	49,880	0	19.00
20.00	LABORATORY	60.00	0	196,203	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	440,258	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	361,892	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	82,466	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	89,139	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	69,431	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,038	0	26.00
27.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	175,853	0	27.00
28.00	EMERGENCY	91.00	0	545,798	0	28.00
29.00	OTHER NON-REIMBURSABLE	192.01	0	11,854	0	29.00
30.00	CHILD BIRTH EDUCATION	192.02	0	4,262	0	30.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/25/2023 2:40 pm

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
0			0	12,842,846		
E - LABOR AND DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	501,804	181,737	0	1.00
2.00		0.00	0	0	0	2.00
0			501,804	181,737		
F - MARKETING						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	671	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	64,957	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	33	0	3.00
4.00	RADIOLOGY - THERAPEUTIC	55.00	0	218	0	4.00
0			0	65,879		
G - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,127,850	210,588	0	1.00
0			1,127,850	210,588		
H - FMLA						
1.00	ADMINISTRATIVE	5.04	1,153	0	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	14,701	0	0	2.00
3.00	OPERATION OF PLANT	7.00	1,606	0	0	3.00
4.00	HOUSEKEEPING	9.00	8,763	0	0	4.00
5.00	DIETARY	10.00	2,098	0	0	5.00
6.00	NURSING ADMINISTRATION	13.00	21,576	0	0	6.00
7.00	PHARMACY	15.00	41,499	0	0	7.00
8.00	SOCIAL SERVICE	17.00	7,832	0	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	89,917	0	0	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	1,022	0	0	10.00
11.00	OPERATING ROOM	50.00	35,571	0	0	11.00
12.00	RECOVERY ROOM	51.00	17,482	0	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	30,101	0	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	10,724	0	0	14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00	20,740	0	0	15.00
16.00	RADIOISOTOPE	56.00	4,082	0	0	16.00
17.00	LABORATORY	60.00	2,173	0	0	17.00
18.00	RESPIRATORY THERAPY	65.00	11,748	0	0	18.00
19.00	PHYSICAL THERAPY	66.00	18,619	0	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	470	0	0	20.00
21.00	SPEECH PATHOLOGY	68.00	840	0	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	4,224	0	0	22.00
23.00	EMERGENCY	91.00	28,904	0	0	23.00
0			375,845	0		
J - BILLLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	93	0	1.00
2.00	ADMINISTRATIVE	5.04	0	4	0	2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	38	0	3.00
4.00	HOUSEKEEPING	9.00	0	11	0	4.00
5.00	CAFETERIA	11.00	0	6	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	2	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	34,006	0	7.00
8.00	PHARMACY	15.00	0	86	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	153,075	0	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	7,000	0	10.00
11.00	OPERATING ROOM	50.00	0	3,880,298	0	11.00
12.00	RECOVERY ROOM	51.00	0	3,390	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	173,007	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	92,114	0	14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00	0	25,192	0	15.00
16.00	LABORATORY	60.00	0	529	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	815	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	394	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	339	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	471	0	20.00
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	1,132,379	0	21.00
22.00	EMERGENCY	91.00	0	18,808	0	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	654	0	23.00
24.00	PHYSICIAN PRACTICE	192.05	0	35	0	24.00
0			0	5,522,746		
K - NON-BILLLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	818	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	119,933	0	2.00
3.00	CAFETERIA	11.00	0	10	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/25/2023 2:40 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
4.00	NURSING ADMINISTRATION	13.00	0	8,291	0	4.00	
5.00	PHARMACY	15.00	0	70,226	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	669,512	0	6.00	
7.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	61,077	0	7.00	
8.00	OPERATING ROOM	50.00	0	5,409,596	0	8.00	
9.00	RECOVERY ROOM	51.00	0	97,425	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	245,055	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	314,123	0	11.00	
12.00	RADIOLOGY - THERAPEUTIC	55.00	0	96,700	0	12.00	
13.00	LABORATORY	60.00	0	9,975	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	273,950	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	10,547	0	15.00	
16.00	OCCUPATIONAL THERAPY	67.00	0	5,800	0	16.00	
17.00	SPEECH PATHOLOGY	68.00	0	1,152	0	17.00	
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	411,677	0	18.00	
19.00	EMERGENCY	91.00	0	153,833	0	19.00	
20.00	CHILD BIRTH EDUCATION	192.02	0	268	0	20.00	
21.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	9,367	0	21.00	
22.00	PHYSICIAN PRACTICE	192.05	0	775	0	22.00	
	O			7,970,110			
L - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,783	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	20	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	697	0	3.00	
4.00	PHARMACY	15.00	0	46,331,997	0	4.00	
5.00	SOCIAL SERVICE	17.00	0	7,153	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	103,840	0	6.00	
7.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	2,634	0	7.00	
8.00	OPERATING ROOM	50.00	0	337,010	0	8.00	
9.00	RECOVERY ROOM	51.00	0	24,419	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,948	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	423,751	0	11.00	
12.00	RADIOLOGY - THERAPEUTIC	55.00	0	53,861	0	12.00	
13.00	RADIOISOTOPE	56.00	0	240,347	0	13.00	
14.00	LABORATORY	60.00	0	105	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	18,047	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	5	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	24,667	0	17.00	
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	62,790	0	18.00	
19.00	EMERGENCY	91.00	0	32,326	0	19.00	
20.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	1,489	0	20.00	
21.00	PHYSICIAN PRACTICE	192.05	0	1,648	0	21.00	
	O			47,740,537			
M - NON-BILLABLE DRUGS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	182	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	78	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	72	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,868	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	164,420	0	5.00	
6.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	16,256	0	6.00	
7.00	OPERATING ROOM	50.00	0	81,571	0	7.00	
8.00	RECOVERY ROOM	51.00	0	98,436	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66,397	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,440	0	10.00	
11.00	RADIOLOGY - THERAPEUTIC	55.00	0	72,920	0	11.00	
12.00	RADIOISOTOPE	56.00	0	63	0	12.00	
13.00	LABORATORY	60.00	0	317	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	421	0	14.00	
15.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	49,237	0	15.00	
16.00	EMERGENCY	91.00	0	176,001	0	16.00	
17.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	10,740	0	17.00	
	O			838,419			
N - IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	229	0	1.00	
2.00	OPERATING ROOM	50.00	0	8,138,647	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,342	0	3.00	
4.00	RADIOLOGY - THERAPEUTIC	55.00	0	222	0	4.00	

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
5.00	RESPIRATORY THERAPY	65.00	0	60	0		5.00	
6.00	SPEECH PATHOLOGY	68.00	0	42,419	0		6.00	
7.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	716,923	0		7.00	
8.00	EMERGENCY	91.00	0	797	0		8.00	
			0	8,900,639				
O - NORTH TO TIPTON ISR ALLOCATION								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	83,245	72,819	0		1.00	
2.00	OPERATION OF PLANT	7.00	27,943	60,968	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	31,268	6,500	0		3.00	
			142,456	140,287				
P - NORTH TO WEST ISR ALLOCATION								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	90,071	31,381	0		1.00	
2.00	OPERATION OF PLANT	7.00	29,831	15,509	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	63,869	39,644	0		3.00	
			183,771	86,534				
Q - NORTH TO SAXONY ISR ALLOCATION								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	118,254	103,443	0		1.00	
2.00	OPERATION OF PLANT	7.00	9,465	4,921	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	19,329	11,998	0		3.00	
			147,048	120,362				
R - PHYSICIAN								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	28,937	0		1.00	
			0	28,937				
S - PHYSICIAN PRACTICE								
1.00	PHYSICIAN PRACTICE	192.05	0	67,091	0		1.00	
	TOTALS		0	67,091				
T - CAFETERIA								
1.00	DIETARY	10.00	1,122,190	622,190	0		1.00	
	TOTALS		1,122,190	622,190				
U - SPOT RETENTION								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	2,976,282	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
	TOTALS		2,976,282	0				
500.00	Grand Total: Decreases		6,577,246	107,225,263			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

	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	0	0	0	0	1.00
2.00	Land Improvements	12,041,302	0	0	0	2.00
3.00	Buildings and Fixtures	196,283,882	0	0	0	3.00
4.00	Building Improvements	13,031,823	2,899,389	0	2,899,389	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	112,771,043	6,553,204	0	6,553,204	1,936,875
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	334,128,050	9,452,593	0	9,452,593	1,936,875
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	334,128,050	9,452,593	0	9,452,593	1,936,875
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	12,041,302	0			2.00
3.00	Buildings and Fixtures	196,283,882	0			3.00
4.00	Building Improvements	15,931,212	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	117,387,372	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	341,643,768	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	341,643,768	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	224,256,396	0	224,256,396	0.656404	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	117,387,372	0	117,387,372	0.343596	0	2.00
3.00	Total (sum of lines 1-2)	341,643,768	0	341,643,768	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,539,476	2,456,681	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	14,859,190	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	415,461	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,663,129	73,024	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,061,795	2,945,166	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,996,157	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	14,859,190	1.01
1.02	MOB LEASED SPACE	0	0	0	0	415,461	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,736,153	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	37,006,961	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01	0	1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02	0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,340,973			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	34,188,490			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-11,963	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		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01	0	26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			3.00	4.00	5.00		
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant				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)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00 MISCELLANEOUS INCOME	B	-8,939	DATA PROCESSING	5.02		0	33.00
33.01 MISCELLANEOUS INCOME	B	-3,964,177	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.01
33.02 MISCELLANEOUS INCOME	B	-540,155	MAINTENANCE & REPAIRS	6.00		0	33.02
33.03 MISCELLANEOUS INCOME	B	-13,800	OPERATION OF PLANT	7.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-21,863	NURSING ADMINISTRATION	13.00		0	33.04
33.05 MISCELLANEOUS INCOME	B	-35,000	PHARMACY	15.00		0	33.05
33.06 MISCELLANEOUS INCOME	B		OPERATING ROOM	50.00		0	33.06
33.07 MISCELLANEOUS INCOME	B	-42,992	SPEECH PATHOLOGY	68.00		0	33.07
33.08 LIC LEASE INCOME	B		NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.08
33.09 INTERCOMPANY	B	-17,872	ADMINISTRATIVE	5.04		0	33.09
33.10 INTERCOMPANY	B	-630,637	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.10
33.11 INTERCOMPANY	B	-117,277	MAINTENANCE & REPAIRS	6.00		0	33.11
33.12 INTERCOMPANY	B	-35,399	PATIENT TRANSPORTATION	18.00		0	33.12
33.13 INTERCOMPANY	B	-308,159	NURSING ADMINISTRATION	13.00		0	33.13
33.14 INTERCOMPANY	B	-125,951	OPERATING ROOM	50.00		0	33.14
33.15 INTERCOMPANY	B	-73,058	RADIOLOGY-DIAGNOSTIC	54.00		0	33.15
33.16 INTERCOMPANY	B	-16,349	SOCIAL SERVICE	17.00		0	33.16
33.17 INTERCOMPANY	B	-115,988	LABORATORY	60.00		0	33.17
33.18 EMPLOYEE BENEFITS	A	-12,837,226	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.18
33.19 EMPLOYEE BENEFITS	A	-847	CENTRAL SERVICES & SUPPLY	14.00		0	33.19
33.20 EMPLOYEE BENEFITS	A	-4,853	PHYSICIAN PRACTICE	192.05		0	33.20
33.21 MEDICAID HOSPITAL ASSESSMENT FEE	A	-15,150,715	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.21
33.22 TELEPHONE EQUIPMENT	A		OADULTS & PEDIATRICS	30.00		0	33.22
33.23 TELEPHONE EQUIPMENT	A	-193	LABORATORY	60.00		0	33.23
33.24 UNWONTED SITUATIONS	A	-1,456	ADULTS & PEDIATRICS	30.00		0	33.24
33.25 UNWONTED SITUATIONS	A		OPERATING ROOM	50.00		0	33.25
33.26 UNWONTED SITUATIONS	A	-1,552	CARDIAC CATHETERIZATION LABORATORY	75.01		0	33.26
33.27 UNWONTED SITUATIONS	A	-1,783	EMERGENCY	91.00		0	33.27
33.28 CARMEL REHAB START-UP	A	11,167	PHYSICAL THERAPY	66.00		0	33.28
33.29 CANCER CENTER PLANNING START-UP	A	618,933	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.29
33.30 CONTRIBUTION EXPENSE	A	750	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.30
33.31 CONTRIBUTION EXPENSE	A		PHARMACY	15.00		0	33.31
33.32 CONTRIBUTION EXPENSE	A		RADIOLOGY-DIAGNOSTIC	54.00		0	33.32
33.33 CONTRIBUTION EXPENSE	A		PHYSICAL THERAPY	66.00		0	33.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,599,837					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: 15-0161

