

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/30/2024 7:02 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2024 Time: 7:02 am	
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL (15-0112) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 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			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	358,147	-51,990	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	11,814	0	0	3.00
4.00	SUBPROVIDER (OTHER)					4.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0			0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0		0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0	0	11.00
200.00	TOTAL	0	369,961	-51,990	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:02 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 47201-		4.00 County: BARTHOLOMEW			
1.00 Street: 2400 EAST 17TH STREET	2.00 State: IN		3.00 Zip Code: 47201-		4.00 County: BARTHOLOMEW				1.00
2.00 City: COLUMBUS	2.00 State: IN		3.00 Zip Code: 47201-		4.00 County: BARTHOLOMEW				2.00
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
V		XVIII		XIX					
3.00 Hospital and Hospital-Based Component Identification:									
3.00 Hospital	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	P	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
17.10 Hospital-Based (CORF) I									17.10
18.00 Renal Dialysis									18.00
19.00 Other									19.00
						From:	To:		
						1.00	2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2023	12/31/2023		20.00
21.00 Type of Control (see instructions)						8			21.00
						1.00	2.00	3.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:02 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,325	1,219	0	2	6,385	177		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.	62	92	0	0	309			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00	

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		V	XVIII	XIX			
		1.00	2.00	3.00			
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	

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

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			1.00				
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					68.00	
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N		81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N		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	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: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:02 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. 1V, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through 1V? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
					1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
					1.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:02 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	862,080	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	Y	123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: COLUMBUS REGIONAL	Contractor's Name: WPS		Contractor's Number: 08101	141.00
142.00	Street: 2400 EAST 17TH STREET	PO Box:			142.00
143.00	City: COLUMBUS	State: IN		Zip Code: 47201	143.00
		1.00	2.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 7:02 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type		Date
				1.00	2.00		3.00
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/31/2024	Y	03/31/2024		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	03/31/2024	Y	03/31/2024		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 7:02 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KERRY		BEJARANO	41.00
42.00	Enter the employer/company name of the cost report preparer.	FORVIS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000		KERRY.BEJARANO@FORVIS.COM	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH/REH Hours	I/P Days / O/P Vi sits / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	196	73,970	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)		196	73,970	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		213	80,175	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	19	6,935		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		232				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,283	884	31,001		1.00
2.00	HMO and other (see instructions)	9,365	7,606			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	919	401			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)	10,283	884	31,001		7.00
8.00	INTENSIVE CARE UNIT	711	179	3,528		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		262	2,697		13.00
14.00	Total (see instructions)	10,994	1,325	37,226	0.00	1,369.02
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	1,708	62	3,584	0.00	23.00
18.00	SUBPROVIDER		0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,392.02
28.00	Observation Bed Days		1,245	4,921		28.00
29.00	Ambulance Trips	3,467				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	177	335		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,819	1,857	9,065	1.00
2.00	HMO and other (see instructions)			1,905	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,819	1,857	9,065	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	113	29	243	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 7:02 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	120,625,322	-731,434	119,893,888	2,870,781.00	41.76
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		2,917,980	0	2,917,980	12,872.00	226.69
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		229,584	0	229,584	4,160.00	55.19
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)		7,728,312	1,187,218	8,915,530	246,403.00	36.18
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		41,821,458	0	41,821,458	480,502.00	87.04
12.00	Contract Labor: Top level management and other management and administrative services		1,336,556	0	1,336,556	23,982.00	55.73
13.00	Contract Labor: Physician-Part A - Administrative		6,453,552	0	6,453,552	48,782.00	132.29
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		7,077,586	0	7,077,586	58,882.00	120.20
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)		26,626,941	0	26,626,941		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,189,265	0	2,189,265		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		696,428	0	696,428		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,766,694	0	1,766,694		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 7:02 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00 228,023	-226,094	1,929	115.00	16.77	26.00
27.00	Administrative & General	5.00 23,634,267	-385,505	23,248,762	456,304.00	50.95	27.00
28.00	Administrative & General under contract (see inst.)	7,071,970	0	7,071,970	87,899.00	80.46	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 3,813,673	80,759	3,894,432	104,074.00	37.42	30.00
31.00	Laundry & Linen Service	8.00 32,228	500	32,728	1,410.00	23.21	31.00
32.00	Housekeeping	9.00 2,621,311	574	2,621,885	126,834.00	20.67	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 2,805,487	-1,617,288	1,188,199	51,703.00	22.98	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	1,634,797	1,634,797	71,138.00	22.98	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 6,656,413	178,569	6,834,982	159,051.00	42.97	38.00
39.00	Central Services and Supply	14.00 150	0	150	8.00	18.75	39.00
40.00	Pharmacy	15.00 4,031,731	-121,682	3,910,049	71,300.00	54.84	40.00
41.00	Medical Records & Medical Records Library	16.00 2,684,198	-1,050,328	1,633,870	72,946.00	22.40	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2024 7:02 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	124,549,728	-731,434	123,818,294	2,941,648.00	42.09	1.00
2.00	Excluded area salaries (see instructions)	7,728,312	1,187,218	8,915,530	246,403.00	36.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	116,821,416	-1,918,652	114,902,764	2,695,245.00	42.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	56,689,152	0	56,689,152	612,148.00	92.61	4.00
5.00	Subtotal wage-related costs (see inst.)	28,393,635	0	28,393,635	0.00	24.71	5.00
6.00	Total (sum of lines 3 thru 5)	201,904,203	-1,918,652	199,985,551	3,307,393.00	60.47	6.00
7.00	Total overhead cost (see instructions)	53,579,451	-1,505,698	52,073,753	1,202,782.00	43.29	7.00

Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2024 7:02 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,430,842	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,918,044	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	440,127	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	51,357	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,710,913	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	599,796	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	8,772,765	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,784	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	587,007	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,512,635	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/30/2024 7:02 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	41,821,458	29,512,635	1.00
2.00	Hospital	41,821,458	29,512,635	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 7:02 am
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				1.00		
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA						
Uncompensated and Indigent Care Cost-to-Charge Ratio						
1.00	Cost to charge ratio (see instructions)			0.329948	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			35,709,728	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			7,259,869	5.00	
6.00	Medicaid charges			174,188,557	6.00	
7.00	Medicaid cost (line 1 times line 6)			57,473,166	7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			14,503,569	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 (see instructions)			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 (see instructions)			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)			14,503,569	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)						
20.00	Charity care charges and uninsured discounts (see instructions)	10,784,258	3,974,832	14,759,090	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,558,244	3,974,832	7,533,076	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 (see instructions)	3,558,244	3,974,832	7,533,076	23.00	
				1.00		
24.00	Does the amount on line 20 col. 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	
25.01	Charges for insured patients' liability (see instructions)			0	25.01	
26.00	Bad debt amount (see instructions)			10,508,771	26.00	
27.00	Medicare reimbursable bad debts (see instructions)			463,537	27.00	
27.01	Medicare allowable bad debts (see instructions)			713,132	27.01	
28.00	Non-Medicare bad debt amount (see instructions)			9,795,639	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,481,646	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			11,014,722	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,518,291	31.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 7:02 am
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			1.00		
PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)		0.326576	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			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			5.00	
6.00	Medicaid charges			6.00	
7.00	Medicaid cost (line 1 times line 6)			7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			9.00	
10.00	Stand-alone CHIP charges			10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			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)			13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			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			17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	10,784,258	3,958,480	14,742,738	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,521,880	3,958,480	7,480,360	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 (see instructions)	3,521,880	3,958,480	7,480,360	23.00
			1.00		
24.00	Does the amount on line 20 col. 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
25.01	Charges for insured patients' liability (see instructions)			0	25.01
26.00	Bad debt amount (see instructions)			10,461,292	26.00
27.00	Medicare reimbursable bad debts (see instructions)			453,143	27.00
27.01	Medicare allowable bad debts (see instructions)			697,142	27.01
28.00	Non-Medicare bad debt amount (see instructions)			9,764,150	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,432,736	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			10,913,096	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,913,096	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:02 am

