

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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S Parts I-III Date/Time Prepared: 1/30/2024 2:23 pm
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PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 1/30/2024 Time: 2:23 pm

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH FLOYD (15-0044) for the cost reporting period beginning 09/01/2022 and ending 08/31/2023 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	Christopher Graff	<input checked="" type="checkbox"/>	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name		Christopher Graff	2
3	Signatory Title		SYSTEM VICE PRESIDENT FIN OPERATI	3
4	Date		(Dated when report is electronica	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	253,522	-145,896	0	1,699,194
2.00	SUBPROVIDER - IPF	0	0	0	0	0
3.00	SUBPROVIDER - IRF	0	0	0	0	0
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0
5.00	SWING BED - SNF	0	0	0	0	0
6.00	SWING BED - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	TOTAL	0	253,522	-145,896	0	1,699,194

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet S-2 Part I Date/Time Prepared: 1/30/2024 2:23 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47150-4990 County: FLOYD					
1.00 Street: 1850 STATE STREET		2.00 City: NEW ALBANY									
		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	BAPTIST HEALTH FLOYD		150044	31140	1	07/01/1966	N	P	0	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
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2022	08/31/2023		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)					N	N		N	22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.04	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044			Period: From 09/01/2022 To 08/31/2023		Worksheet S-2 Part I Date/Time Prepared: 1/30/2024 2:23 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.	1,452	764	14	0	7,105	0	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	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	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	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
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.								58.00

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			V	XVIII	XIX	
			1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	

60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	

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

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	

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

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

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		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.		0.00		0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		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: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet S-2 Part I Date/Time Prepared: 1/30/2024 2:23 pm	
		V	XIX				
		1.00	2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	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.	Y	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N			112.00	
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.		Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S-2 Part I Date/Time Prepared: 1/30/2024 2:23 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	15,000	815,157
		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	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
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	5.00
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.			
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
133.00	Removed and reserved			
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.			
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	
		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: BAPTIST HEALTHCARE SYSTEM	Contractor's Name: CIGNA		Contractor's Number: 15101
142.00	Street: 1901 CAMPUS PLACE	PO Box:		
143.00	City: LOUISVILLE	State: KY	Zip Code: 40299	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S-2 Part I Date/Time Prepared: 1/30/2024 2:23 pm
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							1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
							1.00	
							1.00	
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	
161.10	CORF		N	N	N	N	161.10	
							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
							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
							1.00	
							2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
							1.00	
							2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet S-2 Part II Date/Time Prepared: 1/30/2024 2:23 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00	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	12/06/2023			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	12/19/2023	Y	12/19/2023		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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S-2 Part II Date/Time Prepared: 1/30/2024 2:23 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		KOTTAK	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-939-3002		JULIE.KOTTAK@BHSI.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S-2 Part II Date/Time Prepared: 1/30/2024 2:23 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.	REIMBURSEMENT MANAGER		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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	72,635	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)		199	72,635	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	32	11,680	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	6	918	0.00	0	12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		237	85,233	0.00	0	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		237				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,547	928	50,830		1.00
2.00	HMO and other (see instructions)	14,747	7,906			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)	19,547	928	50,830		7.00
8.00	INTENSIVE CARE UNIT	1,968	178	2,615		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	76	577		12.00
13.00	NURSERY		63	1,864		13.00
14.00	Total (see instructions)	21,515	1,245	55,886	0.00	1,427.52
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)			0	0.00	0.00
24.00	HOSPICE	0	0	0	0.00	0.00
24.10	HOSPICE (non-distinct part)			500		
25.00	CMHC - CMHC	0	0	0	0.00	0.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,427.52
28.00	Observation Bed Days		310	13,425		
29.00	Ambulance Trips	0				
30.00	Employee discount days (see instruction)			0		
31.00	Employee discount days - IRF			0		
32.00	Labor & delivery days (see instructions)	0	184	396		
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		
33.00	LTCH non-covered days	0				
33.01	LTCH site neutral days and discharges	0				
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,533	908	12,519	1.00
2.00	HMO and other (see instructions)			2,634	1,124		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,533	908	12,519	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2024 2:23 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	116,121,447	0	116,121,447	2,969,240.06	39.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC 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)		2,008,194	96,621	2,104,815	44,793.99	46.99
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		8,211,981	0	8,211,981	71,908.06	114.20
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		275,841	0	275,841	2,098.39	131.45
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		25,183,796	0	25,183,796	580,970.00	43.35
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)		26,013,327	0	26,013,327		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		438,532	0	438,532		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		6,427,308	0	6,427,308		
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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2024 2:23 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	27,297	0	27,297	1,061.82	25.71	26.00
27.00	Administrative & General	3,224,110	0	3,224,110	111,267.95	28.98	27.00
28.00	Administrative & General under contract (see inst.)	147,954	0	147,954	1,167.62	126.71	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,550,886	0	1,550,886	41,058.65	37.77	30.00
31.00	Laundry & Linen Service	94,509	0	94,509	5,323.57	17.75	31.00
32.00	Housekeeping	2,270,922	0	2,270,922	107,275.37	21.17	32.00
33.00	Housekeeping under contract (see instructions)	41,250	0	41,250	1,563.75	26.38	33.00
34.00	Dietary	2,747,241	-1,530,811	1,216,430	54,100.77	22.48	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,530,811	1,530,811	73,763.58	20.75	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,665,187	0	1,665,187	49,174.31	33.86	38.00
39.00	Central Services and Supply	901,275	0	901,275	38,187.95	23.60	39.00
40.00	Pharmacy	4,840,190	-96,621	4,743,569	83,728.91	56.65	40.00
41.00	Medical Records & Medical Records Library	3,624,814	0	3,624,814	81,311.86	44.58	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part III
Date/Time Prepared:
1/30/2024 2:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	116,310,651	0	116,310,651	2,971,971.43	39.14	1.00
2.00	Excluded area salaries (see instructions)	2,008,194	96,621	2,104,815	44,793.99	46.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,302,457	-96,621	114,205,836	2,927,177.44	39.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,671,618	0	33,671,618	654,976.45	51.41	4.00
5.00	Subtotal wage-related costs (see inst.)	32,440,635	0	32,440,635	0.00	28.41	5.00
6.00	Total (sum of lines 3 thru 5)	180,414,710	-96,621	180,318,089	3,582,153.89	50.34	6.00
7.00	Total overhead cost (see instructions)	21,135,635	-96,621	21,039,014	648,986.11	32.42	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet S-3
Part IV
Date/Time Prepared:
1/30/2024 2:23 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,100,908	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	82,992	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)	13,382,150	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)	69,200	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)	173,292	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	787,749	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	8,560,694	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	294,874	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,451,859	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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S-3 Part V Date/Time Prepared: 1/30/2024 2:23 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	8,211,981	26,451,859	1.00
2.00	Hospital	8,211,981	26,451,859	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet S-10 Date/Time Prepared: 1/30/2024 2:23 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)		0.126190	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		40,673,075	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		357,695,123	6.00	
7.00	Medicaid cost (line 1 times line 6)		45,137,548	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)		4,464,473	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,464,473	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)	16,076,561	288,036	16,364,597	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,028,701	288,036	2,316,737	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)	2,028,701	288,036	2,316,737	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)			22,629,558	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			323,547	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			497,764	27.01
28.00	Non-Medicare bad debt expense (see instructions)			22,131,794	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,967,028	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,283,765	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,748,238	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,893,068	5,893,068	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,256,440	6,256,440	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,297	89,664	116,961	0	116,961	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,224,110	95,227,396	98,451,506	-13,137,602	85,313,904	5.00
7.00	00700	OPERATION OF PLANT	1,550,886	7,368,491	8,919,377	20,387	8,939,764	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,509	1,229,357	1,323,866	0	1,323,866	8.00
9.00	00900	HOUSEKEEPING	2,270,922	1,248,326	3,519,248	0	3,519,248	9.00
10.00	01000	DIETARY	2,747,241	2,552,411	5,299,652	-3,064,084	2,235,568	10.00
11.00	01100	CAFETERIA	0	0	0	3,064,084	3,064,084	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,665,187	989,068	2,654,255	0	2,654,255	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	901,275	2,207,000	3,108,275	-92,883	3,015,392	14.00
15.00	01500	PHARMACY	4,840,190	12,620,065	17,460,255	-11,130,827	6,329,428	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,624,814	1,217,219	4,842,033	0	4,842,033	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	296,773	66,662	363,435	130,988	494,423	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,327,003	25,523,458	60,850,461	-14,500,805	46,349,656	30.00
31.00	03100	INTENSIVE CARE UNIT	4,371,974	2,056,088	6,428,062	1,836,678	8,264,740	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	537,312	202,271	739,583	-5,658	733,925	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	746,714	582,164	1,328,878	-1,898	1,326,980	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,982,299	43,341,067	51,323,366	-23,461,354	27,862,012	50.00
51.00	05100	RECOVERY ROOM	979,883	319,072	1,298,955	3,116,454	4,415,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,940,094	1,562,438	3,502,532	81,853	3,584,385	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,512,585	3,988,319	9,500,904	-1,510,725	7,990,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	841,224	1,870,548	2,711,772	-878	2,710,894	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,027,453	1,497,279	2,524,732	-650	2,524,082	57.00
58.00	05800	MRI	580,183	592,770	1,172,953	-20,998	1,151,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,319,166	17,874,963	21,194,129	-15,365,558	5,828,571	59.00
60.00	06000	LABORATORY	4,236,887	7,893,004	12,129,891	1,108,203	13,238,094	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,074,039	1,074,039	97,969	1,172,008	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	623,088	367,401	990,489	4,448,353	5,438,842	64.00
65.00	06500	RESPIRATORY THERAPY	2,840,623	1,657,252	4,497,875	105,886	4,603,761	65.00
66.00	06600	PHYSICAL THERAPY	1,280,539	327,096	1,607,635	0	1,607,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	529,141	120,369	649,510	0	649,510	67.00
68.00	06800	SPEECH PATHOLOGY	494,214	114,752	608,966	-5,947	603,019	68.00
69.00	06900	ELECTROCARDIOLOGY	5,884,325	3,050,294	8,934,619	-239,021	8,695,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	389,972	235,499	625,471	-920	624,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	20,062,587	20,062,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,245,959	23,245,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,078,490	12,078,490	73.00
74.00	07400	RENAL DIALYSIS	0	-20	-20	1,292,999	1,292,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	328,564	1,329,180	1,657,744	-262,410	1,395,334	76.01
76.97	07697	CARDIAC REHABILITATION	535,084	169,952	705,036	0	705,036	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,156,358	458,984	1,615,342	3,969	1,619,311	90.00
91.00	09100	EMERGENCY	11,702,137	16,926,182	28,628,319	-150,723	28,477,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	-212,586	-212,586	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	375,840	197,989	573,829	-2,204	571,625	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,785,866	258,148,069	372,933,935	-323,364	372,610,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	93,849	25,266	119,115	0	119,115	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	493,513	493,513	323,364	816,877	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	PHARMACY RETAIL	771,690	9,836,604	10,608,294	0	10,608,294	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	470,042	260,768	730,810	0	730,810	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	116,121,447	268,764,220	384,885,667	0	384,885,667	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	5,893,068	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,256,440	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	116,961	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-26,352,054	58,961,850	5.00
7.00	00700	OPERATION OF PLANT	-1,682	8,938,082	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,323,866	8.00
9.00	00900	HOUSEKEEPING	0	3,519,248	9.00
10.00	01000	DIETARY	-31,076	2,204,492	10.00
11.00	01100	CAFETERIA	-1,413,315	1,650,769	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-203,710	2,450,545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,015,392	14.00
15.00	01500	PHARMACY	-2,500	6,326,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-240,000	4,602,033	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	494,423	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,422,181	35,927,475	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,545	8,263,195	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-587	733,338	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-359,844	967,136	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,097,849	20,764,163	50.00
51.00	05100	RECOVERY ROOM	0	4,415,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-493,757	3,090,628	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-69,777	7,920,402	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,710,894	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	2,524,082	57.00
58.00	05800	MRI	0	1,151,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	-223,846	5,604,725	59.00
60.00	06000	LABORATORY	-19,120	13,218,974	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,172,008	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	5,438,842	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,603,761	65.00
66.00	06600	PHYSICAL THERAPY	0	1,607,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	649,510	67.00
68.00	06800	SPEECH PATHOLOGY	0	603,019	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,671	8,682,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,580	621,971	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	681,765	20,744,352	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,245,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,078,490	73.00
74.00	07400	RENAL DIALYSIS	0	1,292,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.01	03020	WOUND CARE CENTER	-2,382	1,392,952	76.01
76.97	07697	CARDIAC REHABILITATION	0	705,036	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,619,311	90.00
91.00	09100	EMERGENCY	-3,203,678	25,273,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	-212,586	94.00
95.00	09500	AMBULANCE SERVICES	-26,250	545,375	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-49,498,639	323,111,932	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100 RESEARCH	0	119,115	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	816,877	192.00
192.01	19201 OTHER NRCC	0	0	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	0	194.00
194.01	07951 PHARMACY RETAIL	0	10,608,294	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	730,810	194.02
200.00	TOTAL (SUM OF LINES 118 through 199)	-49,498,639	335,387,028	200.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-6
Date/Time Prepared:
1/30/2024 2:23 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,789,704	1.00
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
8.00		0.00	0	0	8.00
10.00		0.00	0	0	10.00
13.00		0.00	0	0	13.00
	O		0	11,789,704	
B - SUPPLIES IMPLANTS AND DYES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	20,062,587	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,245,959	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	288,786	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	1,041,674	4.00
5.00	OPERATION OF PLANT	7.00	0	20,387	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
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
	O		0	44,659,393	
C - PHARMACY RESIDENCY					
1.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	96,621	34,367	1.00
	O		96,621	34,367	
D - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,530,811	1,533,273	1.00
	O		1,530,811	1,533,273	
E - BLDG & FIXT DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,216,432	1.00
	O		0	6,216,432	
F - MOVABLE DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,256,440	1.00
	O		0	6,256,440	
G - IP ANCILLARY COST RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	1,790,483	367,209	1.00
2.00	OPERATING ROOM	50.00	1,097,701	230,184	2.00
3.00	RECOVERY ROOM	51.00	9,130	1,914	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	140,189	29,386	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	2,522	529	5.00
6.00	CARDIAC CATHETERIZATION	59.00	57,748	12,105	6.00
7.00	LABORATORY	60.00	97,671	20,473	7.00
8.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	76,423	16,202	8.00
9.00	INTRAVENOUS THERAPY	64.00	25,584	5,363	9.00
10.00	RESPIRATORY THERAPY	65.00	49,743	10,427	10.00
11.00	RENAL DIALYSIS	74.00	85,657	18,100	11.00
12.00	WOUND CARE CENTER	76.01	2,480	520	12.00
13.00	EMERGENCY	91.00	25,045	5,250	13.00
	O		3,460,376	717,662	
H - OP ANCILLARY COST RECLASS					
1.00	OPERATING ROOM	50.00	255,580	53,570	1.00
2.00	RECOVERY ROOM	51.00	2,568,242	538,470	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	5,395	1,131	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	5,030	1,054	4.00
5.00	MRI	58.00	1,291	271	5.00
6.00	CARDIAC CATHETERIZATION	59.00	2,947	618	6.00