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2023 2:40 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	1,152,448	1,926,450	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	14,859,190	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	1,042,560	0	3.00
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	12,611,429	162,691	3.02
4.00	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	9,619,849	0	4.00
4.01	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	2,070,742	0	4.01
4.02	5.04	ADMINITTING	HOME OFFICE ALLOCATION	1,795,407	0	4.02
4.03	5.05	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	24,505,148	31,240,034	4.03
4.05	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY	0	172,143	4.05
4.06	13.00	NURSING ADMINISTRATION	INTERCOMPANY	108,807	75,772	4.06
4.07	17.00	SOCIAL SERVICE	INTERCOMPANY	186,211	186,211	4.07
4.08	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	6,375,959	6,375,959	4.08
4.09	34.02	PREMATURE INTENSIVE CARE UNI	INTERCOMPANY	662,092	662,092	4.09
4.10	50.00	OPERATING ROOM	INTERCOMPANY	809,558	809,558	4.10
4.11	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY	1,778,013	1,778,013	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	161,479	161,479	4.12
4.13	55.00	RADIOLOGY - THERAPEUTIC	INTERCOMPANY	1,236,200	1,236,200	4.13
4.14	60.00	LABORATORY	INTERCOMPANY	10,122,517	10,122,517	4.14
4.15	66.00	PHYSICAL THERAPY	INTERCOMPANY	8,092	8,092	4.15
4.16	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	196,085	196,085	4.16
4.18	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY	180,000	180,000	4.18
4.19	75.01	CARDIAC CATHETERIZATION LABORA	INTERCOMPANY	204,635	204,635	4.19
4.20	91.00	EMERGENCY	INTERCOMPANY	1,402,374	1,402,374	4.20
4.21	192.01	OTHER NON-REIMBURSABLE	INTERCOMPANY	9,597	9,597	4.21
4.22	192.02	CHILDBIRTH EDUCATION	INTERCOMPANY	27,400	27,400	4.22
4.23	192.05	PHYSICIAN PRACTICE	INTERCOMPANY	5,813	5,813	4.23
4.24	0.00			0	0	4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			91,131,605	56,943,115	5.00

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

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

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

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

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

(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: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 2:40 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-774,002	9		1.00
2.00	14,859,190	9		2.00
3.00	1,042,560	9		3.00
3.02	12,448,738	0		3.02
4.00	9,619,849	0		4.00
4.01	2,070,742	0		4.01
4.02	1,795,407	0		4.02
4.03	-6,734,886	0		4.03
4.05	-172,143	0		4.05
4.06	33,035	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
5.00	34,188,490			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0161

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2023 2:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	485,530	485,530	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	37,396	37,396	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	6,322,575	6,322,575	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	642,525	642,525	0	0	0	4.00
5.00	50.00	OPERATING ROOM	639,677	639,677	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,569,226	436	1,568,790	237,100	10,459	6.00
7.00	55.00	RADIOLOGY - THERAPEUTIC	308,573	308,573	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	192,279	192,279	0	0	0	8.00
9.00	75.01	CARDIAC CATHETERIZATION LABORATORY	73,716	73,716	0	0	0	9.00
10.00	91.00	EMERGENCY	1,261,701	1,261,701	0	0	0	10.00
200.00			11,533,198	9,964,408	1,568,790		10,459	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,192,225	59,611	0	0	0	6.00
7.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	75.01	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			1,192,225	59,611	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	485,530	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	37,396	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	6,322,575	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	642,525	4.00
5.00	50.00	OPERATING ROOM	0	0	0	639,677	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	1,192,225	376,565	377,001	6.00
7.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	308,573	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	192,279	8.00
9.00	75.01	CARDIAC CATHETERIZATION LABORATORY	0	0	0	73,716	9.00
10.00	91.00	EMERGENCY	0	0	0	1,261,701	10.00
200.00			0	1,192,225	376,565	10,340,973	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
			0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	9,996,157	9,996,157				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	14,859,190	0	14,859,190			1.01
1.02	00102	MOB LEASED SPACE	415,461	0	0	415,461		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,736,153				11,736,153	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,093,766	27,210	40,447	6,488	923	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,687,870	155,260	230,792	3,805	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,070,742	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	2,410,839	31,296	46,521	0	0	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	25,206,733	306,007	454,877	124,204	2,758,305	5.05
6.00	00600	MAINTENANCE & REPAIRS	6,766,495	1,458,206	2,167,609	9,166	152,597	6.00
7.00	00700	OPERATION OF PLANT	4,937,675	0	0	2,410	7,981	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	243,731	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,011,397	120,885	179,694	2,321	0	9.00
10.00	01000	DIETARY	1,313,150	51,282	76,230	0	17,785	10.00
11.00	01100	CAFETERIA	1,759,131	307,498	457,093	0	13,832	11.00
13.00	01300	NURSING ADMINISTRATION	5,752,701	156,015	231,915	0	872,261	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,464,844	328,588	488,443	0	0	14.00
15.00	01500	PHARMACY	4,838,300	156,344	232,404	0	231,841	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,868,787	194,535	289,174	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	247,541	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,932,723	1,884,266	2,800,941	0	257,298	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,592,531	420,675	625,330	2,915	57,606	34.02
43.00	04300	NURSERY	1,387,589	167,325	248,727	0	8,723	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,258,371	1,164,226	1,730,610	0	2,227,466	50.00
51.00	05100	RECOVERY ROOM	3,878,054	178,712	265,654	0	25,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,132,689	539,759	802,346	0	87,672	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,901,703	293,535	436,337	104,045	2,038,904	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	5,700,126	940,486	1,398,024	0	1,549,246	55.00
56.00	05600	RADIOLOGY-SOFT	282,089	20,257	30,112	0	45,018	56.00
60.00	06000	LABORATORY	11,959,404	227,515	338,200	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,543,841	35,634	52,970	0	61,800	65.00
66.00	06600	PHYSICAL THERAPY	2,068,263	6,759	10,047	36,811	44,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	643,452	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	453,302	0	0	0	15,006	68.00
69.00	06900	ELECTROCARDIOLOGY	570,960	40,824	60,685	0	74,440	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	584,305	13,731	20,411	0	32,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,522,360	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,864,914	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,738,131	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,755,453	252,285	375,019	0	715,017	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,741,189	221,260	328,901	0	199,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,192,112	9,700,375	14,419,513	292,165	11,496,611	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	388,413	9,238	13,732	0	182,078	192.01
192.02	19202	CHILD BIRTH EDUCATION	193,311	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	264,002	392,436	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	2,943	0	0	0	33,798	192.04
192.05	19205	PHYSICIAN PRACTICE	7,440	0	0	113,044	23,666	192.05
192.06	19206	TIPTON HOSPITAL	282,743	15,028	22,339	3,164	0	192.06
192.07	19207	WEST HOSPITAL	270,305	5,868	8,723	2,600	0	192.07
192.08	19208	SAXONY HOSPITAL	267,410	1,646	2,447	4,488	0	192.08
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)	303,604,677	9,996,157	14,859,190	415,461	11,736,153	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,168,834					4.00
5.01	00540	NONPATIENT TELEPHONES	0	0				5.01
5.02	00550	DATA PROCESSING	0	0	10,077,727			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	2,070,742		5.03
5.04	00570	ADMINISTRATIVE	82,288	0	129,471	0	2,700,415	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	478,329	0	338,835	29	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	290,578	0	246,356	10,729	0	6.00
7.00	00700	OPERATION OF PLANT	189,860	0	231,253	14	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	310,894	0	536,271	0	0	9.00
10.00	01000	DIETARY	135,272	0	217,682	4	0	10.00
11.00	01100	CAFETERIA	184,617	0	312,788	1	0	11.00
13.00	01300	NURSING ADMINISTRATION	834,434	0	199,296	761	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	148	0	109	0	0	14.00
15.00	01500	PHARMACY	618,196	0	456,815	6,836	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	210,167	0	155,628	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	41,476	0	70,262	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,909,548	0	1,990,659	61,693	261,313	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	650,611	0	342,666	5,713	54,168	34.02
43.00	04300	NURSERY	186,843	0	151,797	0	13,559	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,185,281	0	1,005,453	530,148	516,176	50.00
51.00	05100	RECOVERY ROOM	472,206	0	345,949	8,734	72,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	724,708	0	447,184	25,097	82,506	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,834	0	625,576	33,267	189,940	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	592,711	0	539,335	9,142	165,560	55.00
56.00	05600	RADIOISOTOPE	37,898	0	30,206	101	18,877	56.00
60.00	06000	LABORATORY	158,861	0	369,917	894	120,644	60.00
65.00	06500	RESPIRATORY THERAPY	479,383	0	288,711	25,151	31,696	65.00
66.00	06600	PHYSICAL THERAPY	296,403	0	238,695	1,049	16,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,858	0	75,953	531	8,082	67.00
68.00	06800	SPEECH PATHOLOGY	73,923	0	55,816	898	4,240	68.00
69.00	06900	ELECTROCARDIOLOGY	62,885	0	53,299	0	31,084	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,115	0	20,028	6	8,189	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	493,009	83,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	791,414	197,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	509,170	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	191,543	0	117,542	50,299	70,099	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	635,266	0	410,849	14,208	244,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,071,136	0	10,004,401	2,069,728	2,700,415	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	8,602	0	11,054	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	13,123	0	13,680	24	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	887	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	328	103	0	192.05
192.06	19206	TIPTON HOSPITAL	22,868	0	10,178	0	0	192.06
192.07	19207	WEST HOSPITAL	29,500	0	27,361	0	0	192.07
192.08	19208	SAXONY HOSPITAL	23,605	0	10,725	0	0	192.08
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)	13,168,834	0	10,077,727	2,070,742	2,700,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/25/2023 2:40 pm