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		25,310,482	25,310,482	-13,793,050	11,517,432	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	14,108,318	14,108,318	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	228,023	35,429,357	35,657,380	-3,208,122	32,449,258	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,634,267	57,946,126	81,580,393	-5,369,978	76,210,415	5.00
7.00	00700	OPERATION OF PLANT	3,813,673	9,463,654	13,277,327	-3,251,625	10,025,702	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,228	891,561	923,789	500	924,289	8.00
9.00	00900	HOUSEKEEPING	2,621,311	705,569	3,326,880	574	3,327,454	9.00
10.00	01000	DIETARY	2,805,487	1,678,762	4,484,249	-2,589,459	1,894,790	10.00
11.00	01100	CAFETERIA	0	0	0	2,606,968	2,606,968	11.00
13.00	01300	NURSING ADMINISTRATION	6,656,413	1,142,278	7,798,691	189,420	7,988,111	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	150	1,000,584	1,000,734	302,526	1,303,260	14.00
15.00	01500	PHARMACY	4,031,731	2,533,274	6,565,005	-80,282	6,484,723	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,684,198	248,725	2,932,923	-1,105,724	1,827,199	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	167,162	4,599	171,761	472,040	643,801	23.01
23.02	02302	PHARMACY RESIDENCY PROG	106,953	6,172	113,125	196,318	309,443	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,196,234	10,873,177	39,069,411	-1,494,897	37,574,514	30.00
31.00	03100	INTENSIVE CARE UNIT	3,797,114	2,850,689	6,647,803	-108,998	6,538,805	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,136,805	387,225	2,524,030	258,995	2,783,025	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,611,171	54,136	1,665,307	-28,578	1,636,729	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,422,018	37,014,037	38,436,055	-8,640,571	29,795,484	50.00
51.00	05100	RECOVERY ROOM	87	1,665,818	1,665,905	393,526	2,059,431	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,128,538	2,128,538	52.00
53.00	05300	ANESTHESIOLOGY	0	65,401	65,401	60,000	125,401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,819,453	1,759,454	3,578,907	-215,909	3,362,998	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	603,737	1,746,367	2,350,104	246,115	2,596,219	54.01
54.02	05404	ULTRA SOUND	743,147	107,219	850,366	160,833	1,011,199	54.02
54.03	05405	MAMMOGRAPHY	849,521	208,172	1,057,693	252,558	1,310,251	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	704,350	1,247,332	1,951,682	552,288	2,503,970	55.00
57.00	05700	CT SCAN	903,064	803,161	1,706,225	223,943	1,930,168	57.00
58.00	05800	MRI	641,398	136,937	778,335	628,354	1,406,689	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,100,370	7,820,428	9,920,798	-6,961,269	2,959,529	59.00
60.00	06000	LABORATORY	4,333,002	7,747,496	12,080,498	375,087	12,455,585	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	493,591	964,943	1,458,534	294,173	1,752,707	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	656,471	656,471	87,954	744,425	62.00
65.00	06500	RESPIRATORY THERAPY	2,476,220	1,435,695	3,911,915	-87,244	3,824,671	65.00
66.00	06600	PHYSICAL THERAPY	286,647	7,294,277	7,580,924	-366,081	7,214,843	66.00
67.00	06700	OCCUPATIONAL THERAPY	68,871	1,422,846	1,491,717	1,026,415	2,518,132	67.00
68.00	06800	SPEECH PATHOLOGY	219,196	943,008	1,162,204	-92,901	1,069,303	68.00
69.00	06900	ELECTROCARDIOLOGY	1,059,531	448,064	1,507,595	9,749	1,517,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	600,026	676,721	1,276,747	173,878	1,450,625	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,017,157	11,017,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,427,064	10,427,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,390,318	25,390,318	0	25,390,318	73.00
74.00	07400	RENAL DIALYSIS	0	824,501	824,501	0	824,501	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	315,907	140,492	456,399	3,164	459,563	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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	3,049,128	516,095	3,565,223	-68,446	3,496,777	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	334,280	10,158	344,438	13,678	358,116	90.02
90.03	09003	WOUND CENTER	864,381	1,089,830	1,954,211	-13,780	1,940,431	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	274,202	274,202	90.04
90.05	09005	VIMCARE CLINIC	641,079	66,987	708,066	-4,784	703,282	90.05
90.06	09006	MEDICATION MGMT CLINIC	310,317	1,965	312,282	-18,295	293,987	90.06
91.00	09100	EMERGENCY	7,945,689	1,394,562	9,340,251	2,225,860	11,566,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,350,275	426,598	3,776,873	97,572	3,874,445	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		2,578,661	2,578,661	-2,578,661	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,658,205	257,130,384	375,788,589	-1,270,887	374,517,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	48,943	48,943	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	345,322	345,322	194.00
194.01	07951	BUILDING RENTALS	0	909,413	909,413	-660,323	249,090	194.01
194.02	07952	HOSPICE	0	123,479	123,479	0	123,479	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	163,796	163,796	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	821,990	821,990	194.05
194.06	07956	CRH FOUNDATION	59,407	4,624	64,031	0	64,031	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	1,907,710	906,210	2,813,920	551,159	3,365,079	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	120,625,322	259,074,110	379,699,432	0	379,699,432	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,579,275	6,938,157	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-122,460	13,985,858	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-970,454	31,478,804	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-27,392,412	48,818,003	5.00
7.00	00700	OPERATION OF PLANT	-811,386	9,214,316	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	924,289	8.00
9.00	00900	HOUSEKEEPING	-18,040	3,309,414	9.00
10.00	01000	DIETARY	-7,960	1,886,830	10.00
11.00	01100	CAFETERIA	-859,929	1,747,039	11.00
13.00	01300	NURSING ADMINISTRATION	-94,371	7,893,740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-55,122	1,248,138	14.00
15.00	01500	PHARMACY	-61,953	6,422,770	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,553	1,824,646	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
23.01	02301	XRAY EDUCATION	-28,190	615,611	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	309,443	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	188,327	37,762,841	30.00
31.00	03100	INTENSIVE CARE UNIT	-13,000	6,525,805	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-12,500	2,770,525	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,636,729	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,420,925	23,374,559	50.00
51.00	05100	RECOVERY ROOM	-87,521	1,971,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,128,538	52.00
53.00	05300	ANESTHESIOLOGY	-2,428	122,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,117,482	2,245,516	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,596,219	54.01
54.02	05404	ULTRA SOUND	0	1,011,199	54.02
54.03	05405	MAMMOGRAPHY	-3,239	1,307,012	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-23,519	2,480,451	55.00
57.00	05700	CT SCAN	-5,029	1,925,139	57.00
58.00	05800	MRI	0	1,406,689	58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,785	2,947,744	59.00
60.00	06000	LABORATORY	-18,756	12,436,829	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-37,284	1,715,423	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	744,425	62.00
65.00	06500	RESPIRATORY THERAPY	-16,029	3,808,642	65.00
66.00	06600	PHYSICAL THERAPY	-24,071	7,190,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,518,132	67.00
68.00	06800	SPEECH PATHOLOGY	-1,171	1,068,132	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,517,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,450,625	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,017,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,427,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,390,318	73.00
74.00	07400	RENAL DIALYSIS	0	824,501	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	459,563	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
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	-11,194	3,485,583	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	09002	NEUROPSYCH	-229,584	128,532	90.02
90.03	09003	WOUND CENTER	-20,968	1,919,463	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-805	273,397	90.04
90.05	09005	VIMCARE CLINIC	0	703,282	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	293,987	90.06
91.00	09100	EMERGENCY	-832,992	10,733,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-512	3,873,933	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-43,706,572	330,811,130	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	48,943	190.00
194.00	07950	WELLNESS COMMUNITY	23,868	369,190	194.00
194.01	07951	BUILDING RENTALS	0	249,090	194.01
194.02	07952	HOSPICE	0	123,479	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	163,796	194.04
194.05	07955	NONALLOWABLE MARKETING	0	821,990	194.05
194.06	07956	CRH FOUNDATION	0	64,031	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	-200,853	3,164,226	194.08
194.09	07959	NEUROPSYCH PART B	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-43,883,557	335,815,875	200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 7:02 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - RECLASS INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,239,019	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	139,633	2.00
	TOTALS		0	2,378,652	
C - RECLASS INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,458,590	1.00
2.00	LABORATORY	60.00	0	5,470	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	2,657	3.00
4.00	AMBULANCE SERVICES	95.00	0	63,252	4.00
	TOTALS		0	1,529,969	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,085,750	3,856	1.00
2.00	CRHP	194.08	0	51,540	2.00
	TOTALS		1,085,750	55,396	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	102,359	115,891	1.00
	TOTALS		102,359	115,891	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,624,658	972,171	1.00
	TOTALS		1,624,658	972,171	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	223,498	37,388	1.00
	TOTALS		223,498	37,388	
H - RECLASS PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	615,599	1.00
2.00	SUBPROVIDER - IRF	41.00	0	212,378	2.00
3.00	OPERATING ROOM	50.00	0	620,000	3.00
4.00	ANESTHESIOLOGY	53.00	0	60,000	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,000	5.00
6.00	MAMMOGRAPHY	54.03	0	20,833	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	44,963	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	55,000	8.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	9.00
10.00	RESPIRATORY THERAPY	65.00	0	53,550	10.00
11.00	PHYSICAL THERAPY	66.00	0	50,000	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	3,600	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,900	13.00
14.00	WOUND CENTER	90.03	0	42,466	14.00
15.00	HYPERBARIC OXYGEN THERAPY	90.04	0	2,534	15.00
16.00	VIMCARE CLINIC	90.05	0	20,000	16.00
17.00	EMERGENCY	91.00	0	2,169,210	17.00
18.00	AMBULANCE SERVICES	95.00	0	17,500	18.00
	TOTALS		0	4,279,533	
I - ADMINSTRATIVE SALARIES					
1.00	CRHP	194.08	179,622	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		179,622	0	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	186,628	5,390	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		186,628	5,390	
K - RECLASS RENT EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,200	1.00
2.00	OPERATION OF PLANT	7.00	0	91,284	2.00
3.00	MAMMOGRAPHY	54.03	0	197,985	3.00
4.00	LABORATORY	60.00	0	24,773	4.00
5.00	PHYSICAL THERAPY	66.00	0	445,800	5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	163,953	6.00
7.00	SPEECH PATHOLOGY	68.00	0	64,558	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	129,394	8.00
9.00	CLINIC	90.00	0	26,576	9.00
10.00	WOUND CENTER	90.03	0	97,004	10.00
11.00	HYPERBARIC OXYGEN THERAPY	90.04	0	53,418	11.00
12.00	AMBULANCE SERVICES	95.00	0	15,219	12.00
13.00	WELLNESS COMMUNITY	194.00	0	76,571	13.00
14.00	CRHP	194.08	0	226,183	14.00
	TOTALS		0	1,613,918	
L - RECLASS MARKETING EXPENSE					
1.00	NONALLOWABLE MARKETING	194.05	0	3,750	1.00
	TOTALS		0	3,750	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 7:02 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
M - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,968,685	1.00
	TOTALS		0	13,968,685	
N - RECLASS MAINTENANCE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	769	1.00
2.00	NURSING ADMINISTRATION	13.00	0	10,851	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	62,948	3.00
4.00	PHARMACY	15.00	0	41,400	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,019	5.00
6.00	OPERATING ROOM	50.00	0	856,665	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	266,512	7.00
8.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	214,788	8.00
9.00	MAMMOGRAPHY	54.03	0	127,406	9.00
10.00	ULTRA SOUND	54.02	0	163,568	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	511,780	11.00
12.00	CT SCAN	57.00	0	275,940	12.00
13.00	MRI	58.00	0	123,473	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	242,567	14.00
15.00	LABORATORY	60.00	0	417,154	15.00
16.00	LABORATORY-PATHOLOGICAL	60.01	0	61,191	16.00
17.00	RESPIRATORY THERAPY	65.00	0	3,960	17.00
18.00	EMERGENCY	91.00	0	40,677	18.00
	TOTALS		0	3,423,668	
O - RECLASS DIRECTOR PHARMACY					
1.00	OCCUPATIONAL THERAPY	67.00	3,226	0	1.00
2.00	SPEECH PATHOLOGY	68.00	3,226	0	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	24,198	0	3.00
4.00	NEUROPSYCH	90.02	9,680	0	4.00
	TOTALS		40,330	0	
P - GIFT SHOP					
1.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	48,943	0	1.00
	TOTALS		48,943	0	
Q - RECLASS XRAY EDUCATION EXPENSES					
1.00	XRAY EDUCATION	23.01	465,164	3,436	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		465,164	3,436	
R - OTHER EXPENSE					
1.00	CRHP	194.08	0	37,361	1.00
	TOTALS		0	37,361	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	818,240	1.00
	TOTALS		0	818,240	
T - EQUIPMENT LEASE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	796,498	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	246,682	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	32,156	3.00
4.00	SUBPROVIDER - IRF	41.00	0	32,666	4.00
5.00	OPERATING ROOM	50.00	0	1,054,458	5.00
6.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	29,009	6.00
7.00	MRI	58.00	0	502,766	7.00
8.00	LABORATORY	60.00	0	18,727	8.00
9.00	WOUND CENTER	90.03	0	55,426	9.00
	TOTALS		0	2,768,388	
U - RECLASS CHARGEABLE SUPPLY COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,017,157	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,427,064	2.00
3.00	SPEECH - HEARING AIDS	194.04	0	163,796	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6