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-6
Date/Time Prepared:
1/30/2024 2:23 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	LABORATORY	60.00	17,554	3,680		7.00
8.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	4,418	926		8.00
9.00	INTRAVENOUS THERAPY	64.00	3,717,928	779,362		9.00
10.00	RESPIRATORY THERAPY	65.00	280	59		10.00
11.00	WOUND CARE CENTER	76.01	1,626	341		11.00
12.00	CLINIC	90.00	3,286	689		12.00
13.00	EMERGENCY	91.00	40,019	8,389		13.00
			6,623,596	1,388,560		
I - COVID EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	0	137,284		1.00
2.00	LABORATORY	60.00	0	970,126		2.00
3.00	RESPIRATORY THERAPY	65.00	0	78,919		3.00
			0	1,186,329		
J - PHYSICIAN OFFICE BLDG DEPRECIATION						
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	323,364		1.00
			0	323,364		
K - DIALYSIS EXPENSE						
1.00	RENAL DIALYSIS	74.00	0	1,189,242		1.00
			0	1,189,242		
500.00	Grand Total: Increases		11,711,404	75,294,766		500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-6
Date/Time Prepared:
1/30/2024 2:23 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DRUGS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	520,075	0	1.00
3.00	PHARMACY	15.00	0	10,999,021	0	3.00
4.00	LABORATORY	60.00	0	420	0	4.00
5.00	OPERATING ROOM	50.00	0	4,984	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,291	0	6.00
8.00	CARDIAC CATHETERIZATION	59.00	0	5,493	0	8.00
10.00	RESPIRATORY THERAPY	65.00	0	834	0	10.00
13.00	HOME PROGRAM DIALYSIS	94.00	0	212,586	0	13.00
	O		0	11,789,704		
B - SUPPLIES IMPLANTS AND DYES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	92,883	0	1.00
2.00	PHARMACY	15.00	0	818	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,272,244	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	307,423	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5,658	0	5.00
6.00	NURSERY	43.00	0	1,898	0	6.00
7.00	OPERATING ROOM	50.00	0	25,093,405	0	7.00
8.00	RECOVERY ROOM	51.00	0	1,302	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	94,248	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,473,569	0	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	878	0	11.00
12.00	CT SCAN	57.00	0	650	0	12.00
13.00	MRI	58.00	0	22,560	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	15,433,483	0	14.00
15.00	LABORATORY	60.00	0	881	0	15.00
16.00	INTRAVENOUS THERAPY	64.00	0	79,884	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	32,708	0	17.00
19.00	SPEECH PATHOLOGY	68.00	0	5,947	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	239,021	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	920	0	21.00
22.00	WOUND CARE CENTER	76.01	0	267,377	0	22.00
23.00	CLINIC	90.00	0	6	0	23.00
24.00	EMERGENCY	91.00	0	229,426	0	24.00
25.00	AMBULANCE SERVICES	95.00	0	2,204	0	25.00
	O		0	44,659,393		
C - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	96,621	34,367	0	1.00
	O		96,621	34,367		
D - CAFETERIA RECLASS						
1.00	DIETARY	10.00	1,530,811	1,533,273	0	1.00
	O		1,530,811	1,533,273		
E - BLDG & FIXT DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,216,432	9	1.00
	O		0	6,216,432		
F - MOVABLE DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,256,440	9	1.00
	O		0	6,256,440		
G - IP ANCILLARY COST RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	3,460,376	717,662	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
	O		3,460,376	717,662		
H - OP ANCILLARY COST RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	6,612,488	1,386,077	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	11,108	2,483	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

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-6
Date/Time Prepared:
1/30/2024 2:23 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
			6,623,596	1,388,560			
I - COVID EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,186,329	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
			0	1,186,329			
J - PHYSICIAN OFFICE BLDG DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	323,364	9		1.00
			0	323,364			
K - DIALYSIS EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	0	1,189,242	0		1.00
			0	1,189,242			
500.00	Grand Total: Decreases		11,711,404	75,294,766			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-7
Part I
Date/Time Prepared:
1/30/2024 2:23 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	2,111,661	0	0	0	1.00
2.00	Land Improvements	1,115,901	13,767	0	13,767	2.00
3.00	Buildings and Fixtures	143,149,434	11,881,981	0	11,881,981	3.00
4.00	Building Improvements	2,896,162	0	0	0	4.00
5.00	Fixed Equipment	4,595,246	1,003,033	0	1,003,033	5.00
6.00	Movable Equipment	53,092,836	15,506,338	0	15,506,338	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	206,961,240	28,405,119	0	28,405,119	8.00
9.00	Reconciling Items	-12,540,772	1,564,255	0	1,564,255	9.00
10.00	Total (line 8 minus line 9)	219,502,012	26,840,864	0	26,840,864	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,111,661	0			1.00
2.00	Land Improvements	1,129,668	0			2.00
3.00	Buildings and Fixtures	155,031,415	0			3.00
4.00	Building Improvements	2,896,162	0			4.00
5.00	Fixed Equipment	5,598,279	0			5.00
6.00	Movable Equipment	65,366,077	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	232,133,262	0			8.00
9.00	Reconciling Items	-10,976,517	0			9.00
10.00	Total (line 8 minus line 9)	243,109,779	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-7
Part II
Date/Time Prepared:
1/30/2024 2:23 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-7
Part III
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	166,767,185	0	166,767,185	0.718411	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,366,077	0	65,366,077	0.281589	0	2.00
3.00	Total (sum of lines 1-2)	232,133,262	0	232,133,262	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,893,068	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,256,440	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,149,508	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,893,068	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,256,440	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,149,508	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-8

Date/Time Prepared:
1/30/2024 2:23 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	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-143,924		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-55,550		ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-21,856,031				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	3,249,225				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,413,315		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-31,076		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)				UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A	-542,784		ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 EDUCATION RECLASSES	B	-2,960		NURSING ADMINISTRATION	13.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 RENTAL INCOME	B	-482,910	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.02
33.03 OTHER REVENUE	B	-744,164	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 OTHER REVENUE PHARMACY	B	-2,500	PHARMACY	15.00	0 33.04
33.05 OTHER REVENUE	B	-1,682	OPERATION OF PLANT	7.00	0 33.05
33.06 OTHER REVENUE	B	-4,915	EMERGENCY	91.00	0 33.06
33.07 OTHER REVENUE	B	-1,000	AMBULANCE SERVICES	95.00	0 33.07
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.08
33.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.09
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.10
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.11
33.12 LOBBYING DUES	A	-10,551	ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.13
33.14 ADVERTISING	A	-86,019	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.16
33.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.17
33.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.18
33.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.19
33.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.20
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.21
33.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.22
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.25
33.26 BAD DEBT EXPENSE	A	-420,756	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27 AMORTIZATION OF GOODWILL	A	-538,104	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.28
33.29 PROVIDER TAX	A	-26,409,623	ADMINISTRATIVE & GENERAL	5.00	0 33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-49,498,639			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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-8-1

Date/Time Prepared:
1/30/2024 2:23 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	5.00	ADMINISTRATIVE & GENERAL	52,846,356	50,278,896	1.00
2.00	71.00	MEDICAL SUPPLIES CHARGED TO	681,765	0	2.00
3.00	0.00	SUPPLIES	0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		53,528,121	50,278,896	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	BHSI	100.00	BHSI	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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-8-1

Date/Time Prepared:
1/30/2024 2:23 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	2,567,460	0		1.00
2.00	681,765	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	3,249,225			5.00

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

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

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

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

6.00	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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-8-2