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	29,667,319	29,667,319				5.05
6.00	00600	MAINTENANCE & REPAIRS	11,101,736	1,202,318	12,304,054			6.00
7.00	00700	OPERATION OF PLANT	5,369,193	581,484	0	5,950,677		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	243,731	26,396	0	0	270,127	8.00
9.00	00900	HOUSEKEEPING	4,161,462	450,686	185,500	89,714	0	9.00
10.00	01000	DIETARY	1,811,405	196,175	78,693	38,059	0	10.00
11.00	01100	CAFETERIA	3,034,960	328,686	471,862	228,209	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,047,383	871,532	239,408	115,786	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,282,132	896,955	504,225	243,861	0	14.00
15.00	01500	PHARMACY	6,540,736	708,362	239,913	116,031	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,718,291	294,391	298,517	144,374	0	17.00
18.00	01850	PATIENT TRANSPORTATION	359,279	38,910	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,098,441	4,667,561	2,891,444	1,398,404	205,869	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	7,752,215	839,565	645,534	312,203	35,935	34.02
43.00	04300	NURSERY	2,164,563	234,422	256,764	124,180	28,323	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,617,731	2,774,400	1,786,527	864,028	0	50.00
51.00	05100	RECOVERY ROOM	5,247,251	568,277	274,238	132,631	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,841,961	1,065,884	828,270	400,581	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,534,141	1,249,147	450,436	217,847	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	10,894,630	1,179,888	1,443,195	697,980	0	55.00
56.00	05600	RADIOISOTOPE	464,558	50,312	31,085	15,034	0	56.00
60.00	06000	LABORATORY	13,175,435	1,426,900	349,127	168,850	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,519,186	489,428	54,681	26,446	0	65.00
66.00	06600	PHYSICAL THERAPY	2,719,672	294,540	10,372	5,016	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	823,876	89,226	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	603,185	65,325	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	894,177	96,839	62,646	30,298	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	709,690	76,859	21,070	10,190	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,099,197	660,543	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,853,998	1,067,188	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,247,301	5,225,087	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,527,257	598,602	387,136	187,233	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,795,685	1,060,873	339,528	164,208	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,921,777	29,376,761	11,850,171	5,731,163	270,127	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	613,117	66,401	14,175	6,856	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	220,138	23,841	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	656,438	71,092	405,116	195,928	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	37,628	4,075	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	144,581	15,658	0	0	0	192.05
192.06	19206	TIPTON HOSPITAL	356,320	38,589	23,061	11,153	0	192.06
192.07	19207	WEST HOSPITAL	344,357	37,294	9,005	4,355	0	192.07
192.08	19208	SAXONY HOSPITAL	310,321	33,608	2,526	1,222	0	192.08
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	303,604,677	29,667,319	12,304,054	5,950,677	270,127	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	4,887,362				9.00
10.00	01000	DIETARY	31,737	2,156,069			10.00
11.00	01100	CAFETERIA	190,300	0	4,254,017		11.00
13.00	01300	NURSING ADMINISTRATION	96,552	0	105,121	9,475,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	203,352	0	58	10,130,583	14.00
15.00	01500	PHARMACY	96,756	0	240,952	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	33,632	16.00
17.00	01700	SOCIAL SERVICE	120,391	0	82,088	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	37,061	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,166,108	2,015,781	1,049,995	3,267,077	303,506
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	260,341	0	180,743	846,057	28,106
43.00	04300	NURSERY	103,552	0	80,067	278,876	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	720,499	0	530,338	1,134,648	2,608,151
51.00	05100	RECOVERY ROOM	110,599	6,665	182,475	785,196	42,967
52.00	05200	DELIVERY ROOM & LABOR ROOM	334,038	92,560	235,872	942,349	123,467
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,659	0	329,967	208,014	163,660
55.00	05500	RADIOLOGY - THERAPEUTIC	582,035	0	284,479	834,056	44,975
56.00	05600	RADIOISOTOPE	12,536	0	15,933	0	497
60.00	06000	LABORATORY	140,801	0	195,117	230,587	4,400
65.00	06500	RESPIRATORY THERAPY	22,053	0	152,284	286	123,733
66.00	06600	PHYSICAL THERAPY	4,183	0	125,903	0	5,160
67.00	06700	OCCUPATIONAL THERAPY	0	0	40,063	0	2,612
68.00	06800	SPEECH PATHOLOGY	0	0	29,441	0	4,418
69.00	06900	ELECTROCARDIOLOGY	25,265	0	28,113	0	1
70.00	07000	ELECTROENCEPHALOGRAPHY	8,497	0	10,564	0	29
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,425,437
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,893,490
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	156,130	39,397	61,999	163,440	247,454
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	136,930	1,666	216,707	781,767	69,898
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,704,314	2,156,069	4,215,340	9,472,353	10,125,593
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	5,717	0	5,830	0	0
192.02	19202	CHILD BIRTH EDUCATION	0	0	7,216	3,429	119
192.03	19203	PHYSICIANS' PRIVATE OFFICES	163,381	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,365
192.05	19205	PHYSICIAN PRACTICE	0	0	173	0	506
192.06	19206	TIPTON HOSPITAL	9,300	0	5,369	0	0
192.07	19207	WEST HOSPITAL	3,631	0	14,432	0	0
192.08	19208	SAXONY HOSPITAL	1,019	0	5,657	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	4,887,362	2,156,069	4,254,017	9,475,782	10,130,583