Date/Time Prepared:
5/30/2024 7:02 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	21,608,017	
V - RECL PTO COST FOR STD ELIMINATION PD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	731,434	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	731,434	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	0	856,079	1.00
	TOTALS		0	856,079	
Y - LDRP					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,990,424	132,569	1.00
	TOTALS		1,990,424	132,569	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	87,954	0	1.00
	TOTALS		87,954	0	
WA - RECLASS CONTRACT LABOR BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	579,726	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	231,564	2.00
3.00	OPERATING ROOM	50.00	0	2,489,054	3.00
4.00	RECOVERY ROOM	51.00	0	387,623	4.00
	TOTALS		0	3,687,967	
WB - RECLASS SALARIES TO HOME DEPT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,492	1.00
2.00	OPERATION OF PLANT	7.00	103,351	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	500	0	3.00
4.00	HOUSEKEEPING	9.00	43,344	0	4.00
5.00	DIETARY	10.00	26,903	0	5.00
6.00	CAFETERIA	11.00	37,014	0	6.00
7.00	NURSING ADMINISTRATION	13.00	225,730	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,014	8.00
9.00	PHARMACY	15.00	86,234	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	44,295	0	10.00
11.00	XRAY EDUCATION	23.01	3,440	0	11.00
12.00	PHARMACY RESIDENCY PROG	23.02	4,300	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	149,658	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	26,104	0	14.00
15.00	SUBPROVIDER - IRF	41.00	24,072	0	15.00
16.00	NURSERY	43.00	10,905	0	16.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	OPERATING ROOM	50.00	19,911	89,216	17.00
18.00	RECOVERY ROOM	51.00	0	5,903	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	18,797	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	50,725	0	20.00
21.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	4,625	0	21.00
22.00	ULTRA SOUND	54.02	8,435	0	22.00
23.00	MAMMOGRAPHY	54.03	19,257	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	6,043	0	24.00
25.00	CT SCAN	57.00	6,491	0	25.00
26.00	MRI	58.00	6,254	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	29,563	0	27.00
28.00	LABORATORY	60.00	80,250	0	28.00
29.00	LABORATORY-PATHOLOGICAL	60.01	7,982	0	29.00
30.00	RESPIRATORY THERAPY	65.00	22,069	0	30.00
31.00	PHYSICAL THERAPY	66.00	3,940	0	31.00
32.00	OCCUPATIONAL THERAPY	67.00	500	0	32.00
33.00	SPEECH PATHOLOGY	68.00	4,336	0	33.00
34.00	ELECTROCARDIOLOGY	69.00	8,797	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	13,191	0	35.00
36.00	CARDIAC REHABILITATION	76.97	3,164	0	36.00
37.00	CLINIC	90.00	43,214	0	37.00
38.00	NEUROPSYCH	90.02	3,998	0	38.00
39.00	WOUND CENTER	90.03	16,539	0	39.00
40.00	VIMCARE CLINIC	90.05	9,921	0	40.00
41.00	MEDIATION MGMT CLINIC	90.06	1,000	0	41.00
42.00	EMERGENCY	91.00	95,985	0	42.00
43.00	AMBULANCE SERVICES	95.00	32,543	0	43.00
44.00	WELLNESS COMMUNITY	194.00	7,865	0	44.00
45.00	CRHP	194.08	41,475	23,823	45.00
	TOTALS		1,352,720	141,448	
	WC - RECLASS SEVERANCE PAY				
1.00	NURSING ADMINISTRATION	13.00	6,325	0	1.00
	TOTALS		6,325	0	
500.00	Grand Total: Increases		7,394,375	59,169,350	500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 7:02 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - RECLASS INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,378,652	11	1.00	
2.00		0.00	0	0	11	2.00	
	TOTALS		0	2,378,652			
C - RECLASS INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,529,969	12	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		0	1,529,969			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,085,750	55,396	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,085,750	55,396			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	102,359	115,891	0	1.00	
	TOTALS		102,359	115,891			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,624,658	972,171	0	1.00	
	TOTALS		1,624,658	972,171			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	223,498	37,388	0	1.00	
	TOTALS		223,498	37,388			
H - RECLASS PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,833,277	0	1.00	
2.00	OPERATING ROOM	50.00	0	446,256	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
	TOTALS		0	4,279,533			
I - ADMINISTRATIVE SALARIES							
1.00	RESPIRATORY THERAPY	65.00	38,557	0	0	1.00	
2.00	CLINIC	90.00	128,934	0	0	2.00	
3.00	VIMCARE CLINIC	90.05	12,131	0	0	3.00	
	TOTALS		179,622	0			
J - RECLASS PHARMACY RES PROGRAM							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,790	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	7,659	3,600	0	2.00	
3.00	PHARMACY	15.00	159,674	0	0	3.00	
4.00	MEDIATION MGMT CLINIC	90.06	19,295	0	0	4.00	
	TOTALS		186,628	5,390			
K - RECLASS RENT EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	909,500	9	1.00	
2.00	INTEREST EXPENSE	113.00	0	44,095	0	2.00	
3.00	BUILDING RENTALS	194.01	0	660,323	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
	TOTALS		0	1,613,918			
L - RECLASS MARKETING EXPENSE							
1.00	OPERATING ROOM	50.00	0	3,750	0	1.00	
	TOTALS		0	3,750			