Date/Time Prepared:
1/30/2024 2:23 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	48,351	20,155	28,196	211,500	201	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	200,750	200,750	0	211,500	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	240,000	240,000	0	211,500	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	9,879,397	9,879,397	0	211,500	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	7,350	0	7,350	246,400	49	5.00
6.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	1,400	0	1,400	211,500	8	6.00
7.00	43.00	AGGREGATE-NURSERY	360,759	359,709	1,050	271,900	7	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	7,109,848	7,092,185	17,663	211,500	118	8.00
9.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	495,884	492,909	2,975	260,300	17	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	69,777	69,777	0	211,500	0	10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	223,846	223,846	0	211,500	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	102,500	0	102,500	211,500	820	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	38,295	0	38,295	211,500	252	13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	13,663	0	13,663	211,500	109	14.00
15.00	76.01	AGGREGATE-WOUND CARE CENTER	9,500	750	8,750	211,500	70	15.00
16.00	91.00	AGGREGATE-EMERGENCY	3,244,317	3,190,317	54,000	211,500	448	16.00
17.00	95.00	AGGREGATE-AMBULANCE SERVICES	25,250	25,250	0	0	0	17.00
200.00			22,070,887	21,795,045	275,842		2,099	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	20,438	1,022	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	5,805	290	0	0	0	5.00
6.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	813	41	0	0	0	6.00
7.00	43.00	AGGREGATE-NURSERY	915	46	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	11,999	600	0	0	0	8.00
9.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	2,127	106	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	83,380	4,169	0	0	0	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	25,624	1,281	0	0	0	13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	11,083	554	0	0	0	14.00
15.00	76.01	AGGREGATE-WOUND CARE CENTER	7,118	356	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	45,554	2,278	0	0	0	16.00
17.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	17.00
200.00			214,856	10,743	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	20,438	7,758	27,913	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	200,750	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	0	0	240,000	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	9,879,397	4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet A-8-2

Date/Time Prepared:
1/30/2024 2:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	5,805	1,545	1,545		5.00
6.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	813	587	587		6.00
7.00	43.00	AGGREGATE-NURSERY	0	915	135	359,844		7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	11,999	5,664	7,097,849		8.00
9.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	2,127	848	493,757		9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	69,777		10.00
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	223,846		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	83,380	19,120	19,120		12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	25,624	12,671	12,671		13.00
14.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	11,083	2,580	2,580		14.00
15.00	76.01	AGGREGATE-WOUND CARE CENTER	0	7,118	1,632	2,382		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	45,554	8,446	3,198,763		16.00
17.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	25,250		17.00
200.00			0	214,856	60,986	21,856,031		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part I
Date/Time Prepared:
1/30/2024 2: 23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,893,068	5,893,068			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,256,440		6,256,440		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	116,961	128,089	0	245,050	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	58,961,850	419,222	496,656	6,806	59,884,534
7.00 00700	OPERATION OF PLANT	8,938,082	81,956	116,225	3,274	9,139,537
8.00 00800	LAUNDRY & LINEN SERVICE	1,323,866	77,739	2,154	200	1,403,959
9.00 00900	HOUSEKEEPING	3,519,248	19,646	8,877	4,794	3,552,565
10.00 01000	DIETARY	2,204,492	39,410	51,655	2,568	2,298,125
11.00 01100	CAFETERIA	1,650,769	170,468	0	3,232	1,824,469
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,450,545	17,270	599,419	3,515	3,070,749
14.00 01400	CENTRAL SERVICES & SUPPLY	3,015,392	193,630	41,494	1,903	3,252,419
15.00 01500	PHARMACY	6,326,928	117,518	358,194	10,014	6,812,654
16.00 01600	MEDICAL RECORDS & LIBRARY	4,602,033	100,164	956	7,652	4,710,805
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	494,423	5,511	0	830	500,764
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	35,927,475	1,732,276	448,896	53,288	38,161,935
31.00 03100	INTENSIVE CARE UNIT	8,263,195	156,904	248,226	12,985	8,681,310
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	733,338	0	2,465	1,134	736,937
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	967,136	45,729	29,211	1,576	1,043,652
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,764,163	731,450	1,623,107	19,707	23,138,427
51.00 05100	RECOVERY ROOM	4,415,409	0	331	7,509	4,423,249
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,090,628	308,297	57,675	4,403	3,461,003
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,920,402	338,371	636,228	11,653	8,906,654
55.00 05500	RADIOLOGY-THERAPEUTIC	2,710,894	0	458,521	1,776	3,171,191
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	2,524,082	42,676	50,350	2,169	2,619,277
58.00 05800	MRI	1,151,955	19,527	74,919	1,227	1,247,628
59.00 05900	CARDIAC CATHETERIZATION	5,604,725	133,659	394,630	7,135	6,140,149
60.00 06000	LABORATORY	13,218,974	241,093	25,960	9,187	13,495,214
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	1,172,008	4,632	0	171	1,176,811
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	5,438,842	0	3,721	9,218	5,451,781
65.00 06500	RESPIRATORY THERAPY	4,603,761	28,162	66,718	6,102	4,704,743
66.00 06600	PHYSICAL THERAPY	1,607,635	8,089	0	2,703	1,618,427
67.00 06700	OCCUPATIONAL THERAPY	649,510	1,960	0	1,117	652,587
68.00 06800	SPEECH PATHOLOGY	603,019	0	22,674	1,043	626,736
69.00 06900	ELECTROCARDIOLOGY	8,682,927	143,114	215,149	12,422	9,053,612
70.00 07000	ELECTROENCEPHALOGRAPHY	621,971	130,488	11,205	823	764,487
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	20,744,352	0	0	0	20,744,352
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	23,245,959	0	0	0	23,245,959
73.00 07300	DRUGS CHARGED TO PATIENTS	12,078,490	0	0	0	12,078,490
74.00 07400	RENAL DIALYSIS	1,292,979	0	0	181	1,293,160
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0
76.01 03020	WOUND CARE CENTER	1,392,952	0	1,888	702	1,395,542
76.97 07697	CARDIAC REHABILITATION	705,036	42,676	5,380	1,130	754,222
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	1,619,311	67,346	131,800	2,448	1,820,905
91.00 09100	EMERGENCY	25,273,918	343,383	52,424	24,841	25,694,566
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	-212,586	0	0	0	-212,586	94.00
95.00 09500 AMBULANCE SERVICES	545,375	0	6,246	793	552,414	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	323,111,932	5,890,455	6,243,354	242,231	323,093,414	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	119,115	0	0	198	119,313	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	816,877	0	0	0	816,877	192.00
192.01 19201 OTHER NRCC	0	0	0	0	0	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	2,613	0	0	2,613	194.00
194.01 07951 PHARMACY RETAIL	10,608,294	0	13,086	1,629	10,623,009	194.01
194.02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	730,810	0	0	992	731,802	194.02
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)	335,387,028	5,893,068	6,256,440	245,050	335,387,028	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet B Part I Date/Time Prepared: 1/30/2024 2:23 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,884,534					5.00
7.00	00700	OPERATION OF PLANT	1,985,080	11,124,617				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	304,936	164,296	1,873,191			8.00
9.00	00900	HOUSEKEEPING	771,606	41,520	0	4,365,691		9.00
10.00	01000	DIETARY	499,146	83,290	0	33,302	2,913,863	10.00
11.00	01100	CAFETERIA	396,269	360,271	0	144,048	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	666,957	36,499	0	14,593	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	706,416	409,221	0	163,620	0	14.00
15.00	01500	PHARMACY	1,479,688	248,364	0	99,304	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,023,173	211,689	0	84,640	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	108,764	11,648	0	4,657	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,288,705	3,661,019	889,181	1,463,796	2,722,313	30.00
31.00	03100	INTENSIVE CARE UNIT	1,885,554	331,604	160,407	132,586	63,403	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	160,061	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	226,678	96,645	0	38,642	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,025,597	1,545,861	200,803	618,085	22,791	50.00
51.00	05100	RECOVERY ROOM	960,716	0	0	0	1,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	751,719	651,560	44,855	260,515	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,934,499	715,120	152,004	285,928	447	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	688,773	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	568,899	90,193	0	36,062	0	57.00
58.00	05800	MRI	270,981	41,268	0	16,500	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,333,622	282,478	12,287	112,944	12,421	59.00
60.00	06000	LABORATORY	2,931,120	509,530	7	203,727	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	255,600	9,790	0	3,914	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,184,110	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,021,856	59,518	0	23,797	0	65.00
66.00	06600	PHYSICAL THERAPY	351,517	17,095	0	6,835	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	141,740	4,142	0	1,656	0	67.00
68.00	06800	SPEECH PATHOLOGY	136,125	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,966,417	302,460	98,170	120,933	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166,044	275,776	5,959	110,264	2,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,505,611	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,048,953	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,623,412	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	280,870	0	2,335	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	303,108	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	163,815	90,193	0	36,062	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	395,495	142,331	0	56,909	0	90.00
91.00	09100	EMERGENCY	5,580,783	725,713	307,183	290,164	88,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	119,983	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,214,398	11,119,094	1,873,191	4,363,483	2,913,863	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	25,914	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	177,423	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	568	5,523	0	2,208	0	194.00
194.01	07951	PHARMACY RETAIL	2,307,286	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	158,945	0	0	0	0	194.02
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)	59,884,534	11,124,617	1,873,191	4,365,691	2,913,863	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet B Part I Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,725,057					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	52,032	0	3,840,830			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,407	0	0	4,572,083		14.00
15.00	01500	PHARMACY	88,595	0	0	40,254	8,768,859	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	86,037	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	9,302	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	655,654	0	1,402,655	1,031,742	8,768,859	30.00
31.00	03100	INTENSIVE CARE UNIT	150,930	0	324,776	221,447	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,003	0	0	22,451	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	17,650	0	37,655	7,304	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	245,444	0	489,518	1,550,739	0	50.00
51.00	05100	RECOVERY ROOM	88,285	0	188,276	11,171	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,627	0	112,966	75,160	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,161	0	32,948	88,996	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,962	0	9,414	9,867	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	23,089	0	0	85,469	0	57.00
58.00	05800	MRI	13,248	0	0	14,196	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	78,746	0	127,086	424,129	0	59.00
60.00	06000	LABORATORY	139,662	0	4,707	36,187	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	2,061	0	4,707	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	115,073	0	240,052	39,762	0	64.00
65.00	06500	RESPIRATORY THERAPY	82,399	0	4,707	155,492	0	65.00
66.00	06600	PHYSICAL THERAPY	31,824	0	0	156	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,180	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,781	0	0	359	0	68.00
69.00	06900	ELECTROCARDIOLOGY	137,937	0	202,397	128,901	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,540	0	0	6,869	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,238	0	4,707	16	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	9,034	0	18,828	19,476	0	76.01
76.97	07697	CARDIAC REHABILITATION	14,653	0	23,534	2,809	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	28,481	0	28,241	1,703	0	90.00
91.00	09100	EMERGENCY	297,816	0	583,656	590,880	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,108	0	0	1,987	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,686,959	0	3,840,830	4,567,522	8,768,859	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2,413	0	0	24	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NRCC	0	0	0	0	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 PHARMACY RETAIL	16,771	0	0	4,283	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	18,914	0	0	254	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,725,057	0	3,840,830	4,572,083	8,768,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,116,344				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	635,135		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,023,367	0	635,135	68,704,361	30.00
31.00	03100	INTENSIVE CARE UNIT	107,658	0	0	12,059,675	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,234	0	0	942,686	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	93,589	0	0	1,561,815	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	508,931	0	0	33,346,196	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,673,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,447	0	0	5,412,852	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	463,665	0	0	12,720,422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,011	0	0	3,909,218	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	177,392	0	0	3,600,381	57.00
58.00	05800	MRI	56,888	0	0	1,660,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	162,711	0	0	8,686,573	59.00
60.00	06000	LABORATORY	1,120,015	0	0	18,440,169	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	1,452,883	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,030,778	64.00
65.00	06500	RESPIRATORY THERAPY	45,265	0	0	6,097,777	65.00
66.00	06600	PHYSICAL THERAPY	5,505	0	0	2,031,359	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,447	0	0	816,752	67.00
68.00	06800	SPEECH PATHOLOGY	11,622	0	0	787,623	68.00
69.00	06900	ELECTROCARDIOLOGY	367,629	0	0	12,378,456	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,915	0	0	1,371,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	25,249,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,294,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,701,902	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,583,326	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	38,537	0	0	1,784,525	76.01
76.97	07697	CARDIAC REHABILITATION	20,186	0	0	1,105,474	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	688,158	0	0	3,162,223	90.00
91.00	09100	EMERGENCY	1,170,172	0	0	35,329,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	-212,586	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	688,492	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,116,344	0	635,135	320,372,888		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	147,664	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	994,300	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	10,912	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	12,951,349	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	909,915	0	194.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,116,344	0	635,135	335,387,028	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	68,704,361	30.00
31.00	03100 INTENSIVE CARE UNIT	12,059,675	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	942,686	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,561,815	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	33,346,196	50.00
51.00	05100 RECOVERY ROOM	5,673,204	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,412,852	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,720,422	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,909,218	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	3,600,381	57.00
58.00	05800 MRI	1,660,709	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,686,573	59.00
60.00	06000 LABORATORY	18,440,169	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	1,452,883	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	7,030,778	64.00
65.00	06500 RESPIRATORY THERAPY	6,097,777	65.00
66.00	06600 PHYSICAL THERAPY	2,031,359	66.00
67.00	06700 OCCUPATIONAL THERAPY	816,752	67.00
68.00	06800 SPEECH PATHOLOGY	787,623	68.00
69.00	06900 ELECTROCARDIOLOGY	12,378,456	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,371,422	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	25,249,963	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,294,912	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,701,902	73.00
74.00	07400 RENAL DIALYSIS	1,583,326	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03950 NUTRITION/DIABETES	0	76.00
76.01	03020 WOUND CARE CENTER	1,784,525	76.01
76.97	07697 CARDIAC REHABILITATION	1,105,474	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	3,162,223	90.00
91.00	09100 EMERGENCY	35,329,346	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	-212,586	94.00
95.00	09500 AMBULANCE SERVICES	688,492	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900 CMHC	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