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	
				PATIENT TRANSPORTATION		
	15.00	16.00	17.00	18.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01
1.02 00102 MOB LEASED SPACE						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	7,976,382					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00 01700 SOCIAL SERVICE	0	0	3,658,052			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	435,250		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,004	0	2,787,884	42,147	62,921,221	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	2,670	0	486,625	8,737	11,398,731	34.02
43.00 04300 NURSERY	0	0	383,543	2,187	3,656,477	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,397	0	0	82,952	36,132,671	50.00
51.00 05100 RECOVERY ROOM	16,167	0	0	11,656	7,378,122	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,905	0	0	13,307	13,889,194	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,854	0	0	30,636	14,380,361	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	11,976	0	0	26,703	15,999,917	55.00
56.00 05600 RADIOISOTOPE	10	0	0	3,045	593,010	56.00
60.00 06000 LABORATORY	52	0	0	19,459	15,710,728	60.00
65.00 06500 RESPIRATORY THERAPY	69	0	0	5,112	5,393,278	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	2,698	3,167,544	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,304	957,081	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	684	703,053	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,014	1,142,353	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,321	838,220	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,521	9,198,698	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	31,882	14,846,558	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,840,521	0	0	82,124	61,395,033	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	8,087	0	0	11,306	7,388,041	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	28,906	0	0	39,455	12,635,623	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7,974,618	0	3,658,052	435,250	299,725,914	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	712,096	192.01
192.02 19202 CHILDBIRTH EDUCATION	0	0	0	0	254,743	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,491,955	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	1,764	0	0	0	47,832	192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	160,918	192.05
192.06 19206 TIPTON HOSPITAL	0	0	0	0	443,792	192.06
192.07 19207 WEST HOSPITAL	0	0	0	0	413,074	192.07
192.08 19208 SAXONY HOSPITAL	0	0	0	0	354,353	192.08
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)	7,976,382	0	3,658,052	435,250	303,604,677	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	62,921,221	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	11,398,731	34.02
43.00	04300	NURSERY	3,656,477	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	36,132,671	50.00
51.00	05100	RECOVERY ROOM	7,378,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,889,194	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,380,361	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	15,999,917	55.00
56.00	05600	RADIOISOTOPE	593,010	56.00
60.00	06000	LABORATORY	15,710,728	60.00
65.00	06500	RESPIRATORY THERAPY	5,393,278	65.00
66.00	06600	PHYSICAL THERAPY	3,167,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,081	67.00
68.00	06800	SPEECH PATHOLOGY	703,053	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,198,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,846,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,395,033	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	7,388,041	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	12,635,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	299,725,914	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	712,096	192.01
192.02	19202	CHILD BIRTH EDUCATION	254,743	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,491,955	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	47,832	192.04
192.05	19205	PHYSICIAN PRACTICE	160,918	192.05
192.06	19206	TIPTON HOSPITAL	443,792	192.06
192.07	19207	WEST HOSPITAL	413,074	192.07
192.08	19208	SAXONY HOSPITAL	354,353	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	303,604,677	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01 00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02 00102	MOB LEASED SPACE					1.02	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	27,210	40,447	6,488	923	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	155,260	230,792	3,805	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04 00570	ADMITTING	0	31,296	46,521	0	0	5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	0	306,007	454,877	124,204	2,758,305	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	1,458,206	2,167,609	9,166	152,597	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	2,410	7,981	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	120,885	179,694	2,321	0	9.00
10.00 01000	DIETARY	0	51,282	76,230	0	17,785	10.00
11.00 01100	CAFETERIA	0	307,498	457,093	0	13,832	11.00
13.00 01300	NURSING ADMINISTRATION	0	156,015	231,915	0	872,261	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	328,588	488,443	0	0	14.00
15.00 01500	PHARMACY	0	156,344	232,404	0	231,841	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	194,535	289,174	0	0	17.00
18.00 01850	PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,884,266	2,800,941	0	257,298	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	0	420,675	625,330	2,915	57,606	34.02
43.00 04300	NURSERY	0	167,325	248,727	0	8,723	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	1,164,226	1,730,610	0	2,227,466	50.00
51.00 05100	RECOVERY ROOM	0	178,712	265,654	0	25,672	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	539,759	802,346	0	87,672	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	293,535	436,337	104,045	2,038,904	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	940,486	1,398,024	0	1,549,246	55.00
56.00 05600	RADIOISOTOPE	0	20,257	30,112	0	45,018	56.00
60.00 06000	LABORATORY	0	227,515	338,200	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	35,634	52,970	0	61,800	65.00
66.00 06600	PHYSICAL THERAPY	0	6,759	10,047	36,811	44,919	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	15,006	68.00
69.00 06900	ELECTROCARDIOLOGY	0	40,824	60,685	0	74,440	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	13,731	20,411	0	32,905	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	0	252,285	375,019	0	715,017	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	0	221,260	328,901	0	199,394	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	9,700,375	14,419,513	292,165	11,496,611	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	OTHER NON-REIMBURSABLE	0	9,238	13,732	0	182,078	192.01
192.02 19202	CHILD BIRTH EDUCATION	0	0	0	0	0	192.02
192.03 19203	PHYSICIANS' PRIVATE OFFICES	0	264,002	392,436	0	0	192.03
192.04 19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	33,798	192.04
192.05 19205	PHYSICIAN PRACTICE	0	0	0	113,044	23,666	192.05
192.06 19206	TIPTON HOSPITAL	0	15,028	22,339	3,164	0	192.06
192.07 19207	WEST HOSPITAL	0	5,868	8,723	2,600	0	192.07
192.08 19208	SAXONY HOSPITAL	0	1,646	2,447	4,488	0	192.08
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)	0	9,996,157	14,859,190	415,461	11,736,153	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 2:40 pm		
Cost Center	Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	75,068	75,068			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0		5.01
5.02	00550	DATA PROCESSING	389,857	0	0	389,857	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATION	77,817	469	0	5,009	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	3,643,393	2,726	0	13,108	5.05
6.00	00600	MAINTENANCE & REPAIRS	3,787,578	1,656	0	9,530	6.00
7.00	00700	OPERATION OF PLANT	10,391	1,082	0	8,946	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	302,900	1,772	0	20,746	9.00
10.00	01000	DIETARY	145,297	771	0	8,421	10.00
11.00	01100	CAFETERIA	778,423	1,052	0	12,100	11.00
13.00	01300	NURSING ADMINISTRATION	1,260,191	4,756	0	7,710	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	817,031	1	0	4	14.00
15.00	01500	PHARMACY	620,589	3,524	0	17,672	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	483,709	1,198	0	6,020	17.00
18.00	01850	PATIENT TRANSPORTATION	0	236	0	2,718	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,942,505	16,593	0	77,009	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,106,526	3,708	0	13,256	34.02
43.00	04300	NURSERY	424,775	1,065	0	5,872	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,122,302	6,756	0	38,896	50.00
51.00	05100	RECOVERY ROOM	470,038	2,692	0	13,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,429,777	4,131	0	17,299	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,872,821	5,192	0	24,200	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,887,756	3,378	0	20,864	55.00
56.00	05600	RADIOISOTOPE	95,387	216	0	1,169	56.00
60.00	06000	LABORATORY	565,715	906	0	14,310	60.00
65.00	06500	RESPIRATORY THERAPY	150,404	2,732	0	11,169	65.00
66.00	06600	PHYSICAL THERAPY	98,536	1,689	0	9,234	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	546	0	2,938	67.00
68.00	06800	SPEECH PATHOLOGY	15,006	421	0	2,159	68.00
69.00	06900	ELECTROCARDIOLOGY	175,949	358	0	2,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,047	172	0	775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,342,321	1,092	0	4,547	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	749,555	3,621	0	15,894	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,908,664	74,511	0	387,020	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	205,048	49	0	428	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	75	0	529	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	656,438	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	33,798	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	136,710	0	0	13	192.05
192.06	19206	TIPTON HOSPITAL	40,531	130	0	394	192.06
192.07	19207	WEST HOSPITAL	17,191	168	0	1,058	192.07
192.08	19208	SAXONY HOSPITAL	8,581	135	0	415	192.08
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)	37,006,961	75,068	0	389,857	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5.04	5.05	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE	83,295				5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	3,659,227			5.05	
6.00	00600	MAINTENANCE & REPAIRS	0	148,297	3,947,061		6.00	
7.00	00700	OPERATION OF PLANT	0	71,722	0	92,141	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,256	0	3,256	8.00	
9.00	00900	HOUSEKEEPING	0	55,589	59,507	1,389	9.00	
10.00	01000	DIETARY	0	24,197	25,244	589	10.00	
11.00	01100	CAFETERIA	0	40,541	151,370	3,534	11.00	
13.00	01300	NURSING ADMINISTRATION	0	107,497	76,801	1,793	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	110,633	161,752	3,776	14.00	
15.00	01500	PHARMACY	0	87,371	76,963	1,797	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	36,311	95,762	2,235	17.00	
18.00	01850	PATIENT TRANSPORTATION	0	4,799	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,022	575,709	927,557	21,652	2,482	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,663	103,554	207,083	4,834	433	34.02
43.00	04300	NURSERY	416	28,914	82,368	1,923	341	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,247	342,202	573,106	13,379	0	50.00
51.00	05100	RECOVERY ROOM	2,218	70,093	87,974	2,054	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,533	131,469	265,704	6,203	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,831	154,073	144,497	3,373	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	5,082	145,530	462,968	10,808	0	55.00
56.00	05600	RADIOISOTOPE	579	6,206	9,972	233	0	56.00
60.00	06000	LABORATORY	3,703	175,997	111,998	2,614	0	60.00
65.00	06500	RESPIRATORY THERAPY	973	60,367	17,541	409	0	65.00
66.00	06600	PHYSICAL THERAPY	513	36,329	3,327	78	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	248	11,005	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	130	8,057	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	954	11,944	20,096	469	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	251	9,480	6,759	158	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,573	81,473	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,068	131,630	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,630	644,459	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	2,152	73,833	124,191	2,899	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,509	130,851	108,918	2,543	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,295	3,623,388	3,801,458	88,742	3,256	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	8,190	4,547	106	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	2,941	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	8,769	129,959	3,034	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	503	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	1,931	0	0	0	192.05
192.06	19206	TIPTON HOSPITAL	0	4,760	7,398	173	0	192.06
192.07	19207	WEST HOSPITAL	0	4,600	2,889	67	0	192.07
192.08	19208	SAXONY HOSPITAL	0	4,145	810	19	0	192.08
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)	83,295	3,659,227	3,947,061	92,141	3,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 2:40 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	441,903					9.00
10.00	01000	DIETARY	2,870	207,389				10.00
11.00	01100	CAFETERIA	17,206	0	1,004,226			11.00
13.00	01300	NURSING ADMINISTRATION	8,730	0	24,815	1,492,293		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,387	0	14	0	1,111,598	14.00
15.00	01500	PHARMACY	8,748	0	56,881	0	3,690	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,885	0	19,378	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	8,749	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	105,437	193,895	247,869	514,515	33,303	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	23,539	0	42,667	133,241	3,084	34.02
43.00	04300	NURSERY	9,363	0	18,901	43,919	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,146	0	125,194	178,690	286,182	50.00
51.00	05100	RECOVERY ROOM	10,000	641	43,076	123,657	4,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,203	8,903	55,681	148,406	13,548	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,425	0	77,894	32,759	17,958	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	52,626	0	67,156	131,351	4,935	55.00
56.00	05600	RADIOISOTOPE	1,134	0	3,761	0	55	56.00
60.00	06000	LABORATORY	12,731	0	46,060	36,314	483	60.00
65.00	06500	RESPIRATORY THERAPY	1,994	0	35,949	45	13,577	65.00
66.00	06600	PHYSICAL THERAPY	378	0	29,721	0	566	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,457	0	287	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,950	0	485	68.00
69.00	06900	ELECTROCARDIOLOGY	2,284	0	6,637	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	768	0	2,494	0	3	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	266,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	427,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	14,117	3,790	14,636	25,739	27,152	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,381	160	51,157	123,117	7,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	425,352	207,389	995,097	1,491,753	1,111,050	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	517	0	1,376	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	1,703	540	13	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	14,773	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	479	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	41	0	56	192.05
192.06	19206	TIPTON HOSPITAL	841	0	1,267	0	0	192.06
192.07	19207	WEST HOSPITAL	328	0	3,407	0	0	192.07
192.08	19208	SAXONY HOSPITAL	92	0	1,335	0	0	192.08
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)	441,903	207,389	1,004,226	1,492,293	1,111,598	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 2:40 pm	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	Subtotal
	15.00	16.00	17.00	18.00	24.00
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CAP REL COSTS-INTEREST			1.01
1.02	00102	MOB LEASED SPACE			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL			5.05
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY	877,235		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	655,498	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,970	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	294	0	34.02
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,473	0	50.00
51.00	05100	RECOVERY ROOM	1,778	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,199	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,634	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,317	0	55.00
56.00	05600	RADIOISOTOPE	1	0	56.00
60.00	06000	LABORATORY	6	0	60.00
65.00	06500	RESPIRATORY THERAPY	8	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 PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	862,293	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	889	0	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	3,179	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	877,041	655,498	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	194	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	192.05
192.06	19206	TIPTON HOSPITAL	0	0	192.06
192.07	19207	WEST HOSPITAL	0	0	192.07
192.08	19208	SAXONY HOSPITAL	0	0	192.08
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)	877,235	655,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	8,170,720	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,731,420	34.02
43.00	04300	NURSERY	686,670	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	6,772,439	50.00
51.00	05100	RECOVERY ROOM	832,770	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,115,571	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,357,843	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,794,805	55.00
56.00	05600	RADIOISOTOPE	118,831	56.00
60.00	06000	LABORATORY	971,590	60.00
65.00	06500	RESPIRATORY THERAPY	295,366	65.00
66.00	06600	PHYSICAL THERAPY	180,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,531	67.00
68.00	06800	SPEECH PATHOLOGY	33,234	68.00
69.00	06900	ELECTROCARDIOLOGY	220,947	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	350,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	566,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,525,561	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,637,796	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,218,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,693,467	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	220,261	192.01
192.02	19202	CHILD BIRTH EDUCATION	5,801	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	812,973	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	34,974	192.04
192.05	19205	PHYSICIAN PRACTICE	138,751	192.05
192.06	19206	TIPTON HOSPITAL	55,494	192.06
192.07	19207	WEST HOSPITAL	29,708	192.07
192.08	19208	SAXONY HOSPITAL	15,532	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,006,961	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	516,162				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	516,162			1.01
1.02	00102	MOB LEASED SPACE	0	0	69,987		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				16,522,071	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,405	1,405	1,093	1,299	82,035,029
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	8,017	8,017	641	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	1,616	1,616	0	0	512,614
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	15,801	15,801	20,923	3,883,129	2,979,744
6.00	00600	MAINTENANCE & REPAIRS	75,296	75,296	1,544	214,825	1,810,152
7.00	00700	OPERATION OF PLANT	0	0	406	11,236	1,182,729
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,242	6,242	391	0	1,936,709
10.00	01000	DIETARY	2,648	2,648	0	25,037	842,675
11.00	01100	CAFETERIA	15,878	15,878	0	19,472	1,150,070
13.00	01300	NURSING ADMINISTRATION	8,056	8,056	0	1,227,962	5,198,091
14.00	01400	CENTRAL SERVICES & SUPPLY	16,967	16,967	0	0	921
15.00	01500	PHARMACY	8,073	8,073	0	326,384	3,851,040
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,045	10,045	0	0	1,309,231
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	258,371
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,296	97,296	0	362,222	18,124,995
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,722	21,722	491	81,097	4,052,968
43.00	04300	NURSERY	8,640	8,640	0	12,280	1,163,933
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,116	60,116	0	3,135,810	7,383,689
51.00	05100	RECOVERY ROOM	9,228	9,228	0	36,141	2,941,601
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,871	27,871	0	123,424	4,514,555
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,157	15,157	17,527	2,870,353	5,674,023
55.00	05500	RADIOLOGY - THERAPEUTIC	48,563	48,563	0	2,181,017	3,692,281
56.00	05600	RADIOISOTOPE	1,046	1,046	0	63,376	236,083
60.00	06000	LABORATORY	11,748	11,748	0	0	989,623
65.00	06500	RESPIRATORY THERAPY	1,840	1,840	0	87,001	2,986,306
66.00	06600	PHYSICAL THERAPY	349	349	6,201	63,236	1,846,439
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	597,146
68.00	06800	SPEECH PATHOLOGY	0	0	0	21,125	460,503
69.00	06900	ELECTROCARDIOLOGY	2,108	2,108	0	104,796	391,741
70.00	07000	ELECTROENCEPHALOGRAPHY	709	709	0	46,324	187,601
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,027	13,027	0	1,006,595	1,193,211
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,425	11,425	0	280,705	3,957,376
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	500,889	500,889	49,217	16,184,846	81,426,421
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	477	477	0	256,328	53,584
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	81,749
192.03	19203	PHYSICIANS' PRIVATE OFFICES	13,632	13,632	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	47,580	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	19,043	33,317	192.05
192.06	19206	TIPTON HOSPITAL	776	776	533	0	142,456
192.07	19207	WEST HOSPITAL	303	303	438	0	183,771
192.08	19208	SAXONY HOSPITAL	85	85	756	0	147,048
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)	9,996,157	14,859,190	415,461	11,736,153	13,168,834