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 7:02 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
M - RECLASS DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,968,685	9	1.00	
	TOTALS		0	13,968,685			
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	3,423,668	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
	TOTALS		0	3,423,668			
O - RECLASS DIRECTOR PHARMACY							
1.00	LABORATORY	60.00	40,330	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		40,330	0	0		
P - GIFT SHOP							
1.00	ADMINISTRATIVE & GENERAL	5.00	48,943	0	0	1.00	
	TOTALS		48,943	0	0		
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	809	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,627	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	464,539	0	0	3.00	
4.00	MAMMOGRAPHY	54.03	347	0	0	4.00	
5.00	MRI	58.00	278	0	0	5.00	
	TOTALS		465,164	3,436	0		
R - OTHER EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,361	0	1.00	
	TOTALS		0	37,361	0		
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	818,240	0	1.00	
	TOTALS		0	818,240	0		
T - EQUIPMENT LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,612,474	9	1.00	
2.00	INTEREST EXPENSE	113.00	0	155,914	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
	TOTALS		0	2,768,388	0		
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	265,184	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	157,447	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	3,701	0	3.00	
4.00	NURSERY	43.00	0	1,743	0	4.00	
5.00	OPERATING ROOM	50.00	0	13,310,851	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,574	0	6.00	
7.00	ULTRA SOUND	54.02	0	2,596	0	7.00	
8.00	MAMMOGRAPHY	54.03	0	103,681	0	8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,971	0	9.00	
10.00	CT SCAN	57.00	0	50,053	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	7,244,889	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	105,525	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	7,200	0	13.00	
14.00	SPEECH PATHOLOGY	68.00	0	163,796	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,314	0	15.00	
16.00	VIHCARE CLINIC	90.05	0	16,853	0	16.00	
17.00	EMERGENCY	91.00	0	47,764	0	17.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 7:02 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	AMBULANCE SERVICES	95.00	0	15,875	0	18.00	
	TOTALS		0	21,608,017			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	ADMINISTRATIVE & GENERAL	5.00	58,204	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	22,592	0	0	2.00	
3.00	HOUSEKEEPING	9.00	42,770	0	0	3.00	
4.00	DIETARY	10.00	19,533	0	0	4.00	
5.00	CAFETERIA	11.00	26,875	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	53,486	0	0	6.00	
7.00	PHARMACY	15.00	48,242	0	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	8,873	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	120,678	0	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	9,811	0	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	6,420	0	0	11.00	
12.00	NURSERY	43.00	37,740	0	0	12.00	
13.00	OPERATING ROOM	50.00	9,018	0	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	13,252	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	17,033	0	0	15.00	
16.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,307	0	0	16.00	
17.00	ULTRA SOUND	54.02	8,574	0	0	17.00	
18.00	MAMMOGRAPHY	54.03	8,895	0	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	5,527	0	0	19.00	
20.00	CT SCAN	57.00	8,435	0	0	20.00	
21.00	MRI	58.00	3,861	0	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	43,510	0	0	22.00	
23.00	LABORATORY	60.00	43,003	0	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	22,741	0	0	24.00	
25.00	PHYSICAL THERAPY	66.00	2,542	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	1,225	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	2,648	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	5,491	0	0	28.00	
29.00	CLINIC	90.00	9,302	0	0	29.00	
30.00	WOUND CENTER	90.03	6,965	0	0	30.00	
31.00	VIMCARE CLINIC	90.05	5,721	0	0	31.00	
32.00	EMERGENCY	91.00	32,248	0	0	32.00	
33.00	AMBULANCE SERVICES	95.00	15,067	0	0	33.00	
34.00	CRHP	194.08	8,845	0	0	34.00	
	TOTALS		731,434	0			
X - RECLASS SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	0	856,079	0	1.00	
	TOTALS		0	856,079			
Y - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	1,990,424	132,569	0	1.00	
	TOTALS		1,990,424	132,569			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	87,954	0	0	1.00	
	TOTALS		87,954	0			
WA - RECLASS CONTRACT LABOR BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,687,967	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		0	3,687,967			
WB - RECLASS SALARIES TO HOME DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,350,124	141,448	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,596	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
	TOTALS		1,352,720	141,448		
	WC - RECLASS SEVERANCE PAY					
1.00	ADMINISTRATIVE & GENERAL	5.00	6,325	0	0	1.00
	TOTALS		6,325	0		
500.00	Grand Total: Decreases		8,125,809	58,437,916		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2024 7:02 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,792,375	0	0	0	52,000	1.00
2.00	Land Improvements	21,019,398	0	0	0	10,640	2.00
3.00	Buildings and Fixtures	103,981,731	1,398,128	0	1,398,128	723,692	3.00
4.00	Building Improvements	107,806,004	756,566	0	756,566	361,147	4.00
5.00	Fixed Equipment	9,631,298	94,627	0	94,627	152,809	5.00
6.00	Movable Equipment	169,102,918	6,124,448	0	6,124,448	3,025,849	6.00
7.00	HIT designated Assets	127,429	0	0	0	127,429	7.00
8.00	Subtotal (sum of lines 1-7)	413,461,153	8,373,769	0	8,373,769	4,453,566	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	413,461,153	8,373,769	0	8,373,769	4,453,566	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,740,375	0				1.00
2.00	Land Improvements	21,008,758	0				2.00
3.00	Buildings and Fixtures	104,656,167	0				3.00
4.00	Building Improvements	108,201,423	0				4.00
5.00	Fixed Equipment	9,573,116	0				5.00
6.00	Movable Equipment	172,201,517	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	417,381,356	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	417,381,356	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	23,851,892	0	0	1,458,590	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,851,892	0	0	1,458,590	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	25,310,482				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	25,310,482				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	245,307,268	0	245,307,268	0.587729	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	172,074,088	0	172,074,088	0.412271	0	2.00
3.00	Total (sum of lines 1-2)	417,381,356	0	417,381,356	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	5,885,202	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,102,112	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,987,314	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	-1,864,225	2,917,180	0	0	6,938,157	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-116,254	0	0	0	13,985,858	2.00
3.00	Total (sum of lines 1-2)	-1,980,479	2,917,180	0	0	20,924,015	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,207,783	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-137,679	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-62,756	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-153,058	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-212,523	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-14,310	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,361,893			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	-3,044,002			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-859,929	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,550	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-28,190	XRAY EDUCATION	23.01	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
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31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	0	31.00			
				Basis/Code (2)	Amount				Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00			
33.00	TELEPHONE SERVICES	B	-300	ADMINISTRATIVE & GENERAL		5.00	0	33.00			
33.01	DEPR PAT PHONES NEW EQUIP	A	-3,014	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.01			
33.02	TV DEPR NEW EQUIP	A	-1,545	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.02			
33.03	OPERATING ROOM OTHER REV	B	-51,800	OPERATING ROOM		50.00	0	33.03			
33.04	LAND RENT MOB	B	-2,000	ADMINISTRATIVE & GENERAL		5.00	0	33.04			
33.05	EMPLOY BENEFITS OTHER REV	B	-110,668	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.05			
33.06	EMERGENCY ROOM OTHER REV	B	-42,811	EMERGENCY		91.00	0	33.06			
33.07	MEDICA STAFF INCOME	B	-900	ADMINISTRATIVE & GENERAL		5.00	0	33.07			
33.08	RADIOLOGY OTHER REV	B	-4,573	RADIOLOGY-DIAGNOSTIC		54.00	0	33.08			
33.09	BREAST FILM COPIES	B	511	MAMMOGRAPHY		54.03	0	33.09			
33.10	FACILITIES OTHER REVENUE	B	-542,513	OPERATION OF PLANT		7.00	0	33.10			
33.11	RADIATION ONCOLOGY OTHER REV	B	-9,276	RADIOLOGY-THERAPEUTIC		55.00	0	33.11			
33.12	CRHP OTHER REVENUE ADMIN	B	-3,392,186	ADMINISTRATIVE & GENERAL		5.00	0	33.12			
33.13	CRHP OTHER REVENUE BUILDING RENTALS	B	-200,853	CRHP		194.08	0	33.13			
33.14	CRHP OTHER REVENUE EMPLOYEE BENEFITS	B	-394,351	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.14			
33.15	FOOD OTHER REV	B	-7,960	DIETARY		10.00	0	33.15			
33.16	PROTECTIVE SERV OTHER REV	B	-8,405	OPERATION OF PLANT		7.00	0	33.16			
33.17	PHARMACY OTHER REVENUE	B	-61,953	PHARMACY		15.00	0	33.17			
33.18	HUMAN RESOURCES OTHER REVENUE	B	-15	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.18			
33.19	LACTATION AND PREPARE OTHER REVENUE	B	-30,666	ADULTS & PEDIATRICS		30.00	0	33.19			
33.20	RENTAL PROPERTIES DEPRECIATION	A	-35,669	CAP REL COSTS-BLDG & FIXT		1.00	9	33.20			
33.21	UNALLOWABLE PHYS RECRUITMENT	A	-73,652	ADMINISTRATIVE & GENERAL		5.00	0	33.21			
33.22	DEPRECIATION RELIFED BUILDING	A	1,088	CAP REL COSTS-BLDG & FIXT		1.00	9	33.22			
33.23	DEPRECIATION RELIFED EQUIPMENT	A	137,986	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.23			
33.24	UNALLOWABLE AHA MEMBERSHIP	A	-23,564	ADMINISTRATIVE & GENERAL		5.00	0	33.24			
33.25	AMBULANCE SERVICES	B	-512	AMBULANCE SERVICES		95.00	0	33.25			
33.26	HAF ADJUSTMENT	A	-18,660,312	ADMINISTRATIVE & GENERAL		5.00	0	33.26			
33.27	AUDIOLOGY - OTHER REVENUE	B	-1,171	SPEECH PATHOLOGY		68.00	0	33.27			
33.28	ORTHOPEDICS OTHER REVENUE	B	-3,000	ADULTS & PEDIATRICS		30.00	0	33.28			
33.29	LAB SPECIM PROC OTHER REVENUE	B	-5,256	LABORATORY		60.00	0	33.29			
33.30	X-RAY CT SCAN OTHER REVENUE	B	-5,029	CT SCAN		57.00	0	33.30			
33.31	CARDIAC STEPDOWN OTHER REVENUE	B	-12,500	ADULTS & PEDIATRICS		30.00	0	33.31			
33.32	LAB CORE OTHER REVENUE	B	-6,500	LABORATORY		60.00	0	33.32			
33.33	NURSING RESOURCES OTHER REVENUE	B	-5,072	NURSING ADMINISTRATION		13.00	0	33.33			
33.34	ENVIRONMENTAL SERVICES RESTROOM VEND	B	-40	HOUSEKEEPING		9.00	0	33.34			
33.35	INTENSIVE CARE OTHER REVENUE	B	-13,000	INTENSIVE CARE UNIT		31.00	0	33.35			
33.36	CENTRAL TELEMETRY OTHER REVENUE	B	-4,482	ADULTS & PEDIATRICS		30.00	0	33.36			
33.37	3T MEDICAL SURGICAL OTHER REVENUE	B	-28,000	ADULTS & PEDIATRICS		30.00	0	33.37			
33.38	4T MED SURG STEPDOWN OTHER REVENUE	B	-37,999	ADULTS & PEDIATRICS		30.00	0	33.38			
33.39	6T MEDICAL SURGICAL OTHER REVENUE	B	-18,425	ADULTS & PEDIATRICS		30.00	0	33.39			
33.40	7T INPATIENT REHAB OTHER REVENUE	B	-12,500	SUBPROVIDER - IRF		41.00	0	33.40			
33.41	WOUND CENTER OTHER REVENUE	B	-7,278	WOUND CENTER		90.03	0	33.41			
33.42	BEHAVIORAL HEALTH-OTHER REVENUE	B	-23,426	ADULTS & PEDIATRICS		30.00	0	33.42			
33.43	ENDOSCOPY-OTHER REVENUE	B	-9,931	OPERATING ROOM		50.00	0	33.43			
33.44	IV THERAPY VASCULAR ACCESS OTHER REV	B	-9,900	OPERATING ROOM		50.00	0	33.44			
33.45	POST ANESTHESIA CARE UNIT OTHER REVE	B	-12,500	RECOVERY ROOM		51.00	0	33.45			
33.46	MEDICAL ONCOLOGY OTHER REVENUE	B	-7,269	CLINIC		90.00	0	33.46			
33.47	LAB MICROBIOLOGY OTHER REVENUE	B	-7,000	LABORATORY		60.00	0	33.47			

Provider CCN: 15-0112 Period: From 01/01/2023 To 12/31/2023 Worksheet A-8
Date/Time Prepared: 5/30/2024 7:02 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.48 SOUTHERN INDIANA HEART & VASCULAR OT	B	-2,639	CLINIC	90.00	0	33.48
33.49 COLUMBUS REGIONAL HEALTH GENERAL SUR	B	-1,186	CLINIC	90.00	0	33.49
33.50 HEALTH INFO DOCUMENT IMAGING OTHER R	B	-3	MEDICAL RECORDS & LIBRARY	16.00	0	33.50
33.51 ENVIRONMENTAL SERVICES OTHER REVENUE	B	-18,000	HOUSEKEEPING	9.00	0	33.51
33.52 STERILE PROCESSING-OTHER REVENUE	B	-3,131	CENTRAL SERVICES & SUPPLY	14.00	0	33.52
33.53 ED REGISTRATION OTHER REVENUE	B	-2,785	EMERGENCY	91.00	0	33.53
33.54 INFO SERVICES APPLICATIONS OTHER REV	B	-10,000	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55 MEDICAL RESEARCH-OTHER REVENUE	B	2,720	ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56 NONALLOWABLE INT EXP 2023	A	-1,895,461	CAP REL COSTS-BLDG & FIXT	1.00	11	33.56
33.57 NONALLOWABLE INT EXP 2023	A	-118,208	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.57
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,883,557				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0112