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Cost Center Description		Total	
		26.00	
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	320,372,888	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100 RESEARCH	147,664	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	994,300	192.00
192.01	19201 OTHER NRCC	0	192.01
192.02	19202 LTC	0	192.02
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MARKETING	10,912	194.00
194.01	07951 PHARMACY RETAIL	12,951,349	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	909,915	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	335,387,028	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	128,089	0	128,089	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,470,221	419,222	496,656	10,386,099	5.00
7.00 00700	OPERATION OF PLANT	29,120	81,956	116,225	227,301	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	77,739	2,154	79,893	8.00
9.00 00900	HOUSEKEEPING	0	19,646	8,877	28,523	9.00
10.00 01000	DIETARY	0	39,410	51,655	91,065	10.00
11.00 01100	CAFETERIA	0	170,468	0	170,468	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	17,270	599,419	616,689	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	193,630	41,494	235,124	14.00
15.00 01500	PHARMACY	0	117,518	358,194	475,712	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	100,164	956	101,120	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	5,511	0	5,511	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,732,276	448,896	2,181,172	30.00
31.00 03100	INTENSIVE CARE UNIT	0	156,904	248,226	405,130	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,465	2,465	35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	45,729	29,211	74,940	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	299,440	731,450	1,623,107	2,653,997	50.00
51.00 05100	RECOVERY ROOM	0	0	331	331	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,013	308,297	57,675	379,985	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	182,789	338,371	636,228	1,157,388	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	963,495	0	458,521	1,422,016	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	42,676	50,350	93,026	57.00
58.00 05800	MRI	0	19,527	74,919	94,446	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,963	133,659	394,630	541,252	59.00
60.00 06000	LABORATORY	0	241,093	25,960	267,053	60.00
60.01 06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	4,632	0	4,632	62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	3,721	3,721	64.00
65.00 06500	RESPIRATORY THERAPY	11,043	28,162	66,718	105,923	65.00
66.00 06600	PHYSICAL THERAPY	0	8,089	0	8,089	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,960	0	1,960	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	22,674	22,674	68.00
69.00 06900	ELECTROCARDIOLOGY	102,120	143,114	215,149	460,383	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	48,013	130,488	11,205	189,706	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01 03020	WOUND CARE CENTER	316,000	0	1,888	317,888	76.01
76.97 07697	CARDIAC REHABILITATION	43,590	42,676	5,380	91,646	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	32,252	67,346	131,800	231,398	90.00
91.00 09100	EMERGENCY	495,637	343,383	52,424	891,444	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVI CES	0	0	6,246	6,246	415	95.00
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVI CES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPI OID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUI SITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUI SITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUI SITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUI SITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUI SITION	0	0	0	0	0	109.00
110.00 11000 INTESTI NAL ACQUI SITION	0	0	0	0	0	110.00
111.00 11100 I SLET ACQUI SITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATION REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00 11600 HOSPI CE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	12,020,696	5,890,455	6,243,354	24,154,505	126,616	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	104	191.00
192.00 19200 PHYSI CI ANS PRI VATE OFFICES	46,991	0	0	46,991	0	192.00
192.01 19201 OTHER NRCC	0	0	0	0	0	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETI NG	0	2,613	0	2,613	0	194.00
194.01 07951 PHARMACY RETAI L	0	0	13,086	13,086	851	194.01
194.02 07952 NON HOSP ENVI RON SVCS/PROPERTY MGMT	0	0	0	0	518	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	12,067,687	5,893,068	6,256,440	24,217,195	128,089	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet B Part II Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,389,655				5.00
7.00	00700	OPERATION OF PLANT	344,405	573,417			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	52,905	8,469	141,371		8.00
9.00	00900	HOUSEKEEPING	133,871	2,140	0	167,039	9.00
10.00	01000	DIETARY	86,600	4,293	0	1,274	184,574
11.00	01100	CAFETERIA	68,751	18,570	0	5,512	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	115,715	1,881	0	558	0
14.00	01400	CENTRAL SERVICES & SUPPLY	122,561	21,093	0	6,260	0
15.00	01500	PHARMACY	256,721	12,802	0	3,800	0
16.00	01600	MEDICAL RECORDS & LIBRARY	177,517	10,911	0	3,238	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	18,870	600	0	178	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,437,948	188,708	67,108	56,009	172,441
31.00	03100	INTENSIVE CARE UNIT	327,138	17,092	12,106	5,073	4,016
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	27,770	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	39,328	4,982	0	1,478	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	871,925	79,681	15,155	23,649	1,444
51.00	05100	RECOVERY ROOM	166,681	0	0	0	95
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,421	33,585	3,385	9,968	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	335,629	36,861	11,472	10,940	28
55.00	05500	RADIOLOGY-THERAPEUTIC	119,500	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	98,702	4,649	0	1,380	0
58.00	05800	MRI	47,014	2,127	0	631	0
59.00	05900	CARDIAC CATHETERIZATION	231,379	14,560	927	4,321	787
60.00	06000	LABORATORY	508,540	26,264	0	7,795	0
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	44,346	505	0	150	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	205,439	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	177,289	3,068	0	911	0
66.00	06600	PHYSICAL THERAPY	60,987	881	0	262	0
67.00	06700	OCCUPATIONAL THERAPY	24,591	213	0	63	0
68.00	06800	SPEECH PATHOLOGY	23,617	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	341,167	15,590	7,409	4,627	0
70.00	07000	ELECTROENCEPHALOGRAPHY	28,808	14,215	450	4,219	163
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	781,709	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	875,977	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	455,154	0	0	0	0
74.00	07400	RENAL DIALYSIS	48,730	0	176	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0
76.01	03020	WOUND CARE CENTER	52,588	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	28,421	4,649	0	1,380	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	68,617	7,336	0	2,177	0
91.00	09100	EMERGENCY	968,248	37,407	23,183	11,102	5,600
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	20,817	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part II
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,926,396	573,132	141,371	166,955	184,574	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	4,496	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,782	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	98	285	0	84	0	194.00
194.01	07951	PHARMACY RETAIL	400,307	0	0	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	27,576	0	0	0	0	194.02
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)	10,389,655	573,417	141,371	167,039	184,574	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet B Part II Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	264,989					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,060	0	741,740			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,929	0	0	389,961		14.00
15.00	01500	PHARMACY	8,615	0	0	3,433	766,315	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,366	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	905	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,755	0	270,880	87,999	766,315	30.00
31.00	03100	INTENSIVE CARE UNIT	14,677	0	62,721	18,888	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,070	0	0	1,915	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,716	0	7,272	623	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,867	0	94,535	132,265	0	50.00
51.00	05100	RECOVERY ROOM	8,585	0	36,360	953	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,118	0	21,816	6,411	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,630	0	6,363	7,591	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,844	0	1,818	842	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,245	0	0	7,290	0	57.00
58.00	05800	MRI	1,288	0	0	1,211	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,657	0	24,543	36,175	0	59.00
60.00	06000	LABORATORY	13,581	0	909	3,086	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	200	0	909	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,190	0	46,359	3,391	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,013	0	909	13,262	0	65.00
66.00	06600	PHYSICAL THERAPY	3,095	0	0	13	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,379	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	31	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,413	0	39,087	10,994	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,219	0	0	586	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	218	0	909	1	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	879	0	3,636	1,661	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,425	0	4,545	240	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,770	0	5,454	145	0	90.00
91.00	09100	EMERGENCY	28,960	0	112,715	50,397	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,372	0	0	169	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part II
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	261,284	0	741,740	389,572	766,315	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	235	0	0	2	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NRCC	0	0	0	0	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 PHARMACY RETAIL	1,631	0	0	365	0	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	1,839	0	0	22	0	194.02
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)	264,989	0	741,740	389,961	766,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet B Part II Date/Time Prepared: 1/30/2024 2:23 pm
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	305,150				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	26,498		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	51,057	0		5,371,286	0 30.00
31.00 03100	INTENSIVE CARE UNIT	5,371	0		878,997	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0		0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0		0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0		0	0 34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	610	0		34,423	0 35.00
40.00 04000	SUBPROVIDER - IPF	0	0		0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0		0	0 41.00
42.00 04200	SUBPROVIDER	0	0		0	0 42.00
43.00 04300	NURSERY	4,669	0		135,832	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0		0	0 44.00
45.00 04500	NURSING FACILITY	0	0		0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0		0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,391	0		3,932,206	0 50.00
51.00 05100	RECOVERY ROOM	0	0		216,929	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	122	0		593,112	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0		0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,133	0		1,609,124	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	549	0		1,547,497	0 55.00
56.00 05600	RADIOISOTOPE	0	0		0	0 56.00
57.00 05700	CT SCAN	8,850	0		217,275	0 57.00
58.00 05800	MRI	2,838	0		150,196	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,118	0		873,447	0 59.00
60.00 06000	LABORATORY	55,879	0		887,907	0 60.00
60.01 06001	LABORATORY - PATHOLOGY	0	0		0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0		0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0		50,831	0 62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0		0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0		274,916	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,258	0		314,821	0 65.00
66.00 06600	PHYSICAL THERAPY	275	0		75,014	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	122	0		28,912	0 67.00
68.00 06800	SPEECH PATHOLOGY	580	0		48,690	0 68.00
69.00 06900	ELECTROCARDIOLOGY	18,341	0		917,501	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,343	0		241,139	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		781,709	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		875,977	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0		455,154	0 73.00
74.00 07400	RENAL DIALYSIS	0	0		50,128	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0		0	0 75.00
76.00 03950	NUTRITION/DIABETES	0	0		0	0 76.00
76.01 03020	WOUND CARE CENTER	1,923	0		378,942	0 76.01
76.97 07697	CARDIAC REHABILITATION	1,007	0		133,903	0 76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0		0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0		0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0 89.00
90.00 09000	CLINIC	34,333	0		353,509	0 90.00
91.00 09100	EMERGENCY	58,381	0		2,200,416	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0		0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0		0	0 94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part II
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
95.00	09500	AMBULANCE SERVICES	0	0		29,019	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		0	0	97.00
99.00	09900	CMHC	0	0		0	0	99.00
99.10	09910	CORF	0	0		0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0		0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0		0	0	105.00
106.00	10600	HEART ACQUISITION	0	0		0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0		0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0		0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0		0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	0	115.00
116.00	11600	HOSPICE	0	0		0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	305,150	0	0	23,658,812		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0		0	0	190.00
191.00	19100	RESEARCH	0	0		4,837	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0		77,773	0	192.00
192.01	19201	OTHER NRCC	0	0		0	0	192.01
192.02	19202	LTC	0	0		0	0	192.02
193.00	19300	NONPAID WORKERS	0	0		0	0	193.00
194.00	07950	MARKETING	0	0		3,080	0	194.00
194.01	07951	PHARMACY RETAIL	0	0		416,240	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0		29,955	0	194.02
200.00		Cross Foot Adjustments			26,498	26,498		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	305,150	0	26,498	24,217,195		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet B Part II Date/Time Prepared: 1/30/2024 2:23 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	5,371,286	30.00
31.00	03100 INTENSIVE CARE UNIT	878,997	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	34,423	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	135,832	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,932,206	50.00
51.00	05100 RECOVERY ROOM	216,929	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	593,112	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,609,124	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,547,497	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	217,275	57.00
58.00	05800 MRI	150,196	58.00
59.00	05900 CARDIAC CATHETERIZATION	873,447	59.00
60.00	06000 LABORATORY	887,907	60.00
60.01	06001 LABORATORY - PATHOLOGY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	50,831	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400 INTRAVENOUS THERAPY	274,916	64.00
65.00	06500 RESPIRATORY THERAPY	314,821	65.00
66.00	06600 PHYSICAL THERAPY	75,014	66.00
67.00	06700 OCCUPATIONAL THERAPY	28,912	67.00
68.00	06800 SPEECH PATHOLOGY	48,690	68.00
69.00	06900 ELECTROCARDIOLOGY	917,501	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	241,139	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	781,709	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	875,977	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	455,154	73.00
74.00	07400 RENAL DIALYSIS	50,128	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03950 NUTRITION/DIABETES	0	76.00
76.01	03020 WOUND CARE CENTER	378,942	76.01
76.97	07697 CARDIAC REHABILITATION	133,903	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	353,509	90.00
91.00	09100 EMERGENCY	2,200,416	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	29,019	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900 CMHC	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B
Part II
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		Total	
		26.00	
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	23,658,812	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	190.00
191.00	19100 RESEARCH	4,837	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	77,773	192.00
192.01	19201 OTHER NRCC	0	192.01
192.02	19202 LTC	0	192.02
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 MARKETING	3,080	194.00
194.01	07951 PHARMACY RETAIL	416,240	194.01
194.02	07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	29,955	194.02
200.00	Cross Foot Adjustments	26,498	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	24,217,195	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1
Date/Time Prepared:
1/30/2024 2: 23 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	496,147				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,256,438			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,784	0	116,094,150		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,295	496,656	3,224,110	-59,884,534	5.00
7.00	00700	OPERATION OF PLANT	6,900	116,225	1,550,886	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,545	2,154	94,509	0	8.00
9.00	00900	HOUSEKEEPING	1,654	8,877	2,270,922	0	9.00
10.00	01000	DIETARY	3,318	51,655	1,216,430	0	10.00
11.00	01100	CAFETERIA	14,352	0	1,530,811	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,454	599,419	1,665,187	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,302	41,494	901,275	0	14.00
15.00	01500	PHARMACY	9,894	358,194	4,743,569	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,433	956	3,624,814	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	464	0	393,394	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	145,843	448,896	25,254,139	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,210	248,226	6,151,349	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,465	537,312	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,850	29,211	746,714	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,582	1,623,105	9,335,580	0	50.00
51.00	05100	RECOVERY ROOM	0	331	3,557,255	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,956	57,675	2,085,678	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,488	636,228	5,520,137	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	458,521	841,224	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	3,593	50,350	1,027,453	0	57.00
58.00	05800	MRI	1,644	74,919	581,474	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,253	394,630	3,379,861	0	59.00
60.00	06000	LABORATORY	20,298	25,960	4,352,112	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	390	0	80,841	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,721	4,366,600	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,371	66,718	2,890,646	0	65.00
66.00	06600	PHYSICAL THERAPY	681	0	1,280,539	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	0	529,141	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	22,674	494,214	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,049	215,149	5,884,325	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,986	11,205	389,972	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	85,657	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	1,888	332,670	0	76.01
76.97	07697	CARDIAC REHABILITATION	3,593	5,380	535,084	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	5,670	131,800	1,159,644	0	90.00
91.00	09100	EMERGENCY	28,910	52,424	11,767,201	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1

Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	212,586	0	94.00
95.00	09500	AMBULANCE SERVICES	0	6,246	375,840	0	552,414	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	495,927	6,243,352	114,758,569	-59,671,948	263,421,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	93,849	0	119,313	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	816,877	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	220	0	0	0	2,613	194.00
194.01	07951	PHARMACY RETAIL	0	13,086	771,690	0	10,623,009	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	470,042	0	731,802	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,893,068	6,256,440	245,050		59,884,534	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.877665	1.000000	0.002111		0.217197	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			128,089		10,389,655	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001103		0.037683	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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1

Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	443,168				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,545	1,434,246			8.00	
9.00	00900	HOUSEKEEPING	1,654	0	434,969		9.00	
10.00	01000	DIETARY	3,318	0	3,318	208,786	10.00	
11.00	01100	CAFETERIA	14,352	0	14,352	0	2,575,388	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,454	0	1,454	0	49,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,302	0	16,302	0	38,188	14.00
15.00	01500	PHARMACY	9,894	0	9,894	0	83,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,433	0	8,433	0	81,312	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	464	0	464	0	8,791	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	145,843	680,818	145,843	195,061	619,644	30.00
31.00	03100	INTENSIVE CARE UNIT	13,210	122,819	13,210	4,543	142,640	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	10,399	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,850	0	3,850	0	16,681	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,582	153,749	61,582	1,633	231,963	50.00
51.00	05100	RECOVERY ROOM	0	0	0	108	83,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,956	34,344	25,956	0	49,737	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,488	116,385	28,488	32	132,463	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	17,921	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,593	0	3,593	0	21,821	57.00
58.00	05800	MRI	1,644	0	1,644	0	12,520	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,253	9,408	11,253	890	74,421	59.00
60.00	06000	LABORATORY	20,298	5	20,298	0	131,991	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	390	0	390	0	1,948	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	108,753	64.00
65.00	06500	RESPIRATORY THERAPY	2,371	0	2,371	0	77,873	65.00
66.00	06600	PHYSICAL THERAPY	681	0	681	0	30,076	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	0	165	0	13,401	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	12,079	68.00
69.00	06900	ELECTROCARDIOLOGY	12,049	75,166	12,049	0	130,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,986	4,563	10,986	184	11,851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,788	0	0	2,115	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	8,538	76.01
76.97	07697	CARDIAC REHABILITATION	3,593	0	3,593	0	13,848	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,670	0	5,670	0	26,917	90.00
91.00	09100	EMERGENCY	28,910	235,201	28,910	6,335	281,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	13,333	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1

Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
			7.00	8.00	9.00	10.00	11.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	442,948	1,434,246	434,749	208,786	2,539,383	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	2,280	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	220	0	220	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	0	0	15,850	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	0	0	17,875	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,124,617	1,873,191	4,365,691	2,913,863	2,725,057	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.102483	1.306046	10.036787	13.956218	1.058115	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	573,417	141,371	167,039	184,574	264,989	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.293904	0.098568	0.384025	0.884034	0.102893	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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1

Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	816				13.00
14.00	01400	0	0	11,658,011			14.00
15.00	01500	0	0	102,641	100		15.00
16.00	01600	0	0	0	0	9,999	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	298	2,630,760	100	1,673	30.00
31.00	03100	0	69	564,651	0	176	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	0	0	57,247	0	20	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	8	18,625	0	153	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	104	3,954,113	0	832	50.00
51.00	05100	0	40	28,485	0	0	51.00
52.00	05200	0	24	191,645	0	4	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	7	226,924	0	758	54.00
55.00	05500	0	2	25,160	0	18	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	217,931	0	290	57.00
58.00	05800	0	0	36,197	0	93	58.00
59.00	05900	0	27	1,081,454	0	266	59.00
60.00	06000	0	1	92,270	0	1,831	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	1	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	51	101,385	0	0	64.00
65.00	06500	0	1	396,477	0	74	65.00
66.00	06600	0	0	398	0	9	66.00
67.00	06700	0	0	0	0	4	67.00
68.00	06800	0	0	915	0	19	68.00
69.00	06900	0	43	328,675	0	601	69.00
70.00	07000	0	0	17,514	0	44	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	1	42	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.01	03020	0	4	49,660	0	63	76.01
76.97	07697	0	5	7,163	0	33	76.97
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	6	4,342	0	1,125	90.00
91.00	09100	0	124	1,506,641	0	1,913	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1

Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
95.00	09500	0	0	5,066	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		0	816	11,646,381	100	9,999	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	62	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	10,920	0	0	194.01
194.02	07952	0	0	648	0	0	194.02
200.00							200.00
201.00							201.00
202.00		0	3,840,830	4,572,083	8,768,859	6,116,344	202.00
203.00		0.000000	4,706.899510	0.392184	87,688.590000	611.695570	203.00
204.00		0	741,740	389,961	766,315	305,150	204.00
205.00		0.000000	908.995098	0.033450	7,663.150000	30.518052	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		17.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0 100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 100	30.00
31.00	03100	INTENSIVE CARE UNIT	0 0	31.00
32.00	03200	CORONARY CARE UNIT	0 0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0 0	35.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
42.00	04200	SUBPROVIDER	0 0	42.00
43.00	04300	NURSERY	0 0	43.00
44.00	04400	SKILLED NURSING FACILITY	0 0	44.00
45.00	04500	NURSING FACILITY	0 0	45.00
46.00	04600	OTHER LONG TERM CARE	0 0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 0	50.00
51.00	05100	RECOVERY ROOM	0 0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 0	52.00
53.00	05300	ANESTHESIOLOGY	0 0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 0	55.00
56.00	05600	RADIOISOTOPE	0 0	56.00
57.00	05700	CT SCAN	0 0	57.00
58.00	05800	MRI	0 0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 0	59.00
60.00	06000	LABORATORY	0 0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0 0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0 0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0 0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0 0	63.00
64.00	06400	INTRAVENOUS THERAPY	0 0	64.00
65.00	06500	RESPIRATORY THERAPY	0 0	65.00
66.00	06600	PHYSICAL THERAPY	0 0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0 0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 0	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
76.00	03950	NUTRITION/DIABETES	0 0	76.00
76.01	03020	WOUND CARE CENTER	0 0	76.01
76.97	07697	CARDIAC REHABILITATION	0 0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0 0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0 0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0 0	89.00
90.00	09000	CLINIC	0 0	90.00
91.00	09100	EMERGENCY	0 0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0 0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0 0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet B-1

Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description			SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
			17.00	23.00	
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NRCC	0	0	192.01
192.02	19202	LTC	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MARKETING	0	0	194.00
194.01	07951	PHARMACY RETAIL	0	0	194.01
194.02	07952	NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	194.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	635,135	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6,351.350000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	26,498	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	264.980000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,704,361		68,704,361	0	68,704,361	30.00
31.00	03100	INTENSIVE CARE UNIT	12,059,675		12,059,675	1,545	12,061,220	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	942,686		942,686	587	943,273	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,561,815		1,561,815	135	1,561,950	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,346,196		33,346,196	5,664	33,351,860	50.00
51.00	05100	RECOVERY ROOM	5,673,204		5,673,204	0	5,673,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,412,852		5,412,852	848	5,413,700	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,720,422		12,720,422	0	12,720,422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,909,218		3,909,218	0	3,909,218	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,600,381		3,600,381	0	3,600,381	57.00
58.00	05800	MRI	1,660,709		1,660,709	0	1,660,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,686,573		8,686,573	0	8,686,573	59.00
60.00	06000	LABORATORY	18,440,169		18,440,169	19,120	18,459,289	60.00
60.01	06001	LABORATORY - PATHOLOGY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,452,883		1,452,883	0	1,452,883	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,030,778		7,030,778	0	7,030,778	64.00
65.00	06500	RESPIRATORY THERAPY	6,097,777	0	6,097,777	0	6,097,777	65.00
66.00	06600	PHYSICAL THERAPY	2,031,359	0	2,031,359	0	2,031,359	66.00
67.00	06700	OCCUPATIONAL THERAPY	816,752	0	816,752	0	816,752	67.00
68.00	06800	SPEECH PATHOLOGY	787,623	0	787,623	0	787,623	68.00
69.00	06900	ELECTROCARDIOLOGY	12,378,456		12,378,456	12,671	12,391,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,371,422		1,371,422	2,580	1,374,002	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	25,249,963		25,249,963	0	25,249,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,294,912		28,294,912	0	28,294,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,701,902		14,701,902	0	14,701,902	73.00
74.00	07400	RENAL DIALYSIS	1,583,326		1,583,326	0	1,583,326	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0		0	0	0	76.00
76.01	03020	WOUND CARE CENTER	1,784,525		1,784,525	1,632	1,786,157	76.01
76.97	07697	CARDIAC REHABILITATION	1,105,474		1,105,474	0	1,105,474	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	3,162,223		3,162,223	0	3,162,223	90.00
91.00	09100	EMERGENCY	35,329,346		35,329,346	8,446	35,337,792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	14,354,681		14,354,681	0	14,354,681	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	688,492		688,492	0	688,492	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	334,940,155	0	334,940,155	53,228	334,993,383	200.00
201.00		Less Observation Beds	14,354,681		14,354,681		14,354,681	201.00
202.00		Total (see instructions)	320,585,474	0	320,585,474	53,228	320,638,702	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,746,573		89,746,573		30.00
31.00	03100	INTENSIVE CARE UNIT	34,341,707		34,341,707		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,378,188		2,378,188		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,102,952		4,102,952		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,206,951	188,596,626	325,803,577	0.102351	50.00
51.00	05100	RECOVERY ROOM	6,158,820	25,603,798	31,762,618	0.178613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,127,985	719,246	11,847,231	0.456888	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,155,938	164,355,698	200,511,636	0.063440	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,061,078	87,723,959	89,785,037	0.043540	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	47,512,726	107,585,303	155,098,029	0.023214	57.00
58.00	05800	MRI	7,911,386	25,406,546	33,317,932	0.049844	58.00
59.00	05900	CARDIAC CATHETERIZATION	115,293,545	171,112,940	286,406,485	0.030330	59.00
60.00	06000	LABORATORY	72,143,767	114,581,329	186,725,096	0.098756	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	6,950,978	2,273,184	9,224,162	0.157508	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	576,817	32,680,970	33,257,787	0.211402	64.00
65.00	06500	RESPIRATORY THERAPY	28,919,162	17,252,102	46,171,264	0.132069	65.00
66.00	06600	PHYSICAL THERAPY	8,925,647	2,595,994	11,521,641	0.176308	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,233,955	1,017,191	5,251,146	0.155538	67.00
68.00	06800	SPEECH PATHOLOGY	3,580,478	1,657,004	5,237,482	0.150382	68.00
69.00	06900	ELECTROCARDIOLOGY	47,062,235	94,345,020	141,407,255	0.087538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,182,752	9,560,097	10,742,849	0.127659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,432,443	52,683,192	117,115,635	0.215599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	134,047,566	129,704,633	263,752,199	0.107278	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,803,750	65,761,983	132,565,733	0.110903	73.00
74.00	07400	RENAL DIALYSIS	5,868,699	0	5,868,699	0.269792	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	76.00
76.01	03020	WOUND CARE CENTER	51,905	7,568,121	7,620,026	0.234189	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,138,958	2,138,958	0.516828	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	56,405	1,250,825	1,307,230	2.419026	90.00
91.00	09100	EMERGENCY	31,015,395	185,731,868	216,747,263	0.162998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	19,879,809	57,290,338	77,170,147	0.186013	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	1,573,042	1,573,042	0.437682	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 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		
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	989,729,612	1,550,769,967	2,540,499,579		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	989,729,612	1,550,769,967	2,540,499,579		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet C Part I Date/Time Prepared: 1/30/2024 2:23 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102368		50.00
51.00	05100	RECOVERY ROOM	0.178613		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.456959		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.063440		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043540		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.023214		57.00
58.00	05800	MRI	0.049844		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.030330		59.00
60.00	06000	LABORATORY	0.098858		60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.157508		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.211402		64.00
65.00	06500	RESPIRATORY THERAPY	0.132069		65.00
66.00	06600	PHYSICAL THERAPY	0.176308		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.155538		67.00
68.00	06800	SPEECH PATHOLOGY	0.150382		68.00
69.00	06900	ELECTROCARDIOLOGY	0.087627		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.127899		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.215599		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.107278		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110903		73.00
74.00	07400	RENAL DIALYSIS	0.269792		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.01	03020	WOUND CARE CENTER	0.234403		76.01
76.97	07697	CARDIAC REHABILITATION	0.516828		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	2.419026		90.00
91.00	09100	EMERGENCY	0.163037		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.186013		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.437682		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet C Part I Date/Time Prepared: 1/30/2024 2:23 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
116.00	11600	HOSPICE			116.00
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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	68,704,361		68,704,361	0	68,704,361	30.00
31.00	03100 INTENSIVE CARE UNIT	12,059,675		12,059,675	1,545	12,061,220	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	942,686		942,686	587	943,273	35.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,561,815		1,561,815	135	1,561,950	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	33,346,196		33,346,196	5,664	33,351,860	50.00
51.00	05100 RECOVERY ROOM	5,673,204		5,673,204	0	5,673,204	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,412,852		5,412,852	848	5,413,700	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,720,422		12,720,422	0	12,720,422	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,909,218		3,909,218	0	3,909,218	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,600,381		3,600,381	0	3,600,381	57.00
58.00	05800 MRI	1,660,709		1,660,709	0	1,660,709	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,686,573		8,686,573	0	8,686,573	59.00
60.00	06000 LABORATORY	18,440,169		18,440,169	19,120	18,459,289	60.00
60.01	06001 LABORATORY - PATHOLOGY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	1,452,883		1,452,883	0	1,452,883	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	7,030,778		7,030,778	0	7,030,778	64.00
65.00	06500 RESPIRATORY THERAPY	6,097,777	0	6,097,777	0	6,097,777	65.00
66.00	06600 PHYSICAL THERAPY	2,031,359	0	2,031,359	0	2,031,359	66.00
67.00	06700 OCCUPATIONAL THERAPY	816,752	0	816,752	0	816,752	67.00
68.00	06800 SPEECH PATHOLOGY	787,623	0	787,623	0	787,623	68.00
69.00	06900 ELECTROCARDIOLOGY	12,378,456		12,378,456	12,671	12,391,127	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,371,422		1,371,422	2,580	1,374,002	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	25,249,963		25,249,963	0	25,249,963	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,294,912		28,294,912	0	28,294,912	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,701,902		14,701,902	0	14,701,902	73.00
74.00	07400 RENAL DIALYSIS	1,583,326		1,583,326	0	1,583,326	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0		0	0	0	76.00
76.01	03020 WOUND CARE CENTER	1,784,525		1,784,525	1,632	1,786,157	76.01
76.97	07697 CARDIAC REHABILITATION	1,105,474		1,105,474	0	1,105,474	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,162,223		3,162,223	0	3,162,223	90.00
91.00	09100 EMERGENCY	35,329,346		35,329,346	8,446	35,337,792	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	14,354,681		14,354,681	0	14,354,681	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	688,492		688,492	0	688,492	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0			115.00
116.00	11600	HOSPICE	0	0			116.00
200.00		Subtotal (see instructions)	334,940,155	0	334,940,155	53,228	334,993,383
201.00		Less Observation Beds	14,354,681		14,354,681		14,354,681
202.00		Total (see instructions)	320,585,474	0	320,585,474	53,228	320,638,702

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet C Part I Date/Time Prepared: 1/30/2024 2:23 pm	
				Title XIX	Hospital	Cost	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient					
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,746,573		89,746,573		30.00
31.00	03100	INTENSIVE CARE UNIT	34,341,707		34,341,707		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,378,188		2,378,188		35.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,102,952		4,102,952		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,206,951	188,596,626	325,803,577	0.102351	50.00
51.00	05100	RECOVERY ROOM	6,158,820	25,603,798	31,762,618	0.178613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,127,985	719,246	11,847,231	0.456888	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,155,938	164,355,698	200,511,636	0.063440	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,061,078	87,723,959	89,785,037	0.043540	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	47,512,726	107,585,303	155,098,029	0.023214	57.00
58.00	05800	MRI	7,911,386	25,406,546	33,317,932	0.049844	58.00
59.00	05900	CARDIAC CATHETERIZATION	115,293,545	171,112,940	286,406,485	0.030330	59.00
60.00	06000	LABORATORY	72,143,767	114,581,329	186,725,096	0.098756	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	6,950,978	2,273,184	9,224,162	0.157508	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	576,817	32,680,970	33,257,787	0.211402	64.00
65.00	06500	RESPIRATORY THERAPY	28,919,162	17,252,102	46,171,264	0.132069	65.00
66.00	06600	PHYSICAL THERAPY	8,925,647	2,595,994	11,521,641	0.176308	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,233,955	1,017,191	5,251,146	0.155538	67.00
68.00	06800	SPEECH PATHOLOGY	3,580,478	1,657,004	5,237,482	0.150382	68.00
69.00	06900	ELECTROCARDIOLOGY	47,062,235	94,345,020	141,407,255	0.087538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,182,752	9,560,097	10,742,849	0.127659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,432,443	52,683,192	117,115,635	0.215599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	134,047,566	129,704,633	263,752,199	0.107278	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,803,750	65,761,983	132,565,733	0.110903	73.00
74.00	07400	RENAL DIALYSIS	5,868,699	0	5,868,699	0.269792	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	76.00
76.01	03020	WOUND CARE CENTER	51,905	7,568,121	7,620,026	0.234189	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,138,958	2,138,958	0.516828	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	56,405	1,250,825	1,307,230	2.419026	90.00
91.00	09100	EMERGENCY	31,015,395	185,731,868	216,747,263	0.162998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	19,879,809	57,290,338	77,170,147	0.186013	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	1,573,042	1,573,042	0.437682	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0.000000	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0.000000	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet C
Part I
Date/Time Prepared:
1/30/2024 2:23 pm