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	19.366317	28.787842	5.936260	0.710332	0.160527	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					75,068	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000915	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	92,082					5.01
5.02	00550	0	92,082				5.02
5.03	00560	0	0	23,195,091			5.03
5.04	00570	1,183	1,183	0	1,405,059,542		5.04
5.05	00590	3,096	3,096	326	0	-29,667,319	5.05
6.00	00600	2,251	2,251	120,179	0	0	6.00
7.00	00700	2,113	2,113	157	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,900	4,900	4	0	0	9.00
10.00	01000	1,989	1,989	44	0	0	10.00
11.00	01100	2,858	2,858	10	0	0	11.00
13.00	01300	1,821	1,821	8,520	0	0	13.00
14.00	01400	1	1	0	0	0	14.00
15.00	01500	4,174	4,174	76,575	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	1,422	1,422	0	0	0	17.00
18.00	01850	642	642	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,189	18,189	691,039	135,959,038	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	3,131	3,131	63,993	28,183,131	0	34.02
43.00	04300	1,387	1,387	0	7,054,851	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,187	9,187	5,938,373	268,617,129	0	50.00
51.00	05100	3,161	3,161	97,830	37,601,491	0	51.00
52.00	05200	4,086	4,086	281,117	42,927,120	0	52.00
54.00	05400	5,716	5,716	372,630	98,824,305	0	54.00
55.00	05500	4,928	4,928	102,401	86,139,694	0	55.00
56.00	05600	276	276	1,132	9,821,759	0	56.00
60.00	06000	3,380	3,380	10,019	62,769,922	0	60.00
65.00	06500	2,638	2,638	281,722	16,491,145	0	65.00
66.00	06600	2,181	2,181	11,748	8,702,550	0	66.00
67.00	06700	694	694	5,946	4,204,874	0	67.00
68.00	06800	510	510	10,060	2,206,119	0	68.00
69.00	06900	487	487	2	16,172,899	0	69.00
70.00	07000	183	183	65	4,260,790	0	70.00
71.00	07100	0	0	5,522,360	43,615,158	0	71.00
72.00	07200	0	0	8,864,914	102,846,024	0	72.00
73.00	07300	0	0	0	264,916,837	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,074	1,074	563,416	36,471,944	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,754	3,754	159,147	127,272,762	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		91,412	91,412	23,183,729	1,405,059,542	-29,667,319	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	101	101	0	0	0	192.01
192.02	19202	125	125	270	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	9,939	0	0	192.04
192.05	19205	3	3	1,153	0	0	192.05
192.06	19206	93	93	0	0	0	192.06
192.07	19207	250	250	0	0	0	192.07
192.08	19208	98	98	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		0	10,077,727	2,070,742	2,700,415		202.00
203.00		0.000000	109.442964	0.089275	0.001922		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	389,857	0	83,295		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	4.233802	0.000000	0.000059		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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	273,937,358				5.05
6.00	00600	MAINTENANCE & REPAIRS	11,101,736	414,027			6.00
7.00	00700	OPERATION OF PLANT	5,369,193	0	414,027		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	243,731	0	0	38,255	8.00
9.00	00900	HOUSEKEEPING	4,161,462	6,242	6,242	0	407,785
10.00	01000	DIETARY	1,811,405	2,648	2,648	0	2,648
11.00	01100	CAFETERIA	3,034,960	15,878	15,878	0	15,878
13.00	01300	NURSING ADMINISTRATION	8,047,383	8,056	8,056	0	8,056
14.00	01400	CENTRAL SERVICES & SUPPLY	8,282,132	16,967	16,967	0	16,967
15.00	01500	PHARMACY	6,540,736	8,073	8,073	0	8,073
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	2,718,291	10,045	10,045	0	10,045
18.00	01850	PATIENT TRANSPORTATION	359,279	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,098,441	97,296	97,296	29,155	97,296
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	7,752,215	21,722	21,722	5,089	21,722
43.00	04300	NURSERY	2,164,563	8,640	8,640	4,011	8,640
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,617,731	60,116	60,116	0	60,116
51.00	05100	RECOVERY ROOM	5,247,251	9,228	9,228	0	9,228
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,841,961	27,871	27,871	0	27,871
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,534,141	15,157	15,157	0	15,157
55.00	05500	RADIOLOGY - THERAPEUTIC	10,894,630	48,563	48,563	0	48,563
56.00	05600	RADIOISOTOPE	464,558	1,046	1,046	0	1,046
60.00	06000	LABORATORY	13,175,435	11,748	11,748	0	11,748
65.00	06500	RESPIRATORY THERAPY	4,519,186	1,840	1,840	0	1,840
66.00	06600	PHYSICAL THERAPY	2,719,672	349	349	0	349
67.00	06700	OCCUPATIONAL THERAPY	823,876	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	603,185	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	894,177	2,108	2,108	0	2,108
70.00	07000	ELECTROENCEPHALOGRAPHY	709,690	709	709	0	709
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,099,197	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,853,998	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	48,247,301	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,527,257	13,027	13,027	0	13,027
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,795,685	11,425	11,425	0	11,425
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	271,254,458	398,754	398,754	38,255	392,512
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	613,117	477	477	0	477
192.02	19202	CHILD BIRTH EDUCATION	220,138	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	656,438	13,632	13,632	0	13,632
192.04	19204	PHYSICIANS' PRIVATE OFFICES	37,628	0	0	0	0
192.05	19205	PHYSICIAN PRACTICE	144,581	0	0	0	0
192.06	19206	TIPTON HOSPITAL	356,320	776	776	0	776
192.07	19207	WEST HOSPITAL	344,357	303	303	0	303
192.08	19208	SAXONY HOSPITAL	310,321	85	85	0	85
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	29,667,319	12,304,054	5,950,677	270,127	4,887,362
203.00		Unit cost multiplier (Wkst. B, Part I)	0.108300	29.717999	14.372679	7.061221	11.985144