Period: From 01/01/2023 To 12/31/2023

Worksheet A-8-1

Date/Time Prepared: 5/30/2024 7:02 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	7,209,446	7,257,784 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	TRAVEL & ENTERTAINMENT	12,141	12,141 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES - BENEFITS	953,322	1,243,503 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	GENERAL ADMINISTRATION - SAL	2,491,388	2,611,267 4.00
4.01	7.00	OPERATION OF PLANT	GENERAL ADMINISTRATION - SAL	1,223,428	1,418,746 4.01
4.02	13.00	NURSING ADMINISTRATION	GENERAL ADMINISTRATION - SAL	69,298	80,362 4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	GENERAL ADMINISTRATION - OTH	5,534,616	5,976,066 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	GENERAL ADMINISTRATION - OTH	8,263,847	9,085,041 4.04
4.05	7.00	OPERATION OF PLANT	GENERAL ADMINISTRATION - OTH	318,452	369,292 4.05
4.06	13.00	NURSING ADMINISTRATION	GENERAL ADMINISTRATION - OTH	490,052	568,288 4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES - SALARIES	1,643,343	1,654,644 4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES - BENEFITS	625	0 4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	GENERAL ADMINISTRATION - SAL	1,816,151	2,446,506 4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	GENERAL ADMINISTRATION - OTH	11,566	0 4.10
4.11	13.00	NURSING ADMINISTRATION	NURSING ADMIN - SALARIES	1,270	1,269 4.11
4.12	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES - SALARIES	713,789	710,540 4.12
4.13	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES - OTHER	24	0 4.13
4.14	30.00	ADULTS & PEDIATRICS	ADULTS & PEDS - SALARIES	66,311	66,311 4.14
4.15	31.00	INTENSIVE CARE UNIT	ICU - SALARIES	4,373	4,373 4.15
4.16	41.00	SUBPROVIDER - IRF	REHAB - SALARIES	1,965	1,965 4.16
4.17	50.00	OPERATING ROOM	OPERATING ROOM - SALARIES	9,354,483	9,159,405 4.17
4.18	50.00	OPERATING ROOM	OPERATING ROOM - BENEFITS	872	0 4.18
4.19	50.00	OPERATING ROOM	OPERATING ROOM - OTHER	127	0 4.19
4.20	51.00	RECOVERY ROOM	RECOVERY ROOM - SALARIES	1,332,348	1,307,336 4.20
4.21	54.03	MAMMOGRAPHY	MAMMOGRAPHY - SALARIES	215	215 4.21
4.22	90.03	WOUND CENTER	WOUND CENTER - SALARIES	500	500 4.22
4.23	91.00	EMERGENCY	EMERGENCY ROOM - SALARIES	5,337	5,337 4.23
4.24	95.00	AMBULANCE SERVICES	AMBULANCE - SALARIES	782	782 4.24
4.25	194.08	CRHP	CRHP - SALARIES	459	459 4.25
4.26	30.00	ADULTS & PEDIATRICS	CRHP PHYSICIAN PART A	453,299	0 4.26
4.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS (SI MH) - B	476,115	655,199 4.27
4.28	5.00	ADMINISTRATIVE & GENERAL	EMPLOYEE BENEFITS (SI MH) - B	421,271	579,726 4.28
4.29	14.00	CENTRAL SERVICES & SUPPLY	EMPLOYEE BENEFITS (SI MH) - B	168,271	231,564 4.29
4.30	50.00	OPERATING ROOM	EMPLOYEE BENEFITS (SI MH) - B	1,808,727	2,489,054 4.30
4.31	51.00	RECOVERY ROOM	EMPLOYEE BENEFITS (SI MH) - B	281,675	387,623 4.31
4.32	4.00	EMPLOYEE BENEFITS DEPARTMENT	BUDGET - SALARIES	29,013	14,492 4.32
4.33	5.00	ADMINISTRATIVE & GENERAL	BUDGET - SALARIES	19,356	9,669 4.33
4.34	14.00	CENTRAL SERVICES & SUPPLY	BUDGET - SALARIES	16,043	8,014 4.34
4.35	50.00	OPERATING ROOM	BUDGET - SALARIES	178,604	89,216 4.35
4.36	51.00	RECOVERY ROOM	BUDGET - SALARIES	11,818	5,903 4.36
4.37	194.00	WELLNESS COMMUNITY	BUDGET - SALARIES	47,690	23,822 4.37
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			45,432,412	48,476,414 5.00

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

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

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

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

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	D TRAPP	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	K SHUMAKER	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	D DOUP	0.00	SI HEALTH MANAGEMENT	0.00	10.01

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

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-1

Date/Time Prepared:
5/30/2024 7:02 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
10.02 100.00	E G. Other (financial or non-financial) specify:	D MICHAEL	0.00	SI HEALTH MANAGMENT	0.00	10.02 100.00

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

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

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

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-1

Date/Time Prepared:
5/30/2024 7:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-48,338	0		1.00
2.00	0	0		2.00
3.00	-290,181	0		3.00
4.00	-119,879	0		4.00
4.01	-195,318	0		4.01
4.02	-11,064	0		4.02
4.03	-441,450	9		4.03
4.04	-821,194	0		4.04
4.05	-50,840	0		4.05
4.06	-78,236	0		4.06
4.07	-11,301	0		4.07
4.08	625	0		4.08
4.09	-630,355	0		4.09
4.10	11,566	0		4.10
4.11	1	0		4.11
4.12	3,249	0		4.12
4.13	24	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	195,078	0		4.17
4.18	872	0		4.18
4.19	127	0		4.19
4.20	25,012	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	453,299	0		4.26
4.27	-179,084	0		4.27
4.28	-158,455	0		4.28
4.29	-63,293	0		4.29
4.30	-680,327	0		4.30
4.31	-105,948	0		4.31
4.32	14,521	0		4.32
4.33	9,687	0		4.33
4.34	8,029	0		4.34
4.35	89,388	0		4.35
4.36	5,915	0		4.36
4.37	23,868	0		4.37
5.00	-3,044,002			5.00

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

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

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

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

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

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

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

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-1

Date/Time Prepared:
5/30/2024 7:02 am

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-2

Date/Time Prepared:
5/30/2024 7:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,146,054	2,917,537	228,517	211,500	975	1.00
2.00	30.00	ADULTS & PEDIATRICS	615,599	0	615,599	211,500	5,007	2.00
3.00	41.00	SUBPROVIDER - IRF	212,378	0	212,378	211,500	3,403	3.00
4.00	50.00	OPERATING ROOM	8,348,777	5,895,056	2,453,721	246,400	20,212	4.00
5.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	246,400	486	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,156,831	1,106,831	50,000	271,900	336	6.00
7.00	54.03	MAMMOGRAPHY	20,833	0	20,833	211,500	168	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	44,963	0	44,963	271,900	235	8.00
9.00	59.00	CARDIAC CATHETERIZATION	55,000	0	55,000	211,500	425	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,300	1,500	10.00
11.00	65.00	RESPIRATORY THERAPY	53,550	0	53,550	211,500	369	11.00
12.00	66.00	PHYSICAL THERAPY	50,000	0	50,000	211,500	255	12.00
13.00	69.00	ELECTROCARDIOLOGY	3,600	0	3,600	211,500	36	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	16,900	0	16,900	211,500	169	14.00
15.00	90.00	CLINIC	100	100	0	211,500	0	15.00
16.00	90.02	NEUROPSYCH	229,584	229,584	0	211,500	0	16.00
17.00	90.03	WOUND CENTER	42,466	0	42,466	211,500	283	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	2,534	0	2,534	211,500	17	18.00
19.00	90.05	VIMCARE CLINIC	20,000	0	20,000	211,500	295	19.00
20.00	91.00	EMERGENCY	2,619,210	108,340	2,510,870	211,500	18,015	20.00
21.00	95.00	AMBULANCE SERVICES	17,500	0	17,500	211,500	183	21.00
200.00			16,940,879	10,257,448	6,683,431		52,369	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-2
Date/Time Prepared:
5/30/2024 7:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	99,141	4,957	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	509,125	25,456	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	346,026	17,301	0	0	0	3.00
4.00	50.00	OPERATING ROOM	2,394,345	119,717	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	57,572	2,879	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	43,922	2,196	0	0	0	6.00
7.00	54.03	MAMMOGRAPHY	17,083	854	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	30,720	1,536	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	43,215	2,161	0	0	0	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	187,716	9,386	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	37,521	1,876	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	25,929	1,296	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	3,661	183	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	17,184	859	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	90.02	NEUROPSYCH	0	0	0	0	0	16.00
17.00	90.03	WOUND CENTER	28,776	1,439	0	0	0	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	1,729	86	0	0	0	18.00
19.00	90.05	VIMCARE CLINIC	29,996	1,500	0	0	0	19.00
20.00	91.00	EMERGENCY	1,831,814	91,591	0	0	0	20.00
21.00	95.00	AMBULANCE SERVICES	18,608	930	0	0	0	21.00
200.00			5,724,083	286,203	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-2