			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	989,729,612	1,550,769,967	2,540,499,579		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	989,729,612	1,550,769,967	2,540,499,579		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet C Part I Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	NUTRITION/DIABETES	0.000000			76.00
76.01	03020	WOUND CARE CENTER	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0.000000			105.00
106.00	10600	HEART ACQUISITION	0.000000			106.00
107.00	10700	LIVER ACQUISITION	0.000000			107.00
108.00	10800	LUNG ACQUISITION	0.000000			108.00
109.00	10900	PANCREAS ACQUISITION	0.000000			109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000			110.00
111.00	11100	ISLET ACQUISITION	0.000000			111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet C Part I Date/Time Prepared: 1/30/2024 2:23 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part I Date/Time Prepared: 1/30/2024 2:23 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,371,286	0	5,371,286	64,255	83.59	30.00
31.00	INTENSIVE CARE UNIT	878,997		878,997	2,615	336.14	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	34,423		34,423	577	59.66	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	135,832		135,832	1,864	72.87	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	6,420,538		6,420,538	69,311		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	19,547	1,633,934				
31.00	INTENSIVE CARE UNIT	1,968	661,524				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	21,515	2,295,458				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet D Part II Date/Time Prepared: 1/30/2024 2:23 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 Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,932,206	325,803,577	0.012069	43,609,897	526,328	50.00
51.00	05100	RECOVERY ROOM	216,929	31,762,618	0.006830	4,445,200	30,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	593,112	11,847,231	0.050063	27,528	1,378	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,609,124	200,511,636	0.008025	15,390,893	123,512	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,547,497	89,785,037	0.017236	1,117,128	19,255	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	217,275	155,098,029	0.001401	20,487,279	28,703	57.00
58.00	05800	MRI	150,196	33,317,932	0.004508	3,094,045	13,948	58.00
59.00	05900	CARDIAC CATHETERIZATION	873,447	286,406,485	0.003050	45,107,114	137,577	59.00
60.00	06000	LABORATORY	887,907	186,725,096	0.004755	27,982,366	133,056	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	50,831	9,224,162	0.005511	2,653,055	14,621	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	274,916	33,257,787	0.008266	94,403	780	64.00
65.00	06500	RESPIRATORY THERAPY	314,821	46,171,264	0.006819	11,973,109	81,645	65.00
66.00	06600	PHYSICAL THERAPY	75,014	11,521,641	0.006511	3,958,360	25,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,912	5,251,146	0.005506	1,775,365	9,775	67.00
68.00	06800	SPEECH PATHOLOGY	48,690	5,237,482	0.009296	1,700,077	15,804	68.00
69.00	06900	ELECTROCARDIOLOGY	917,501	141,407,255	0.006488	20,831,273	135,153	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,139	10,742,849	0.022446	505,850	11,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	781,709	117,115,635	0.006675	20,691,240	138,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	875,977	263,752,199	0.003321	62,473,891	207,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	455,154	132,565,733	0.003433	25,149,690	86,339	73.00
74.00	07400	RENAL DIALYSIS	50,128	5,868,699	0.008542	2,974,021	25,404	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0.000000	0	0	76.00
76.01	03020	WOUND CARE CENTER	378,942	7,620,026	0.049730	39,391	1,959	76.01
76.97	07697	CARDIAC REHABILITATION	133,903	2,138,958	0.062602	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	353,509	1,307,230	0.270426	45,100	12,196	90.00
91.00	09100	EMERGENCY	2,200,416	216,747,263	0.010152	13,255,681	134,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,122,249	77,170,147	0.014543	8,677,632	126,199	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	18,331,504	2,408,357,117		338,059,588	2,041,282	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part III Date/Time Prepared: 1/30/2024 2:23 pm
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Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	635,135	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	635,135	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	635,135	64,255	9.88	19,547	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,615	0.00	1,968	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	577	0.00	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	1,864	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)		635,135	69,311		21,515	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193,124					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	193,124					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part IV Date/Time Prepared: 1/30/2024 2:23 pm
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Cost Center Description	Title XVIII					Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	132,695	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	132,695	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part IV Date/Time Prepared: 1/30/2024 2:23 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	325,803,577	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	31,762,618	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,847,231	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	200,511,636	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	89,785,037	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	155,098,029	0.000000	57.00
58.00 05800 MRI	0	0	0	33,317,932	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	286,406,485	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	186,725,096	0.000000	60.00
60.01 06001 LABORATORY - PATHOLOGY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	9,224,162	0.000000	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	33,257,787	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	46,171,264	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	11,521,641	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,251,146	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,237,482	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	141,407,255	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,742,849	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	117,115,635	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	263,752,199	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	132,565,733	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,868,699	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	0	0.000000	76.00
76.01 03020 WOUND CARE CENTER	0	0	0	7,620,026	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,138,958	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	1,307,230	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	216,747,263	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	132,695	132,695	77,170,147	0.001720	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00 Total (lines 50 through 199)	0	132,695	132,695	2,408,357,117		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part IV Date/Time Prepared: 1/30/2024 2:23 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	43,609,897	0	39,274,039	0	50.00		
51.00	05100 RECOVERY ROOM	0.000000	4,445,200	0	5,540,103	0	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	27,528	0	166	0	52.00		
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	15,390,893	0	39,009,454	0	54.00		
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,117,128	0	29,143,711	0	55.00		
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00		
57.00	05700 CT SCAN	0.000000	20,487,279	0	23,161,366	0	57.00		
58.00	05800 MRI	0.000000	3,094,045	0	5,608,928	0	58.00		
59.00	05900 CARDIAC CATHETERIZATION	0.000000	45,107,114	0	61,956,126	0	59.00		
60.00	06000 LABORATORY	0.000000	27,982,366	0	11,279,524	0	60.00		
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01		
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00		
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	2,653,055	0	734,953	0	62.00		
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00		
64.00	06400 INTRAVENOUS THERAPY	0.000000	94,403	0	6,795,868	0	64.00		
65.00	06500 RESPIRATORY THERAPY	0.000000	11,973,109	0	3,838,522	0	65.00		
66.00	06600 PHYSICAL THERAPY	0.000000	3,958,360	0	199,432	0	66.00		
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,775,365	0	48,425	0	67.00		
68.00	06800 SPEECH PATHOLOGY	0.000000	1,700,077	0	100,923	0	68.00		
69.00	06900 ELECTROCARDIOLOGY	0.000000	20,831,273	0	27,859,853	0	69.00		
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	505,850	0	2,538,871	0	70.00		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	20,691,240	0	8,782,015	0	71.00		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	62,473,891	0	45,913,344	0	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	25,149,690	0	25,242,626	0	73.00		
74.00	07400 RENAL DIALYSIS	0.000000	2,974,021	0	0	0	74.00		
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00		
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00		
76.01	03020 WOUND CARE CENTER	0.000000	39,391	0	2,319,187	0	76.01		
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	932,504	0	76.97		
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00		
OUTPATIENT SERVICE COST CENTERS									
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00		
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00		
90.00	09000 CLINIC	0.000000	45,100	0	392,120	0	90.00		
91.00	09100 EMERGENCY	0.000000	13,255,681	0	25,461,118	0	91.00		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.001720	8,677,632	14,926	12,284,911	21,130	92.00		
OTHER REIMBURSABLE COST CENTERS									
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00		
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00		
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00		
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00		
200.00	Total (lines 50 through 199)		338,059,588	14,926	378,418,089	21,130	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part V Date/Time Prepared: 1/30/2024 2:23 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	0.102351	39,274,039	0	0	4,019,737
51.00 05100 RECOVERY ROOM	0.178613	5,540,103	0	0	989,534
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.456888	166	0	0	76
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.063440	39,009,454	0	0	2,474,760
55.00 05500 RADIOLOGY-THERAPEUTIC	0.043540	29,143,711	0	0	1,268,917
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.023214	23,161,366	0	0	537,668
58.00 05800 MRI	0.049844	5,608,928	0	0	279,571
59.00 05900 CARDIAC CATHETERIZATION	0.030330	61,956,126	0	0	1,879,129
60.00 06000 LABORATORY	0.098756	11,279,524	487	0	1,113,921
60.01 06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.157508	734,953	0	0	115,761
63.00 06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.211402	6,795,868	1	0	1,436,660
65.00 06500 RESPIRATORY THERAPY	0.132069	3,838,522	2	0	506,950
66.00 06600 PHYSICAL THERAPY	0.176308	199,432	0	0	35,161
67.00 06700 OCCUPATIONAL THERAPY	0.155538	48,425	0	0	7,532
68.00 06800 SPEECH PATHOLOGY	0.150382	100,923	0	0	15,177
69.00 06900 ELECTROCARDIOLOGY	0.087538	27,859,853	0	0	2,438,796
70.00 07000 ELECTROENCEPHALOGRAPHY	0.127659	2,538,871	0	0	324,110
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.215599	8,782,015	0	0	1,893,394
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.107278	45,913,344	0	0	4,925,492
73.00 07300 DRUGS CHARGED TO PATIENTS	0.110903	25,242,626	0	194,354	2,799,483
74.00 07400 RENAL DIALYSIS	0.269792	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 NUTRITION/DIABETES	0.000000	0	0	0	0
76.01 03020 WOUND CARE CENTER	0.234189	2,319,187	0	0	543,128
76.97 07697 CARDIAC REHABILITATION	0.516828	932,504	0	0	481,944
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					
90.00 09000 CLINIC	2.419026	392,120	2	0	948,548
91.00 09100 EMERGENCY	0.162998	25,461,118	15	0	4,150,111
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.186013	12,284,911	0	0	2,285,153
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0	0	
95.00 09500 AMBULANCE SERVICES	0.437682		0	0	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00		Subtotal (see instructions)	378,418,089	507	194,354
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 - line 201)	378,418,089	507	194,354