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2022 To 12/31/2022		Worksheet B-1 Date/Time Prepared: 5/25/2023 2:40 pm	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	3,659,227	3,947,061	92,141	3,256	441,903	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013358	9.533342	0.222548	0.085113	1.083667	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATIVE (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	84,114					10.00
11.00	01100	0	73,692				11.00
13.00	01300	0	1,821	33,163			13.00
14.00	01400	0	1	0	23,065,851		14.00
15.00	01500	0	4,174	0	76,575	48,565,350	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	1,422	0	0	0	17.00
18.00	01850	0	642	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	78,641	18,189	11,434	691,039	164,420	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	0	3,131	2,961	63,993	16,256	34.02
43.00	04300	0	1,387	976	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	9,187	3,971	5,938,373	81,571	50.00
51.00	05100	260	3,161	2,748	97,830	98,436	51.00
52.00	05200	3,611	4,086	3,298	281,117	66,397	52.00
54.00	05400	0	5,716	728	372,630	90,440	54.00
55.00	05500	0	4,928	2,919	102,401	72,920	55.00
56.00	05600	0	276	0	1,132	63	56.00
60.00	06000	0	3,380	807	10,019	317	60.00
65.00	06500	0	2,638	1	281,722	421	65.00
66.00	06600	0	2,181	0	11,748	0	66.00
67.00	06700	0	694	0	5,946	0	67.00
68.00	06800	0	510	0	10,060	0	68.00
69.00	06900	0	487	0	2	0	69.00
70.00	07000	0	183	0	65	0	70.00
71.00	07100	0	0	0	5,522,360	0	71.00
72.00	07200	0	0	0	8,864,914	0	72.00
73.00	07300	0	0	0	0	47,738,131	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,537	1,074	572	563,416	49,237	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	65	3,754	2,736	159,147	176,001	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		84,114	73,022	33,151	23,054,489	48,554,610	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	101	0	0	0	192.01
192.02	19202	0	125	12	270	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	9,939	10,740	192.04
192.05	19205	0	3	0	1,153	0	192.05
192.06	19206	0	93	0	0	0	192.06
192.07	19207	0	250	0	0	0	192.07
192.08	19208	0	98	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		2,156,069	4,254,017	9,475,782	10,130,583	7,976,382	202.00
203.00		25.632701	57.726985	285.733558	0.439203	0.164240	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	207,389	1,004,226	1,492,293	1,111,598	877,235	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.465571	13.627341	44.998734	0.048192	0.018063	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: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,405,059,542				16.00
17.00 01700 SOCIAL SERVICE	0	38,255			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	1,405,059,542		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	135,959,038	29,155	135,959,038		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	28,183,131	5,089	28,183,131		34.02
43.00 04300 NURSERY	7,054,851	4,011	7,054,851		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	268,617,129	0	268,617,129		50.00
51.00 05100 RECOVERY ROOM	37,601,491	0	37,601,491		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	42,927,120	0	42,927,120		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	98,824,305	0	98,824,305		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	86,139,694	0	86,139,694		55.00
56.00 05600 RADIO SOTOPE	9,821,759	0	9,821,759		56.00
60.00 06000 LABORATORY	62,769,922	0	62,769,922		60.00
65.00 06500 RESPIRATORY THERAPY	16,491,145	0	16,491,145		65.00
66.00 06600 PHYSICAL THERAPY	8,702,550	0	8,702,550		66.00
67.00 06700 OCCUPATIONAL THERAPY	4,204,874	0	4,204,874		67.00
68.00 06800 SPEECH PATHOLOGY	2,206,119	0	2,206,119		68.00
69.00 06900 ELECTROCARDIOLOGY	16,172,899	0	16,172,899		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,260,790	0	4,260,790		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,615,158	0	43,615,158		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	102,846,024	0	102,846,024		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	264,916,837	0	264,916,837		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	36,471,944	0	36,471,944		75.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	127,272,762	0	127,272,762		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,405,059,542	38,255	1,405,059,542	118.00
NONREIMBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 CHILDBIRTH EDUCATION	0	0	0		192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0		192.05
192.06 19206 Tipton Hospital	0	0	0		192.06
192.07 19207 West Hospital	0	0	0		192.07
192.08 19208 Saxony Hospital	0	0	0		192.08
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	3,658,052	435,250	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
				PATIENT TRANSPORTATION (GROSS CHARGES)		
		16.00	17.00	18.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	95.622847	0.000310		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	655,498	16,502		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	17.134963	0.000012		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,921,221		62,921,221	0	62,921,221	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	11,398,731		11,398,731	0	11,398,731	34.02
43.00	04300	NURSERY	3,656,477		3,656,477	0	3,656,477	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,132,671		36,132,671	0	36,132,671	50.00
51.00	05100	RECOVERY ROOM	7,378,122		7,378,122	0	7,378,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,889,194		13,889,194	376,565	14,265,759	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,380,361		14,380,361	0	14,380,361	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	15,999,917		15,999,917	0	15,999,917	55.00
56.00	05600	RADIOISOTOPE	593,010		593,010	0	593,010	56.00
60.00	06000	LABORATORY	15,710,728		15,710,728	0	15,710,728	60.00
65.00	06500	RESPIRATORY THERAPY	5,393,278	0	5,393,278	0	5,393,278	65.00
66.00	06600	PHYSICAL THERAPY	3,167,544	0	3,167,544	0	3,167,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,081	0	957,081	0	957,081	67.00
68.00	06800	SPEECH PATHOLOGY	703,053	0	703,053	0	703,053	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,353		1,142,353	0	1,142,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,220		838,220	0	838,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,198,698		9,198,698	0	9,198,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,846,558		14,846,558	0	14,846,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,395,033		61,395,033	0	61,395,033	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	7,388,041		7,388,041	0	7,388,041	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,635,623		12,635,623	0	12,635,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,138,835		6,138,835	0	6,138,835	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	305,864,749	0	305,864,749	376,565	306,241,314	200.00
201.00		Less Observation Beds	6,138,835		6,138,835		6,138,835	201.00
202.00		Total (see instructions)	299,725,914	0	299,725,914	376,565	300,102,479	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,548,575		115,548,575		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	28,183,131		28,183,131		34.02
43.00	04300	NURSERY	7,054,851		7,054,851		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,719,178	199,897,951	268,617,129	0.134514	50.00
51.00	05100	RECOVERY ROOM	5,543,489	32,058,002	37,601,491	0.196219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,935,004	7,992,116	42,927,120	0.323553	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,912,632	81,911,673	98,824,305	0.145514	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	882,472	85,257,222	86,139,694	0.185744	55.00
56.00	05600	RADIOISOTOPE	1,135,373	8,686,386	9,821,759	0.060377	56.00
60.00	06000	LABORATORY	27,399,780	35,370,142	62,769,922	0.250291	60.00
65.00	06500	RESPIRATORY THERAPY	11,976,216	4,514,929	16,491,145	0.327041	65.00
66.00	06600	PHYSICAL THERAPY	4,378,356	4,324,194	8,702,550	0.363979	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,199,392	2,005,482	4,204,874	0.227612	67.00
68.00	06800	SPEECH PATHOLOGY	806,385	1,399,734	2,206,119	0.318683	68.00
69.00	06900	ELECTROCARDIOLOGY	5,856,127	10,316,772	16,172,899	0.070634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,957,553	2,303,237	4,260,790	0.196729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,239,367	25,375,791	43,615,158	0.210906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,227,705	60,618,319	102,846,024	0.144357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,363,160	219,553,677	264,916,837	0.231752	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	14,353,436	22,118,508	36,471,944	0.202568	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	30,150,456	97,122,306	127,272,762	0.099280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	207,486	20,202,977	20,410,463	0.300769	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	484,030,124	921,029,418	1,405,059,542		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	484,030,124	921,029,418	1,405,059,542		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 2:40 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.134514	50.00
51.00	05100	RECOVERY ROOM	0.196219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332325	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145514	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.185744	55.00
56.00	05600	RADIOISOTOPE	0.060377	56.00
60.00	06000	LABORATORY	0.250291	60.00
65.00	06500	RESPIRATORY THERAPY	0.327041	65.00
66.00	06600	PHYSICAL THERAPY	0.363979	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227612	67.00
68.00	06800	SPEECH PATHOLOGY	0.318683	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.144357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231752	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.202568	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.099280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300769	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
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: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

		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	62,921,221		62,921,221	0	62,921,221	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	11,398,731		11,398,731	0	11,398,731	34.02
43.00	04300	NURSERY	3,656,477		3,656,477	0	3,656,477	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,132,671		36,132,671	0	36,132,671	50.00
51.00	05100	RECOVERY ROOM	7,378,122		7,378,122	0	7,378,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,889,194		13,889,194	376,565	14,265,759	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,380,361		14,380,361	0	14,380,361	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	15,999,917		15,999,917	0	15,999,917	55.00
56.00	05600	RADIOISOTOPE	593,010		593,010	0	593,010	56.00
60.00	06000	LABORATORY	15,710,728		15,710,728	0	15,710,728	60.00
65.00	06500	RESPIRATORY THERAPY	5,393,278	0	5,393,278	0	5,393,278	65.00
66.00	06600	PHYSICAL THERAPY	3,167,544	0	3,167,544	0	3,167,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,081	0	957,081	0	957,081	67.00
68.00	06800	SPEECH PATHOLOGY	703,053	0	703,053	0	703,053	68.00
69.00	06900	ELECTROCARDIOLOGY	1,142,353		1,142,353	0	1,142,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,220		838,220	0	838,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,198,698		9,198,698	0	9,198,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,846,558		14,846,558	0	14,846,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,395,033		61,395,033	0	61,395,033	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	7,388,041		7,388,041	0	7,388,041	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,635,623		12,635,623	0	12,635,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,138,835		6,138,835	0	6,138,835	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00		Subtotal (see instructions)	305,864,749	0	305,864,749	376,565	306,241,314	200.00
201.00		Less Observation Beds	6,138,835		6,138,835		6,138,835	201.00
202.00		Total (see instructions)	299,725,914	0	299,725,914	376,565	300,102,479	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	115,548,575		115,548,575		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	28,183,131		28,183,131		34.02
43.00	04300	NURSERY	7,054,851		7,054,851		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,719,178	199,897,951	268,617,129	0.134514	50.00
51.00	05100	RECOVERY ROOM	5,543,489	32,058,002	37,601,491	0.196219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,935,004	7,992,116	42,927,120	0.323553	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,912,632	81,911,673	98,824,305	0.145514	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	882,472	85,257,222	86,139,694	0.185744	55.00
56.00	05600	RADIOISOTOPE	1,135,373	8,686,386	9,821,759	0.060377	56.00
60.00	06000	LABORATORY	27,399,780	35,370,142	62,769,922	0.250291	60.00
65.00	06500	RESPIRATORY THERAPY	11,976,216	4,514,929	16,491,145	0.327041	65.00
66.00	06600	PHYSICAL THERAPY	4,378,356	4,324,194	8,702,550	0.363979	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,199,392	2,005,482	4,204,874	0.227612	67.00
68.00	06800	SPEECH PATHOLOGY	806,385	1,399,734	2,206,119	0.318683	68.00
69.00	06900	ELECTROCARDIOLOGY	5,856,127	10,316,772	16,172,899	0.070634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,957,553	2,303,237	4,260,790	0.196729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,239,367	25,375,791	43,615,158	0.210906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,227,705	60,618,319	102,846,024	0.144357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,363,160	219,553,677	264,916,837	0.231752	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	14,353,436	22,118,508	36,471,944	0.202568	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	30,150,456	97,122,306	127,272,762	0.099280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	207,486	20,202,977	20,410,463	0.300769	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	484,030,124	921,029,418	1,405,059,542		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	484,030,124	921,029,418	1,405,059,542		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 2:40 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.134514	50.00
51.00	05100	RECOVERY ROOM	0.196219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332325	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145514	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.185744	55.00
56.00	05600	RADIOISOTOPE	0.060377	56.00
60.00	06000	LABORATORY	0.250291	60.00
65.00	06500	RESPIRATORY THERAPY	0.327041	65.00
66.00	06600	PHYSICAL THERAPY	0.363979	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227612	67.00
68.00	06800	SPEECH PATHOLOGY	0.318683	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.144357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231752	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.202568	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.099280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300769	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
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: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/25/2023 2:40 pm

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	36,132,671	6,772,439	29,360,232	0	0	0	50.00
51.00	05100 RECOVERY ROOM	7,378,122	832,770	6,545,352	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,889,194	2,115,571	11,773,623	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,380,361	3,357,843	11,022,518	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	15,999,917	4,794,805	11,205,112	0	0	0	55.00
56.00	05600 RADIOISOTOPE	593,010	118,831	474,179	0	0	0	56.00
60.00	06000 LABORATORY	15,710,728	971,590	14,739,138	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	5,393,278	295,366	5,097,912	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,167,544	180,475	2,987,069	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	957,081	24,531	932,550	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	703,053	33,234	669,819	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,142,353	220,947	921,406	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	838,220	87,958	750,262	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,198,698	350,703	8,847,995	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,846,558	566,155	14,280,403	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,395,033	1,525,561	59,869,472	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	7,388,041	1,637,796	5,750,245	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	12,635,623	1,218,082	11,417,541	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,138,835	797,165	5,341,670	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
200.00	Subtotal (sum of lines 50 thru 199)	227,888,320	25,901,822	201,986,498	0	0	0	200.00
201.00	Less Observation Beds	6,138,835	797,165	5,341,670	0	0	0	201.00
202.00	Total (line 200 minus line 201)	221,749,485	25,104,657	196,644,828	0	0	0	202.00