Date/Time Prepared:
5/30/2024 7:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	99,141	129,376	3,046,913		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	509,125	106,474	106,474		2.00
3.00	41.00	SUBPROVIDER - IRF	0	346,026	0	0		3.00
4.00	50.00	OPERATING ROOM	0	2,394,345	59,376	5,954,432		4.00
5.00	53.00	ANESTHESIOLOGY	0	57,572	2,428	2,428		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	43,922	6,078	1,112,909		6.00
7.00	54.03	MAMMOGRAPHY	0	17,083	3,750	3,750		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	30,720	14,243	14,243		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	43,215	11,785	11,785		9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	0	187,716	37,284	37,284		10.00
11.00	65.00	RESPIRATORY THERAPY	0	37,521	16,029	16,029		11.00
12.00	66.00	PHYSICAL THERAPY	0	25,929	24,071	24,071		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	3,661	0	0		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	17,184	0	0		14.00
15.00	90.00	CLINIC	0	0	0	100		15.00
16.00	90.02	NEUROPSYCH	0	0	0	229,584		16.00
17.00	90.03	WOUND CENTER	0	28,776	13,690	13,690		17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	0	1,729	805	805		18.00
19.00	90.05	VIMCARE CLINIC	0	29,996	0	0		19.00
20.00	91.00	EMERGENCY	0	1,831,814	679,056	787,396		20.00
21.00	95.00	AMBULANCE SERVICES	0	18,608	0	0		21.00
200.00			0	5,724,083	1,104,445	11,361,893		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,938,157	6,938,157				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	13,985,858		13,985,858			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	31,478,804	92,102	4,463	31,575,369		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	48,818,003	566,627	6,393,244	5,474,596	61,252,470	5.00
7.00 00700 OPERATION OF PLANT	9,214,316	3,346,682	326,803	1,054,289	13,942,090	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	924,289	7,578	0	8,860	940,727	8.00
9.00 00900 HOUSEKEEPING	3,309,414	49,696	128,369	709,789	4,197,268	9.00
10.00 01000 DIETARY	1,886,830	75,243	11,633	321,666	2,295,372	10.00
11.00 01100 CAFETERIA	1,747,039	60,527	16,005	442,567	2,266,138	11.00
13.00 01300 NURSING ADMINISTRATION	7,893,740	96,493	49,531	1,850,346	9,890,110	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,248,138	72,688	75,818	41	1,396,685	14.00
15.00 01500 PHARMACY	6,422,770	45,926	242,495	1,058,517	7,769,708	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,824,646	34,952	1,140	442,316	2,303,054	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	615,611	6,851	8,582	172,113	803,157	23.01
23.02 02302 PHARMACY RESIDENCY PROG	309,443	3,598	4,178	80,641	397,860	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	37,762,841	744,755	163,521	7,102,174	45,773,291	30.00
31.00 03100 INTENSIVE CARE UNIT	6,525,805	105,994	124,023	1,032,354	7,788,176	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	2,770,525	106,061	8,770	583,248	3,468,604	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,636,729	5,578	9,639	428,907	2,080,853	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	23,374,559	378,989	2,045,611	387,913	26,187,072	50.00
51.00 05100 RECOVERY ROOM	1,971,910	30,474	2,428	24	2,004,836	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,128,538	35,076	17,193	540,343	2,721,150	52.00
53.00 05300 ANESTHESIOLOGY	122,973	1,139	1,302	0	125,414	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,245,516	81,012	150,755	375,919	2,853,202	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	2,596,219	32,158	392,157	164,069	3,184,603	54.01
54.02 05404 ULTRA SOUND	1,011,199	14,390	39,999	201,145	1,266,733	54.02
54.03 05405 MAMMOGRAPHY	1,307,012	966	191,065	232,691	1,731,734	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	2,480,451	74,717	478,240	190,819	3,224,227	55.00
57.00 05700 CT SCAN	1,925,139	17,395	252,713	243,949	2,439,196	57.00
58.00 05800 MRI	1,406,689	8,611	17,206	174,210	1,606,716	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,947,744	87,853	400,398	564,830	4,000,825	59.00
60.00 06000 LABORATORY	12,436,829	103,985	300,989	1,148,372	13,990,175	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	1,715,423	11,596	35,760	135,784	1,898,563	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	744,425	4,095	3,298	23,811	775,629	62.00
65.00 06500 RESPIRATORY THERAPY	3,808,642	75,597	120,349	659,734	4,664,322	65.00
66.00 06600 PHYSICAL THERAPY	7,190,772	5,894	9,133	77,978	7,283,777	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,518,132	2,115	5,698	19,653	2,545,598	67.00
68.00 06800 SPEECH PATHOLOGY	1,068,132	0	13,932	61,056	1,143,120	68.00
69.00 06900 ELECTROCARDIOLOGY	1,517,344	13,376	202,861	288,498	2,022,079	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,450,625	0	6,243	171,073	1,627,941	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,017,157	0	0	0	11,017,157	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	10,427,064	0	0	0	10,427,064	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	25,390,318	0	0	0	25,390,318	73.00
74.00 07400 RENAL DIALYSIS	824,501	0	0	0	824,501	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	459,563	15,127	1,860	86,378	562,928	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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	3,485,583	69,062	19,550	799,727	4,373,922	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02 09002 NEUROPSYCH	128,532	823	254	32,046	161,655	90.02
90.03 09003 WOUND CENTER	1,919,463	0	3,521	208,884	2,131,868	90.03
90.04 09004 HYPERBARIIC OXYGEN THERAPY	273,397	0	210	27,710	301,317	90.04
90.05 09005 VIMCARE CLINIC	703,282	40,712	5,688	171,404	921,086	90.05
90.06 09006 MEDICATION MGMT CLINIC	293,987	8,774	4,839	79,055	386,655	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
91.00	09100	EMERGENCY	10,733,119	172,750	95,436	2,168,287	13,169,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,873,933	76,850	190,382	911,707	5,052,872	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	330,811,130	6,784,887	12,577,284	30,909,493	328,583,410	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	48,943	31,881	236	13,250	94,310	190.00
194.00	07950	WELLNESS COMMUNITY	369,190	0	3,322	62,634	435,146	194.00
194.01	07951	BUILDING RENTALS	249,090	0	0	0	249,090	194.01
194.02	07952	HOSPICE	123,479	8,946	0	0	132,425	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	163,796	0	0	0	163,796	194.04
194.05	07955	NONALLOWABLE MARKETING	821,990	0	0	0	821,990	194.05
194.06	07956	CRH FOUNDATION	64,031	18,399	0	16,082	98,512	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	3,164,226	88,906	1,403,417	573,910	5,230,459	194.08
194.09	07959	NEUROPSYCH PART B	0	5,138	1,599	0	6,737	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	335,815,875	6,938,157	13,985,858	31,575,369	335,815,875	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/30/2024 7:02 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,252,470				5.00
7.00	00700	OPERATION OF PLANT	3,110,341	17,052,431			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	209,867	44,061	1,194,655		8.00
9.00	00900	HOUSEKEEPING	936,369	288,958	0	5,422,595	9.00
10.00	01000	DIETARY	512,075	437,499	0	43,216	3,288,162
11.00	01100	CAFETERIA	505,553	351,935	0	58,931	0
13.00	01300	NURSING ADMINISTRATION	2,206,385	561,060	0	18,661	0
14.00	01400	CENTRAL SERVICES & SUPPLY	311,586	422,645	0	66,788	0
15.00	01500	PHARMACY	1,733,344	267,039	0	39,287	0
16.00	01600	MEDICAL RECORDS & LIBRARY	513,788	203,228	0	9,822	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	179,176	39,833	0	6,875	0
23.02	02302	PHARMACY RESIDENCY PROG	88,759	20,918	0	2,947	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,211,682	4,330,368	400,261	2,084,178	2,619,438
31.00	03100	INTENSIVE CARE UNIT	1,737,464	616,303	50,250	275,009	294,664
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	773,811	616,693	48,773	278,938	299,353
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	464,217	32,434	9,939	1,964	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,842,074	2,203,627	255,211	802,438	13,849
51.00	05100	RECOVERY ROOM	447,259	177,191	52,865	41,251	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	607,061	203,951	18,778	79,556	0
53.00	05300	ANESTHESIOLOGY	27,979	6,620	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	636,521	471,045	86,969	118,843	1,300
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	710,453	186,983	0	70,717	0
54.02	05404	ULTRA SOUND	282,595	83,672	0	17,679	0
54.03	05405	MAMMOGRAPHY	386,333	5,619	4,805	32,412	0
55.00	05500	RADIOLOGY-THERAPEUTIC	719,293	434,439	14,554	78,574	8,124
57.00	05700	CT SCAN	544,160	101,141	0	21,608	0
58.00	05800	MRI	358,442	50,070	0	10,804	0
59.00	05900	CARDIAC CATHETERIZATION	892,544	510,823	70,714	96,253	6,855
60.00	06000	LABORATORY	3,121,068	604,620	0	102,146	0
60.01	06001	LABORATORY-PATHOLOGICAL	423,550	67,427	0	5,893	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	173,035	23,811	0	3,929	0
65.00	06500	RESPIRATORY THERAPY	1,040,564	439,557	0	125,719	0
66.00	06600	PHYSICAL THERAPY	1,624,938	34,270	29,064	1,964	0
67.00	06700	OCCUPATIONAL THERAPY	567,897	12,295	13,456	0	0
68.00	06800	SPEECH PATHOLOGY	255,019	0	0	0	15
69.00	06900	ELECTROCARDIOLOGY	451,106	77,775	0	3,929	0
70.00	07000	ELECTROENCEPHALOGRAPHY	363,177	0	1,133	149,291	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,457,818	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,326,174	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,664,326	0	0	0	0
74.00	07400	RENAL DIALYSIS	183,938	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	125,584	87,956	0	3,929	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	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	975,778	401,560	50,476	76,610	28,177
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	36,064	4,784	0	1,964	0
90.03	09003	WOUND CENTER	475,598	0	2,333	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	67,221	0	149	0	0
90.05	09005	VIMCARE CLINIC	205,485	236,719	6,480	95,271	0
90.06	09006	MEDICATION MGMT CLINIC	86,259	51,016	0	13,750	0
91.00	09100	EMERGENCY	2,938,004	1,004,455	78,445	538,233	16,387
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,127,245	446,845	0	0	0
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,638,979	16,161,245	1,194,655	5,379,379	3,288,162	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	21,040	185,369	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	97,077	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	55,569	0	0	0	0	194.01
194.02	07952	HOSPICE	29,543	52,017	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	36,541	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	183,378	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	21,977	106,982	0	43,216	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	1,166,863	516,943	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	1,503	29,875	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	61,252,470	17,052,431	1,194,655	5,422,595	3,288,162	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/30/2024 7:02 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	3,182,557					11.00
13.00	01300	NURSING ADMINISTRATION	218,022	12,894,238				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,809	0	2,234,513			14.00
15.00	01500	PHARMACY	96,270	605,312	0	10,510,960		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	99,101	0	0	0	3,128,993	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	19,820	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	8,494	44,228	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	733,352	4,526,162	31,805	15,354	312,611	30.00
31.00	03100	INTENSIVE CARE UNIT	93,438	570,022	6,874	6,811	52,000	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	65,123	398,588	0	452	25,663	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	39,640	236,898	0	6	6,528	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	319,955	1,966,175	1,764,042	109,993	384,560	50.00
51.00	05100	RECOVERY ROOM	36,809	230,657	0	51	29,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,629	356,603	13,542	888	17,031	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,356	62,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,640	0	120,612	14,657	26,399	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	16,989	0	0	82,839	49,158	54.01
54.02	05404	ULTRA SOUND	19,820	0	0	1,046	33,808	54.02
54.03	05405	MAMMOGRAPHY	33,977	0	28,383	356	24,537	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	22,652	137,564	0	10	75,608	55.00
57.00	05700	CT SCAN	31,146	0	0	110,934	173,560	57.00
58.00	05800	MRI	22,652	0	0	20,442	49,981	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,629	351,571	183,102	25,134	126,039	59.00
60.00	06000	LABORATORY	206,696	0	0	22	282,864	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	19,820	0	0	60	28,364	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,831	0	0	0	11,660	62.00
65.00	06500	RESPIRATORY THERAPY	73,618	455,223	0	387	111,948	65.00
66.00	06600	PHYSICAL THERAPY	11,326	0	5,016	759	68,049	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,831	0	0	0	24,669	67.00
68.00	06800	SPEECH PATHOLOGY	8,494	0	0	0	8,553	68.00
69.00	06900	ELECTROCARDIOLOGY	33,977	209,874	0	126,146	59,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,820	0	0	3	32,059	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	131,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	67,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,934,099	395,847	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,170	9,241	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,494	56,450	0	14	7,568	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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	124,584	323,228	14,280	6,231	36,761	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	5,663	0	0	0	643	90.02
90.03	09003	WOUND CENTER	22,652	139,143	46,026	5,545	45,144	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	2,831	21,211	0	0	3,953	90.04
90.05	09005	VIMCARE CLINIC	31,146	0	30	6,891	5,768	90.05
90.06	09006	MEDICATION MGMT CLINIC	5,663	33,669	0	0	2,715	90.06
91.00	09100	EMERGENCY	268,988	1,398,842	5,252	5,598	299,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	135,910	832,818	0	10,090	45,585	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,052,311	12,894,238	2,218,964	10,510,344	3,128,993	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,831	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	11,326	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	616	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	2,831	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	107,595	0	15,549	0	0	194.08
194.09	07959	NEUROPSYCH PART B	5,663	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,182,557	12,894,238	2,234,513	10,510,960	3,128,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		1,048,861			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			563,206		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	71,038,502	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	11,491,011	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	5,975,998	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	2,872,479	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	39,848,996	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	3,020,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,075,189	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	242,740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,048,861	0	5,418,049	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	4,301,742	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	1,705,353	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	2,248,156	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,715,045	55.00
57.00	05700	CT SCAN	0	0	0	0	3,421,745	57.00
58.00	05800	MRI	0	0	0	0	2,119,107	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	6,320,489	59.00
60.00	06000	LABORATORY	0	0	0	0	18,307,591	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	2,443,677	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	990,895	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,911,338	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	9,059,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,166,746	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,415,201	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,984,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,193,424	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	13,606,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,821,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	563,206	41,947,796	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,022,850	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	852,923	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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	6,411,607	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	210,773	90.02
90.03	09003	WOUND CENTER	0	0	0	0	2,868,309	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	396,682	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	1,508,876	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	579,727	90.06
91.00	09100	EMERGENCY	0	0	0	0	19,723,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,651,365	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,048,861	563,206	325,889,106	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	303,550	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	543,549	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	304,659	194.01
194.02	07952	HOSPICE	0	0	0	0	214,601	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	200,337	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,005,368	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	273,518	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	0	7,037,409	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	43,778	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,048,861	563,206	335,815,875	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
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	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	90.04
90.05	09005	VIMCARE CLINIC	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	7,651,365	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	325,889,106	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	303,550	190.00
194.00	07950	WELLNESS COMMUNITY	0	543,549	194.00
194.01	07951	BUILDING RENTALS	0	304,659	194.01
194.02	07952	HOSPICE	0	214,601	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	200,337	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,005,368	194.05
194.06	07956	CRH FOUNDATION	0	273,518	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	7,037,409	194.08
194.09	07959	NEUROPSYCH PART B	0	43,778	194.09
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	335,815,875	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