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part V Date/Time Prepared: 1/30/2024 2:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	48	0		60.00
60.01 06001 LABORATORY - PATHOLOGY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	21,554		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.01 03020 WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	5	0		90.00
91.00 09100 EMERGENCY	2	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	55	21,554		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	55	21,554		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part V Date/Time Prepared: 1/30/2024 2:23 pm
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		Title XIX		Hospital		Cost	
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	0.102351	0	0	1,397,461	0	50.00
51.00	05100 RECOVERY ROOM	0.178613	0	0	326,508	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.456888	0	0	17,459	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.063440	0	0	1,593,492	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.043540	0	0	933,593	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.023214	0	0	1,645,454	0	57.00
58.00	05800 MRI	0.049844	0	0	274,552	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.030330	0	0	1,062,399	0	59.00
60.00	06000 LABORATORY	0.098756	0	0	151,781	0	60.00
60.01	06001 LABORATORY - PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.157508	0	0	28,650	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.211402	0	0	626,028	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.132069	0	0	223,211	0	65.00
66.00	06600 PHYSICAL THERAPY	0.176308	0	0	42,689	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.155538	0	0	16,136	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.150382	0	0	40,551	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087538	0	0	561,881	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.127659	0	0	68,576	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.215599	0	0	291,035	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.107278	0	0	1,321,750	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.110903	0	0	390,814	0	73.00
74.00	07400 RENAL DIALYSIS	0.269792	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.01	03020 WOUND CARE CENTER	0.234189	0	0	65,265	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.516828	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	2.419026	0	0	12,116	0	90.00
91.00	09100 EMERGENCY	0.162998	0	0	3,157,610	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.186013	0	0	1,083,041	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500 AMBULANCE SERVICES	0.437682	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	0	15,332,052	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	15,332,052	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D Part V Date/Time Prepared: 1/30/2024 2:23 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	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	143,032	50.00
51.00	05100	RECOVERY ROOM	0	58,319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,977	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	101,091	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,649	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	38,198	57.00
58.00	05800	MRI	0	13,685	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	32,223	59.00
60.00	06000	LABORATORY	0	14,989	60.00
60.01	06001	LABORATORY - PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	4,513	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	132,344	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,479	65.00
66.00	06600	PHYSICAL THERAPY	0	7,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,510	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,098	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,186	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,754	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	62,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	141,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,342	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.01	03020	WOUND CARE CENTER	0	15,284	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	29,309	90.00
91.00	09100	EMERGENCY	0	514,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	201,460	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Subtotal (see instructions)	0	1,699,194	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,699,194	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D-1 Date/Time Prepared: 1/30/2024 2:23 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)		64,255	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,255	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)		50,830	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)		19,547	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)		68,704,361	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)		68,704,361	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)		68,704,361	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)		1,069.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,900,630	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)		20,900,630	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D-1 Date/Time Prepared: 1/30/2024 2:23 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,061,220	2,615	4,612.32	1,968	9,077,046	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	943,273	577	1,634.79	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				34,847,195		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)				64,824,871		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)				2,488,582		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,056,208		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				4,544,790		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				60,280,081		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				13,425		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,069.25		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				14,354,681		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2022 To 08/31/2023		Worksheet D-1 Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,371,286	68,704,361	0.078180	14,354,681	1,122,249	90.00
91.00	Nursing Program cost	0	68,704,361	0.000000	14,354,681	0	91.00
92.00	Allied health cost	635,135	68,704,361	0.009244	14,354,681	132,695	92.00
93.00	All other Medical Education	0	68,704,361	0.000000	14,354,681	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D-3 Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		35,386,987	30.00
31.00	03100	INTENSIVE CARE UNIT		13,010,254	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102368	43,609,897	50.00
51.00	05100	RECOVERY ROOM	0.178613	4,445,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.456959	27,528	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.063440	15,390,893	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043540	1,117,128	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.023214	20,487,279	57.00
58.00	05800	MRI	0.049844	3,094,045	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.030330	45,107,114	59.00
60.00	06000	LABORATORY	0.098858	27,982,366	60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.157508	2,653,055	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.211402	94,403	64.00
65.00	06500	RESPIRATORY THERAPY	0.132069	11,973,109	65.00
66.00	06600	PHYSICAL THERAPY	0.176308	3,958,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.155538	1,775,365	67.00
68.00	06800	SPEECH PATHOLOGY	0.150382	1,700,077	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087627	20,831,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.127899	505,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.215599	20,691,240	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.107278	62,473,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110903	25,149,690	73.00
74.00	07400	RENAL DIALYSIS	0.269792	2,974,021	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	76.00
76.01	03020	WOUND CARE CENTER	0.234403	39,391	76.01
76.97	07697	CARDIAC REHABILITATION	0.516828	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	2.419026	45,100	90.00
91.00	09100	EMERGENCY	0.163037	13,255,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.186013	8,677,632	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		338,059,588	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)		338,059,588	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet D-3 Date/Time Prepared: 1/30/2024 2:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,102,043	30.00
31.00	03100	INTENSIVE CARE UNIT		1,123,405	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		331,360	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		129,815	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102351	2,099,702	50.00
51.00	05100	RECOVERY ROOM	0.178613	98,302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.456888	241,934	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.063440	690,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.043540	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.023214	1,008,267	57.00
58.00	05800	MRI	0.049844	183,761	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.030330	1,387,109	59.00
60.00	06000	LABORATORY	0.098756	1,735,846	60.00
60.01	06001	LABORATORY - PATHOLOGY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.157508	133,771	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.211402	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.132069	925,384	65.00
66.00	06600	PHYSICAL THERAPY	0.176308	196,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.155538	98,128	67.00
68.00	06800	SPEECH PATHOLOGY	0.150382	111,612	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087538	1,012,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.127659	45,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.215599	535,814	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.107278	1,359,259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.110903	1,495,086	73.00
74.00	07400	RENAL DIALYSIS	0.269792	154,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	76.00
76.01	03020	WOUND CARE CENTER	0.234189	683	76.01
76.97	07697	CARDIAC REHABILITATION	0.516828	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	2.419026	0	90.00
91.00	09100	EMERGENCY	0.162998	664,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.186013	446,756	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,624,944	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)		14,624,944	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E Part A Date/Time Prepared: 1/30/2024 2:23 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)		3,901,990	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		44,111,272	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)		282,136	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		3,062,399	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)		195.36	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)		3.30	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.59	31.00
32.00	Sum of lines 30 and 31		19.89	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.68	33.00
34.00	Disproportionate share adjustment (see instructions)		681,788	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E Part A Date/Time Prepared: 1/30/2024 2:23 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	919,957	1,200,499	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	75,613	1,101,828	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,177,441		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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	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)	53,217,026		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)		53,217,026	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,014,504	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		69,050	53.00
54.00	Special add-on payments for new technologies		278,783	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).		193,124	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		14,926	58.00
59.00	Total (sum of amounts on lines 49 through 58)		57,787,413	59.00
60.00	Primary payer payments		19,312	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,768,101	61.00
62.00	Deductibles billed to program beneficiaries		4,862,484	62.00
63.00	Coinsurance billed to program beneficiaries		146,662	63.00
64.00	Allowable bad debts (see instructions)		268,614	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		174,599	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		49,259	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,933,554	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)		-1,575	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E Part A Date/Time Prepared: 1/30/2024 2:23 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	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)		52,931,979	71.00
71.01	Sequestration adjustment (see instructions)		1,058,640	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		51,619,817	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		253,522	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,660,805	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	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	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2024 2:23 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	3,901,990	0	3,901,990		3,901,990	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	44,111,272	0		44,111,272	44,111,272	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	282,136	0	282,136		282,136	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,062,399	0		3,062,399	3,062,399	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	0.0568	0.0568	0.0568	0.0568		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	681,788	0	55,408	626,380	681,788	11.00
11.01	Uncompensated care payments	36.00	1,177,441	0	75,613	1,101,828	1,177,441	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	53,217,026	0	4,315,147	48,901,879	53,217,026	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	53,217,026	0	4,315,147	48,901,879	53,217,026	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,014,504	0	333,288	3,681,216	4,014,504	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2024 2:23 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	
17.00	Special add-on payments for new technologies	54.00	278,783	0	34,211	244,571	278,782	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	4,682,646	52,827,666	57,510,312	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	3,573,998	0	294,210	3,279,788	3,573,998	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	293,615	0	26,986	266,629	293,615	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	0.0411	0.0411	0.0411	0.0411		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	146,891	0	12,092	134,799	146,891	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,014,504	0	333,288	3,681,216	4,014,504	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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2024 2:23 pm
Title XVIII			Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,901,990	3,901,990		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	44,111,272	44,111,272	44,111,272	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	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	282,136	282,136	282,136	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,062,399	3,062,399	3,062,399	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	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	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	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	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0568	0.0568	0.0568	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	681,788	55,408	626,380	11.00	
11.01	Uncompensated care payments	36.00	1,177,441	75,613	1,101,828	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	53,217,026	4,315,147	48,901,879	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,217,026	4,315,147	48,901,879	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,014,504	333,288	3,681,216	16.00	
17.00	Special add-on payments for new technologies	54.00	278,783	34,211	244,572	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	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			4,682,646	52,827,667	57,510,313	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/30/2024 2:23 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	3,573,998	294,210	3,279,788	3,573,998	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	293,615	26,986	266,629	293,615	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	0.0411	0.0411	0.0411		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	146,891	12,092	134,799	146,891	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	4,014,504	333,288	3,681,216	4,014,504	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	-1,575	-1,575	0	-1,575	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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E Part B Date/Time Prepared: 1/30/2024 2:23 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,609	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,449,583	2.00
3.00	OPPS or REH payments		29,364,854	3.00
4.00	Outlier payment (see instructions)		210,942	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		21,130	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,609	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		194,861	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)		194,861	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)		194,861	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		173,252	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)		21,609	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)		29,596,926	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,123,246	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)		24,495,289	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		24,495,289	30.00
31.00	Primary payer payments		10,210	31.00
32.00	Subtotal (line 30 minus line 31)		24,485,079	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)		229,150	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		148,948	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		133,500	36.00
37.00	Subtotal (see instructions)		24,634,027	37.00
38.00	MSP-LCC reconciliation amount from PS&R		162	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,633,865	40.00
40.01	Sequestration adjustment (see instructions)		492,677	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		24,287,084	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-145,896	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E Part B Date/Time Prepared: 1/30/2024 2:23 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2024 2:23 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		51,619,817		24,287,084	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		51,619,817		24,287,084	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		253,522		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		145,896	6.02	
7.00	Total Medicare program liability (see instructions)		51,873,339		24,141,188	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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E-1 Part II Date/Time Prepared: 1/30/2024 2:23 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2024 2:23 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			1,699,194	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,699,194	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	1,699,194	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		14,624,944	15,332,052	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)		14,624,944	15,332,052	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)		14,624,944	15,332,052	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		14,624,944	13,632,858	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	1,699,194	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	1,699,194	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	1,699,194	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	1,699,194	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	1,699,194	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	1,699,194	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	1,699,194	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: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet E-5 Date/Time Prepared: 1/30/2024 2:23 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. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet G

Date/Time Prepared:
1/30/2024 2:23 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	4,415	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	314,168,656	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-265,575,649	0	0	0	6.00
7.00	Inventory	7,760,864	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,699,915	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)	62,058,201	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,111,661	0	0	0	12.00
13.00	Land improvements	1,129,669	0	0	0	13.00
14.00	Accumulated depreciation	-826,425	0	0	0	14.00
15.00	Buildings	155,031,415	0	0	0	15.00
16.00	Accumulated depreciation	-32,877,247	0	0	0	16.00
17.00	Leasehold improvements	2,896,162	0	0	0	17.00
18.00	Accumulated depreciation	-2,242,925	0	0	0	18.00
19.00	Fixed equipment	5,598,279	0	0	0	19.00
20.00	Accumulated depreciation	-1,184,719	0	0	0	20.00
21.00	Automobiles and trucks	84,058	0	0	0	21.00
22.00	Accumulated depreciation	-34,089	0	0	0	22.00
23.00	Major movable equipment	65,282,019	0	0	0	23.00
24.00	Accumulated depreciation	-39,380,655	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)	155,587,203	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	-13,892,026	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-13,892,026	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	203,753,378	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,330,069	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,676,779	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,006,848	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	173,534,945	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	173,534,945	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	184,541,793	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	19,211,585				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)	19,211,585	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	203,753,378	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet G-1

Date/Time Prepared:
1/30/2024 2:23 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		109,778,322			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-51,307,717				2.00
3.00	Total (sum of line 1 and line 2)		58,470,605			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)		58,470,605			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS	39,127,424		0		0	13.00
14.00	RESTRICTED FUND	131,593		0		0	14.00
15.00	ROUNDING	3		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)		39,259,020			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		19,211,585			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	TRANSFERS		0				13.00
14.00	RESTRICTED FUND		0				14.00
15.00	ROUNDING		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: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2024 2:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	89,746,573		89,746,573	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	89,746,573		89,746,573	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	34,341,707		34,341,707	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	2,378,188		2,378,188	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	36,719,895		36,719,895	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	126,466,468		126,466,468	17.00
18.00	Ancillary services	808,208,585	1,304,923,894	2,113,132,479	18.00
19.00	Outpatient services	50,951,609	245,846,072	296,797,681	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	4,102,952	0	4,102,952	27.00
27.01	PHYSICIAN AND APC CHARGES	0	11,404,833	11,404,833	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	989,729,614	1,562,174,799	2,551,904,413	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		384,885,667		29.00
30.00	ROUNDING	2			30.00
31.00	BHMG LOSS	37,384,348			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)		37,384,350		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)		422,270,017		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2022
To 08/31/2023

Worksheet G-3

Date/Time Prepared:
1/30/2024 2:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,551,904,413	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,195,752,204	2.00
3.00	Net patient revenues (line 1 minus line 2)	356,152,209	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	422,270,017	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-66,117,808	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-174	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	1,413,315	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	11,139,999	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	31,076	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,599,746	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	975,522	24.00
24.02	OTHER (SPECIFY) LOSS ON DISPOSAL	-349,393	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	14,810,091	25.00
26.00	Total (line 5 plus line 25)	-51,307,717	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)	-51,307,717	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 09/01/2022 To 08/31/2023	Worksheet L Parts I-III Date/Time Prepared: 1/30/2024 2:23 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,573,998	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		293,615	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)		149.09	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)		3.30	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.59	8.00
9.00	Sum of lines 7 and 8		19.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.11	10.00
11.00	Disproportionate share adjustment (see instructions)		146,891	11.00
12.00	Total prospective capital payments (see instructions)		4,014,504	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