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

Provider CCN: 15-0161

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

Worksheet C
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

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	36,132,671	268,617,129	0.134514		50.00
51.00	05100 RECOVERY ROOM	7,378,122	37,601,491	0.196219		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,889,194	42,927,120	0.323553		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,380,361	98,824,305	0.145514		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	15,999,917	86,139,694	0.185744		55.00
56.00	05600 RADIOISOTOPE	593,010	9,821,759	0.060377		56.00
60.00	06000 LABORATORY	15,710,728	62,769,922	0.250291		60.00
65.00	06500 RESPIRATORY THERAPY	5,393,278	16,491,145	0.327041		65.00
66.00	06600 PHYSICAL THERAPY	3,167,544	8,702,550	0.363979		66.00
67.00	06700 OCCUPATIONAL THERAPY	957,081	4,204,874	0.227612		67.00
68.00	06800 SPEECH PATHOLOGY	703,053	2,206,119	0.318683		68.00
69.00	06900 ELECTROCARDIOLOGY	1,142,353	16,172,899	0.070634		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	838,220	4,260,790	0.196729		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,198,698	43,615,158	0.210906		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,846,558	102,846,024	0.144357		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,395,033	264,916,837	0.231752		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	7,388,041	36,471,944	0.202568		75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	12,635,623	127,272,762	0.099280		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,138,835	20,410,463	0.300769		92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
200.00	Subtotal (sum of lines 50 thru 199)	227,888,320	1,254,272,985			200.00
201.00	Less Observation Beds	6,138,835	0			201.00
202.00	Total (line 200 minus line 201)	221,749,485	1,254,272,985			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,170,720	0	8,170,720	32,307	252.91	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,731,420		1,731,420	5,089	340.23	34.02
43.00	NURSERY	686,670		686,670	4,011	171.20	43.00
200.00	Total (lines 30 through 199)	10,588,810		10,588,810	41,407		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	8,199	2,073,609				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,199	2,073,609				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0161

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

Worksheet D
Part II
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	6,772,439	268,617,129	0.025212	19,363,683	488,197	50.00	
51.00	05100 RECOVERY ROOM	832,770	37,601,491	0.022147	1,651,638	36,579	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,115,571	42,927,120	0.049283	42,486	2,094	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,357,843	98,824,305	0.033978	6,474,589	219,994	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC	4,794,805	86,139,694	0.055663	503,134	28,006	55.00	
56.00	05600 RADIOISOTOPE	118,831	9,821,759	0.012099	420,334	5,086	56.00	
60.00	06000 LABORATORY	971,590	62,769,922	0.015479	7,986,113	123,617	60.00	
65.00	06500 RESPIRATORY THERAPY	295,366	16,491,145	0.017911	2,768,602	49,588	65.00	
66.00	06600 PHYSICAL THERAPY	180,475	8,702,550	0.020738	1,536,900	31,872	66.00	
67.00	06700 OCCUPATIONAL THERAPY	24,531	4,204,874	0.005834	833,149	4,861	67.00	
68.00	06800 SPEECH PATHOLOGY	33,234	2,206,119	0.015064	336,068	5,063	68.00	
69.00	06900 ELECTROCARDIOLOGY	220,947	16,172,899	0.013662	2,317,654	31,664	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	87,958	4,260,790	0.020644	547,641	11,306	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	350,703	43,615,158	0.008041	4,778,260	38,422	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	566,155	102,846,024	0.005505	14,209,988	78,226	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	1,525,561	264,916,837	0.005759	13,410,635	77,232	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,637,796	36,471,944	0.044906	5,145,925	231,083	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	1,218,082	127,272,762	0.009571	12,167,126	116,452	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	797,165	20,410,463	0.039057	0	0	92.00	
200.00	Total (lines 50 through 199)	25,901,822	1,254,272,985		94,493,925	1,579,342	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	32,307	0.00	8,199	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	5,089	0.00	0	34.02	
43.00	04300	NURSERY		0	4,011	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	41,407		8,199	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description	Title XVIII				Hospital			
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
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
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	268,617,129	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,601,491	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	42,927,120	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	98,824,305	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	86,139,694	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,821,759	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	62,769,922	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,491,145	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,702,550	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,204,874	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,206,119	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,172,899	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,260,790	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,615,158	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	102,846,024	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	264,916,837	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	36,471,944	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	127,272,762	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,410,463	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,254,272,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	19,363,683	0	27,607,342	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,651,638	0	4,749,724	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	42,486	0	64,435	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,474,589	0	14,473,032	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	503,134	0	28,494,669	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	420,334	0	2,959,734	0	56.00
60.00	06000 LABORATORY	0.000000	7,986,113	0	3,888,985	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,768,602	0	1,069,137	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,536,900	0	26,257	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	833,149	0	66,728	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	336,068	0	3,120	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,317,654	0	2,526,880	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	547,641	0	260,631	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,778,260	0	5,119,569	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	14,209,988	0	13,470,373	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	13,410,635	0	78,899,827	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	5,145,925	0	6,115,370	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	12,167,126	0	11,711,287	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,536,345	0	92.00
200.00	Total (lines 50 through 199)		94,493,925	0	203,043,445	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 2:40 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.134514	27,607,342	0	0	3,713,574	50.00
51.00	05100	RECOVERY ROOM	0.196219	4,749,724	0	0	931,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323553	64,435	0	0	20,848	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145514	14,473,032	0	0	2,106,029	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.185744	28,494,669	0	0	5,292,714	55.00
56.00	05600	RADIOISOTOPE	0.060377	2,959,734	0	0	178,700	56.00
60.00	06000	LABORATORY	0.250291	3,888,985	0	0	973,378	60.00
65.00	06500	RESPIRATORY THERAPY	0.327041	1,069,137	0	0	349,652	65.00
66.00	06600	PHYSICAL THERAPY	0.363979	26,257	0	0	9,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227612	66,728	0	0	15,188	67.00
68.00	06800	SPEECH PATHOLOGY	0.318683	3,120	0	0	994	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070634	2,526,880	0	0	178,484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196729	260,631	0	0	51,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210906	5,119,569	0	0	1,079,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.144357	13,470,373	0	0	1,944,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231752	78,899,827	866	81,153	18,285,193	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.202568	6,115,370	0	0	1,238,778	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.099280	11,711,287	0	0	1,162,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300769	1,536,345	0	0	462,085	92.00
200.00		Subtotal (see instructions)		203,043,445	866	81,153	37,995,422	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		203,043,445	866	81,153	37,995,422	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 2:40 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	0	0	60.00
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 PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	201	18,807	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	201	18,807	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	201	18,807	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,170,720	0	8,170,720	32,307	252.91	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,731,420		1,731,420	5,089	340.23	34.02
43.00	NURSERY	686,670		686,670	4,011	171.20	43.00
200.00	Total (lines 30 through 199)	10,588,810		10,588,810	41,407		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	680	171,979				30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				34.01
34.02	PREMATURE INTENSIVE CARE UNIT	135	45,931				34.02
43.00	NURSERY	946	161,955				43.00
200.00	Total (lines 30 through 199)	1,761	379,865				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,772,439	268,617,129	0.025212	372,254	9,385	50.00
51.00	05100 RECOVERY ROOM	832,770	37,601,491	0.022147	17,600	390	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,115,571	42,927,120	0.049283	64,833	3,195	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,357,843	98,824,305	0.033978	227,301	7,723	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	4,794,805	86,139,694	0.055663	0	0	55.00
56.00	05600 RADIOISOTOPE	118,831	9,821,759	0.012099	28,950	350	56.00
60.00	06000 LABORATORY	971,590	62,769,922	0.015479	392,563	6,076	60.00
65.00	06500 RESPIRATORY THERAPY	295,366	16,491,145	0.017911	701,791	12,570	65.00
66.00	06600 PHYSICAL THERAPY	180,475	8,702,550	0.020738	84,861	1,760	66.00
67.00	06700 OCCUPATIONAL THERAPY	24,531	4,204,874	0.005834	44,261	258	67.00
68.00	06800 SPEECH PATHOLOGY	33,234	2,206,119	0.015064	11,876	179	68.00
69.00	06900 ELECTROCARDIOLOGY	220,947	16,172,899	0.013662	60,421	825	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	87,958	4,260,790	0.020644	10,198	211	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	350,703	43,615,158	0.008041	147,331	1,185	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	566,155	102,846,024	0.005505	39,104	215	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,525,561	264,916,837	0.005759	673,996	3,882	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,637,796	36,471,944	0.044906	150,258	6,747	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,218,082	127,272,762	0.009571	315,078	3,016	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	797,165	20,410,463	0.039057	0	0	92.00
200.00	Total (lines 50 through 199)	25,901,822	1,254,272,985		3,342,676	57,967	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	32,307	0.00	680	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	5,089	0.00	135	34.02	
43.00	04300	NURSERY		0	4,011	0.00	946	43.00	
200.00		Total (lines 30 through 199)		0	41,407		1,761	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description	Title XIX				Hospital			
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
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
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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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	268,617,129	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,601,491	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	42,927,120	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	98,824,305	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	86,139,694	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,821,759	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	62,769,922	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,491,145	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,702,550	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,204,874	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,206,119	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,172,899	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,260,790	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,615,158	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	102,846,024	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	264,916,837	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	36,471,944	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	127,272,762	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,410,463	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,254,272,985		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	372,254	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	17,600	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	64,833	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	227,301	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	28,950	0	0	0	56.00
60.00 06000 LABORATORY	0.000000	392,563	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.000000	701,791	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	84,861	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	44,261	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	11,876	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	60,421	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	10,198	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	147,331	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	39,104	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	673,996	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	150,258	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.000000	315,078	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		3,342,676	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 2:40 pm
	Title XIX	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	0.134514	0	1,598,274	0	0
51.00 05100 RECOVERY ROOM	0.196219	0	299,750	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.323553	0	37,730	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.145514	0	587,983	0	0
55.00 05500 RADIOLOGY - THERAPEUTIC	0.185744	0	278,258	0	0
56.00 05600 RADIOISOTOPE	0.060377	0	69,913	0	0
60.00 06000 LABORATORY	0.250291	0	227,903	0	0
65.00 06500 RESPIRATORY THERAPY	0.327041	0	26,237	0	0
66.00 06600 PHYSICAL THERAPY	0.363979	0	80,335	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.227612	0	45,892	0	0
68.00 06800 SPEECH PATHOLOGY	0.318683	0	48,187	0	0
69.00 06900 ELECTROCARDIOLOGY	0.070634	0	57,773	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.196729	0	44,010	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210906	0	271,125	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.144357	0	807,416	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.231752	0	803,479	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.202568	0	306,777	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.099280	0	1,268,074	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.300769	0	349,825	0	0
200.00 Subtotal (see instructions)		0	7,208,941	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		0	7,208,941	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 2:40 pm
	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	214,990	0		50.00
51.00 05100 RECOVERY ROOM	58,817	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,208	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	85,560	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	51,685	0		55.00
56.00 05600 RADIOISOTOPE	4,221	0		56.00
60.00 06000 LABORATORY	57,042	0		60.00
65.00 06500 RESPIRATORY THERAPY	8,581	0		65.00
66.00 06600 PHYSICAL THERAPY	29,240	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	10,446	0		67.00
68.00 06800 SPEECH PATHOLOGY	15,356	0		68.00
69.00 06900 ELECTROCARDIOLOGY	4,081	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	8,658	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	57,182	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	116,556	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	186,208	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	62,143	0		75.01
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	125,894	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	105,217	0		92.00
200.00 Subtotal (see instructions)	1,214,085	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,214,085	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:40 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,307	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,307	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)		29,155	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)		8,199	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)		62,921,221	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)		62,921,221	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)		62,921,221	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)		1,947.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,968,372	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)		15,968,372	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	11,398,731	5,089	2,239.88	0	0	46.02
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)					16,453,105	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)					32,421,477	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,073,609	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,579,342	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,652,951	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,768,526	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 2:40 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,152	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,947.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,138,835	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	8,170,720	62,921,221	0.129856	6,138,835	797,165	90.00
91.00	Nursing Program cost	0	62,921,221	0.000000	6,138,835	0	91.00
92.00	Allied health cost	0	62,921,221	0.000000	6,138,835	0	92.00
93.00	All other Medical Education	0	62,921,221	0.000000	6,138,835	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:40 pm
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)		32,307	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,307	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)		29,155	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)		680	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)		4,011	15.00
16.00	Nursery days (title V or XIX only)		946	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)		62,921,221	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)		62,921,221	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)		62,921,221	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)		1,947.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,324,368	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)		1,324,368	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 2:40 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	3,656,477	4,011	911.61	946	862,383	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	11,398,731	5,089	2,239.88	135	302,384	46.02
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)					743,321	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)					3,232,456	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)					379,865	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					57,967	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					437,832	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,794,624	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 2:40 pm	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,152	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,947.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,138,835	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	8,170,720	62,921,221	0.129856	6,138,835	797,165	90.00
91.00	Nursing Program cost	0	62,921,221	0.000000	6,138,835	0	91.00
92.00	Allied health cost	0	62,921,221	0.000000	6,138,835	0	92.00
93.00	All other Medical Education	0	62,921,221	0.000000	6,138,835	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 2:40 pm
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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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		33,212,836	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	34.02
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.134514	19,363,683	50.00
51.00	05100	RECOVERY ROOM	0.196219	1,651,638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332325	42,486	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145514	6,474,589	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.185744	503,134	55.00
56.00	05600	RADIOISOTOPE	0.060377	420,334	56.00
60.00	06000	LABORATORY	0.250291	7,986,113	60.00
65.00	06500	RESPIRATORY THERAPY	0.327041	2,768,602	65.00
66.00	06600	PHYSICAL THERAPY	0.363979	1,536,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227612	833,149	67.00
68.00	06800	SPEECH PATHOLOGY	0.318683	336,068	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070634	2,317,654	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196729	547,641	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210906	4,778,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.144357	14,209,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231752	13,410,635	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.202568	5,145,925	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.099280	12,167,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300769	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		94,493,925	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)		94,493,925	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 2:40 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		2,102,470	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		2,155,749	34.02
43.00	04300	NURSERY		97,278	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.134514	372,254	50.00
51.00	05100	RECOVERY ROOM	0.196219	17,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332325	64,833	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145514	227,301	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.185744	0	55.00
56.00	05600	RADIOISOTOPE	0.060377	28,950	56.00
60.00	06000	LABORATORY	0.250291	392,563	60.00
65.00	06500	RESPIRATORY THERAPY	0.327041	701,791	65.00
66.00	06600	PHYSICAL THERAPY	0.363979	84,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.227612	44,261	67.00
68.00	06800	SPEECH PATHOLOGY	0.318683	11,876	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070634	60,421	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196729	10,198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210906	147,331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.144357	39,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.231752	673,996	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.202568	150,258	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.099280	315,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300769	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,342,676	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)		3,342,676	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 2:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,466,131	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,966,818	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,312,501	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		160,734	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		155.80	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)		2.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.18	31.00
32.00	Sum of lines 30 and 31		27.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.56	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 2:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			503,812	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)		0.000112614	0.000115857	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		809,921	796,448	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		605,776	200,749	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		806,525		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)		20,216,521		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)			20,216,521	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,719,414	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			106,206	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			22,042,141	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			22,042,141	61.00
62.00	Deductibles billed to program beneficiaries			2,018,392	62.00
63.00	Coinurance billed to program beneficiaries			36,177	63.00
64.00	Allowable bad debts (see instructions)			97,149	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			63,147	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,974	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			20,050,719	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)			-41,731	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 2:40 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			20,008,988	71.00
71.01	Sequestration adjustment (see instructions)			252,113	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			19,603,513	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)			153,362	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			373,064	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2023 2:40 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,466,131	0	12,466,131		12,466,131	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,966,818	0		4,966,818	4,966,818	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,312,501	0	1,312,501		1,312,501	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	160,734	0		160,734	160,734	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1156	0.1156	0.1156	0.1156		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	503,812	0	360,271	143,541	503,812	11.00
11.01	Uncompensated care payments	36.00	806,525	0	605,776	200,749	806,525	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,216,521	0	14,744,679	5,471,842	20,216,521	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,216,521	0	14,744,679	5,471,842	20,216,521	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2023 2:40 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,719,414	0	1,291,059	428,355	1,719,414	16.00
17.00	Special add-on payments for new technologies	54.00	106,206	0	77,231	28,975	106,206	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,112,969	5,929,172	22,042,141	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,315,102	0	944,641	370,461	1,315,102	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	330,140	0	293,140	37,000	330,140	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0564	0.0564	0.0564	0.0564		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,172	0	53,278	20,894	74,172	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,719,414	0	1,291,059	428,355	1,719,414	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 2:40 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,466,131	12,466,131		12,466,131	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,966,818		4,966,818	4,966,818	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,312,501	1,312,501		1,312,501	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	160,734		160,734	160,734	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1156	0.1156	0.1156		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	503,812	360,271	143,541	503,812	11.00
11.01	Uncompensated care payments	36.00	806,525	605,776	200,749	806,525	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,216,521	14,744,679	5,471,842	20,216,521	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,216,521	14,744,679	5,471,842	20,216,521	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,719,414	1,291,059	428,355	1,719,414	16.00
17.00	Special add-on payments for new technologies	54.00	106,206	77,231	28,975	106,206	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			16,112,969	5,929,172	22,042,141	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 2:40 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,315,102	944,641	370,461	1,315,102	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	330,140	293,140	37,000	330,140	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0564	0.0564	0.0564		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,172	53,278	20,894	74,172	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,719,414	1,291,059	428,355	1,719,414	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-41,731	-3,763	-37,968	-41,731	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 2:40 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,008	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,995,422	2.00
3.00	OPPS payments		28,070,010	3.00
4.00	Outlier payment (see instructions)		541,918	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)		19,008	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		82,019	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)		82,019	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)		82,019	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		63,011	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)		19,008	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)		28,611,928	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)		4,698,288	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)		23,932,648	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)		23,932,648	30.00
31.00	Primary payer payments		3,548	31.00
32.00	Subtotal (line 30 minus line 31)		23,929,100	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)		92,482	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		60,113	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		42,629	36.00
37.00	Subtotal (see instructions)		23,989,213	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-36	38.00
39.00	OTHER ADJUSTMENTS		1,180	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)		23,990,429	40.00
40.01	Sequestration adjustment (see instructions)		302,279	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		23,701,296	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)		-13,146	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		8,458	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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 2:40 pm
	Title XVIII	Hospital	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0161