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	92,102	4,463	96,565	96,565 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,012,440	566,627	6,393,244	7,972,311	16,744 5.00
7.00 00700	OPERATION OF PLANT	161,194	3,346,682	326,803	3,834,679	3,225 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,578	0	7,578	27 8.00
9.00 00900	HOUSEKEEPING	2,281	49,696	128,369	180,346	2,171 9.00
10.00 01000	DIETARY	5,166	75,243	11,633	92,042	984 10.00
11.00 01100	CAFETERIA	7,108	60,527	16,005	83,640	1,354 11.00
13.00 01300	NURSING ADMINISTRATION	19,644	96,493	49,531	165,668	5,659 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,076	72,688	75,818	150,582	0 14.00
15.00 01500	PHARMACY	4,848	45,926	242,495	293,269	3,238 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,308	34,952	1,140	37,400	1,353 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	0	6,851	8,582	15,433	526 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	3,598	4,178	7,776	247 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	391,580	744,755	163,521	1,299,856	21,710 30.00
31.00 03100	INTENSIVE CARE UNIT	57,704	105,994	124,023	287,721	3,158 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	58,654	106,061	8,770	173,485	1,784 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	455	5,578	9,639	15,672	1,312 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	977,122	378,989	2,045,611	3,401,722	1,186 50.00
51.00 05100	RECOVERY ROOM	8,639	30,474	2,428	41,541	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,762	35,076	17,193	63,031	1,653 52.00
53.00 05300	ANESTHESIOLOGY	0	1,139	1,302	2,441	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,850	81,012	150,755	238,617	1,150 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	26,389	32,158	392,157	450,704	502 54.01
54.02 05404	ULTRASOUND	2,395	14,390	39,999	56,784	615 54.02
54.03 05405	MAMMOGRAPHY	165,430	966	191,065	357,461	712 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	10,716	74,717	478,240	563,673	584 55.00
57.00 05700	CT SCAN	547	17,395	252,713	270,655	746 57.00
58.00 05800	MRI	480,863	8,611	17,206	506,680	533 58.00
59.00 05900	CARDIAC CATHETERIZATION	32,907	87,853	400,398	521,158	1,728 59.00
60.00 06000	LABORATORY	21,767	103,985	300,989	426,741	3,512 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	336	11,596	35,760	47,692	415 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,095	3,298	7,393	73 62.00
65.00 06500	RESPIRATORY THERAPY	11,143	75,597	120,349	207,089	2,018 65.00
66.00 06600	PHYSICAL THERAPY	408,704	5,894	9,133	423,731	239 66.00
67.00 06700	OCCUPATIONAL THERAPY	139,984	2,115	5,698	147,797	60 67.00
68.00 06800	SPEECH PATHOLOGY	50,584	0	13,932	64,516	187 68.00
69.00 06900	ELECTROCARDIOLOGY	2,031	13,376	202,861	218,268	882 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	173,304	0	6,243	179,547	523 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	15,127	1,860	16,987	264 76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00
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	2,290	69,062	19,550	90,902	2,446 90.00
90.01 09001	DIABETES CENTER	0	0	0	0	0 90.01
90.02 09002	NEUROPSYCH	0	823	254	1,077	98 90.02
90.03 09003	WOUND CENTER	122,218	0	3,521	125,739	639 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	101,979	0	210	102,189	85 90.04
90.05 09005	VIMCARE CLINIC	448	40,712	5,688	46,848	524 90.05
90.06 09006	MEDICATION MGMT CLINIC	0	8,774	4,839	13,613	242 90.06
91.00 09100	EMERGENCY	22,659	172,750	95,436	290,845	6,632 91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	26,825	76,850	190,382	294,057	2,788	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4,531,350	6,784,887	12,577,284	23,893,521	94,528	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	31,881	236	32,117	41	190.00
194.00 07950 WELLNESS COMMUNITY	63,273	0	3,322	66,595	192	194.00
194.01 07951 BUILDING RENTALS	54,003	0	0	54,003	0	194.01
194.02 07952 HOSPICE	0	8,946	0	8,946	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	0	18,399	0	18,399	49	194.06
194.07 07957 HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08 07958 CRHP	226,879	88,906	1,403,417	1,719,202	1,755	194.08
194.09 07959 NEUROPSYCH PART B	0	5,138	1,599	6,737	0	194.09
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	4,875,505	6,938,157	13,985,858	25,799,520	96,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 7:02 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,989,055				5.00
7.00	00700	OPERATION OF PLANT	405,673	4,243,577			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,372	10,965	45,942		8.00
9.00	00900	HOUSEKEEPING	122,128	71,909	0	376,554	9.00
10.00	01000	DIETARY	66,788	108,874	0	3,001	271,689
11.00	01100	CAFETERIA	65,938	87,581	0	4,092	0
13.00	01300	NURSING ADMINISTRATION	287,773	139,622	0	1,296	0
14.00	01400	CENTRAL SERVICES & SUPPLY	40,639	105,177	0	4,638	0
15.00	01500	PHARMACY	226,075	66,454	0	2,728	0
16.00	01600	MEDICAL RECORDS & LIBRARY	67,012	50,574	0	682	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	23,369	9,913	0	477	0
23.02	02302	PHARMACY RESIDENCY PROG	11,577	5,206	0	205	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,331,952	1,077,629	15,393	144,728	216,437
31.00	03100	INTENSIVE CARE UNIT	226,613	153,370	1,932	19,097	24,347
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	100,926	153,467	1,876	19,370	24,734
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	60,547	8,071	382	136	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	761,965	548,383	9,814	55,723	1,144
51.00	05100	RECOVERY ROOM	58,335	44,095	2,033	2,865	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,177	50,754	722	5,525	0
53.00	05300	ANESTHESIOLOGY	3,649	1,648	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,020	117,222	3,344	8,253	107
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	92,662	46,532	0	4,911	0
54.02	05404	ULTRA SOUND	36,858	20,822	0	1,228	0
54.03	05405	MAMMOGRAPHY	50,388	1,398	185	2,251	0
55.00	05500	RADIOLOGY-THERAPEUTIC	93,815	108,112	560	5,456	671
57.00	05700	CT SCAN	70,973	25,169	0	1,500	0
58.00	05800	MRI	46,751	12,460	0	750	0
59.00	05900	CARDIAC CATHETERIZATION	116,412	127,121	2,719	6,684	566
60.00	06000	LABORATORY	407,072	150,463	0	7,093	0
60.01	06001	LABORATORY-PATHOLOGICAL	55,242	16,780	0	409	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	22,568	5,925	0	273	0
65.00	06500	RESPIRATORY THERAPY	135,718	109,386	0	8,730	0
66.00	06600	PHYSICAL THERAPY	211,936	8,528	1,118	136	0
67.00	06700	OCCUPATIONAL THERAPY	74,069	3,060	517	0	0
68.00	06800	SPEECH PATHOLOGY	33,261	0	0	0	1
69.00	06900	ELECTROCARDIOLOGY	58,836	19,355	0	273	0
70.00	07000	ELECTROENCEPHALOGRAPHY	47,368	0	44	10,367	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	320,566	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	303,396	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	738,782	0	0	0	0
74.00	07400	RENAL DIALYSIS	23,991	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	16,380	21,888	0	273	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	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	127,268	99,930	1,941	5,320	2,328
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	4,704	1,191	0	136	0
90.03	09003	WOUND CENTER	62,031	0	90	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	8,767	0	6	0	0
90.05	09005	VIMCARE CLINIC	26,801	58,909	249	6,616	0
90.06	09006	MEDICATION MGMT CLINIC	11,251	12,695	0	955	0
91.00	09100	EMERGENCY	383,196	249,963	3,017	37,376	1,354
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	147,023	111,199	0	0	0
99.10	09910	CORF	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,778,613	4,021,800	45,942	373,553	271,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,744	46,130	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	12,661	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	7,248	0	0	0	0	194.01
194.02	07952	HOSPICE	3,853	12,945	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	4,766	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	23,917	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	2,866	26,623	0	3,001	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	152,191	128,644	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	196	7,435	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,989,055	4,243,577	45,942	376,554	271,689	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 7:02 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	242,605					11.00
13.00	01300	NURSING ADMINISTRATION	16,620	616,638				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,806	0	303,842			14.00
15.00	01500	PHARMACY	7,339	28,948	0	628,051		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,554	0	0	0	164,575	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	1,511	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	648	2,115	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,899	216,452	4,325	917	16,479	30.00
31.00	03100	INTENSIVE CARE UNIT	7,123	27,260	935	407	2,741	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	4,964	19,062	0	27	1,353	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,022	11,329	0	0	344	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,390	94,028	239,870	6,572	20,272	50.00
51.00	05100	RECOVERY ROOM	2,806	11,031	0	3	1,550	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,317	17,054	1,841	53	898	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,216	3,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,022	0	16,400	876	1,392	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,295	0	0	4,950	2,591	54.01
54.02	05404	ULTRA SOUND	1,511	0	0	63	1,782	54.02