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 2:40 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		19,572,113		23,701,296	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	12/21/2022	31,400		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)		31,400		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)		19,603,513		23,701,296	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		153,362		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		13,146	6.02	
7.00	Total Medicare program liability (see instructions)		19,756,875		23,688,150	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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 2:40 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2023 2:40 pm	
		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			1,214,085	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,214,085	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	1,214,085	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		3,342,676	7,208,941	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)		3,342,676	7,208,941	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)		3,342,676	7,208,941	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,342,676	5,994,856	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	1,214,085	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	-1,214,085	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	-1,214,085	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 2:40 pm
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: 15-0161

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

Worksheet G

Date/Time Prepared:
5/25/2023 2:40 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	510,731,559	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	67,001,286	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,919,848	0	0	0	6.00
7.00	Inventory	7,446,009	0	0	0	7.00
8.00	Prepaid expenses	977,694	0	0	0	8.00
9.00	Other current assets	123,706	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)	574,360,406	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	12,041,302	0	0	0	13.00
14.00	Accumulated depreciation	-11,964,103	0	0	0	14.00
15.00	Buildings	211,347,682	0	0	0	15.00
16.00	Accumulated depreciation	-74,709,378	0	0	0	16.00
17.00	Leasehold improvements	867,412	0	0	0	17.00
18.00	Accumulated depreciation	-677,903	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	219,593	0	0	0	21.00
22.00	Accumulated depreciation	-160,237	0	0	0	22.00
23.00	Major movable equipment	117,212,127	0	0	0	23.00
24.00	Accumulated depreciation	-85,908,633	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)	168,267,862	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	129,624	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	129,624	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	742,757,892	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	23,257,828	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,608,710	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,666,823	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,533,361	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	365,163	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	365,163	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	28,898,524	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	713,859,368				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)	713,859,368	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	742,757,892	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
5/25/2023 2:40 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		605,217,997		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		108,641,366				2.00
3.00	Total (sum of line 1 and line 2)		713,859,363		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)		713,859,363		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		713,859,363		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	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2023 2:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	122,603,426		122,603,426	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	122,603,426		122,603,426	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	28,183,131		28,183,131	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,183,131		28,183,131	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	150,786,557		150,786,557	17.00
18.00	Ancillary services	302,885,625	803,704,135	1,106,589,760	18.00
19.00	Outpatient services	30,357,942	117,325,283	147,683,225	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NONALLOWABLE REVENUE	0	1,316,688	1,316,688	27.00
28.00	Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. G-3, line 1)	484,030,124	922,346,106	1,406,376,230	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		313,204,514		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Wkst. G-3, line 4)		313,204,514		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

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

Worksheet G-3

Date/Time Prepared:
5/25/2023 2:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,406,376,230	1.00
2.00	Less contractual allowances and discounts on patients' accounts	993,098,786	2.00
3.00	Net patient revenues (line 1 minus line 2)	413,277,444	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	313,204,514	4.00
5.00	Net income from service to patients (line 3 minus line 4)	100,072,930	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MICELLANEOUS INCOME	8,568,436	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	8,568,436	25.00
26.00	Total (line 5 plus line 25)	108,641,366	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	108,641,366	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 2:40 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,315,102	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		330,140	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)		99.10	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)		2.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.18	8.00
9.00	Sum of lines 7 and 8		27.09	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.64	10.00
11.00	Disproportionate share adjustment (see instructions)		74,172	11.00
12.00	Total prospective capital payments (see instructions)		1,719,414	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