54.03	05405	MAMMOGRAPHY	2,590	0	3,859	21	1,293	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,727	6,579	0	1	3,986	55.00
57.00	05700	CT SCAN	2,374	0	0	6,629	9,149	57.00
58.00	05800	MRI	1,727	0	0	1,221	2,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,317	16,813	24,898	1,502	6,644	59.00
60.00	06000	LABORATORY	15,756	0	0	1	14,911	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,511	0	0	4	1,495	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	216	0	0	0	615	62.00
65.00	06500	RESPIRATORY THERAPY	5,612	21,770	0	23	5,901	65.00
66.00	06600	PHYSICAL THERAPY	863	0	682	45	3,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	216	0	0	0	1,300	67.00
68.00	06800	SPEECH PATHOLOGY	648	0	0	0	451	68.00
69.00	06900	ELECTROCARDIOLOGY	2,590	10,037	0	7,538	3,149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,511	0	0	0	1,690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	593,582	20,499	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	309	487	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	648	2,700	0	1	399	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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	9,497	15,458	1,942	372	1,938	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	432	0	0	0	34	90.02
90.03	09003	WOUND CENTER	1,727	6,654	6,258	331	2,380	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	216	1,014	0	0	208	90.04
90.05	09005	VIMCARE CLINIC	2,374	0	4	412	304	90.05
90.06	09006	MEDICATION MGMT CLINIC	432	1,610	0	0	143	90.06
91.00	09100	EMERGENCY	20,505	66,896	714	335	15,792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,360	39,828	0	603	2,403	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,676	616,638	301,728	628,014	164,575	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	216	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	863	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	37	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	216	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	8,202	0	2,114	0	0	194.08
194.09	07959	NEUROPSYCH PART B	432	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	242,605	616,638	303,842	628,051	164,575	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED ED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		51,229			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			27,774		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0				4,401,777	30.00
31.00	03100	INTENSIVE CARE UNIT	0				754,704	31.00
32.00	03200	CORONARY CARE UNIT	0				0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				0	34.00
40.00	04000	SUBPROVIDER - IPF	0				0	40.00
41.00	04100	SUBPROVIDER - IRF	0				501,048	41.00
42.00	04200	SUBPROVIDER	0				0	42.00
43.00	04300	NURSERY	0				100,815	43.00
44.00	04400	SKILLED NURSING FACILITY	0				0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				5,165,069	50.00
51.00	05100	RECOVERY ROOM	0				164,259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				225,025	52.00
53.00	05300	ANESTHESIOLOGY	0				12,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				473,403	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0				604,147	54.01
54.02	05404	ULTRA SOUND	0				119,663	54.02
54.03	05405	MAMMOGRAPHY	0				420,158	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0				785,164	55.00
57.00	05700	CT SCAN	0				387,195	57.00
58.00	05800	MRI	0				572,757	58.00
59.00	05900	CARDIAC CATHETERIZATION	0				830,562	59.00
60.00	06000	LABORATORY	0				1,025,549	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0				123,548	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0				37,063	62.00
65.00	06500	RESPIRATORY THERAPY	0				496,247	65.00
66.00	06600	PHYSICAL THERAPY	0				650,865	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				227,019	67.00
68.00	06800	SPEECH PATHOLOGY	0				99,064	68.00
69.00	06900	ELECTROCARDIOLOGY	0				320,928	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				241,050	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				327,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				306,978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				1,352,863	73.00
74.00	07400	RENAL DIALYSIS	0				24,787	74.00
76.00	03020	ACUPUNCTURE	0				0	76.00
76.97	07697	CARDIAC REHABILITATION	0				59,540	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0				0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0				0	78.00
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				359,342	90.00
90.01	09001	DIABETES CENTER	0				0	90.01
90.02	09002	NEUROPSYCH	0				7,672	90.02
90.03	09003	WOUND CENTER	0				205,849	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0				112,485	90.04
90.05	09005	VIMCARE CLINIC	0				143,041	90.05
90.06	09006	MEDICATION MGMT CLINIC	0				40,941	90.06
91.00	09100	EMERGENCY	0				1,076,625	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0				608,261	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0				0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	23,365,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0				81,248	190.00
194.00	07950	WELLNESS COMMUNITY	0				80,311	194.00
194.01	07951	BUILDING RENTALS	0				61,251	194.01
194.02	07952	HOSPICE	0				25,781	194.02
194.03	07953	OUTREACH CLINICS	0				0	194.03
194.04	07954	SPEECH - HEARING AIDS	0				4,766	194.04
194.05	07955	NONALLOWABLE MARKETING	0				23,917	194.05
194.06	07956	CRH FOUNDATION	0				51,154	194.06
194.07	07957	HEALTHY COMMUNITIES	0				0	194.07
194.08	07958	CRHP	0				2,012,108	194.08
194.09	07959	NEUROPSYCH PART B	0				14,800	194.09
200.00		Cross Foot Adjustments		0	51,229	27,774	79,003	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	51,229	27,774	25,799,520	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	78.00
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	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	90.04
90.05	09005	VIMCARE CLINIC	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	608,261	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	23,365,181	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	81,248	190.00
194.00	07950	WELLNESS COMMUNITY	0	80,311	194.00
194.01	07951	BUILDING RENTALS	0	61,251	194.01
194.02	07952	HOSPICE	0	25,781	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	4,766	194.04
194.05	07955	NONALLOWABLE MARKETING	0	23,917	194.05
194.06	07956	CRH FOUNDATION	0	51,154	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	2,012,108	194.08
194.09	07959	NEUROPSYCH PART B	0	14,800	194.09
200.00		Cross Foot Adjustments	0	79,003	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	25,799,520	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	725,141				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,967,749			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,626	4,457	116,636,175		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,221	6,384,959	20,222,579	-61,252,470	5.00
7.00 00700	OPERATION OF PLANT	349,778	326,380	3,894,432	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	32,727	0	8.00
9.00 00900	HOUSEKEEPING	5,194	128,203	2,621,885	0	9.00
10.00 01000	DIETARY	7,864	11,618	1,188,199	0	10.00
11.00 01100	CAFETERIA	6,326	15,984	1,634,797	0	11.00
13.00 01300	NURSING ADMINISTRATION	10,085	49,467	6,834,983	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,597	75,720	150	0	14.00
15.00 01500	PHARMACY	4,800	242,181	3,910,050	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,653	1,139	1,633,870	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	716	8,571	635,766	0	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	4,173	297,880	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	77,838	163,309	26,234,787	0	30.00
31.00 03100	INTENSIVE CARE UNIT	11,078	123,862	3,813,406	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
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	11,085	8,759	2,154,456	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	583	9,627	1,584,336	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,610	2,042,963	1,432,911	0	50.00
51.00 05100	RECOVERY ROOM	3,185	2,425	87	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,666	17,171	1,995,969	0	52.00
53.00 05300	ANESTHESIOLOGY	119	1,300	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,467	150,560	1,388,605	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,361	391,649	606,054	0	54.01
54.02 05404	ULTRA SOUND	1,504	39,947	743,008	0	54.02
54.03 05405	MAMMOGRAPHY	101	190,818	859,535	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,809	477,621	704,866	0	55.00
57.00 05700	CT SCAN	1,818	252,386	901,120	0	57.00
58.00 05800	MRI	900	17,184	643,514	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,182	399,880	2,086,422	0	59.00
60.00 06000	LABORATORY	10,868	300,599	4,241,964	0	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	35,714	501,573	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	428	3,294	87,954	0	62.00
65.00 06500	RESPIRATORY THERAPY	7,901	120,193	2,436,989	0	65.00
66.00 06600	PHYSICAL THERAPY	616	9,121	288,044	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	5,691	72,597	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	13,914	225,534	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	202,598	1,065,680	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	6,235	631,925	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	1,858	319,071	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	78.00
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	7,218	19,525	2,954,106	0	90.00
90.01 09001	DIABETES CENTER	0	0	0	0	90.01
90.02 09002	NEUROPSYCH	86	254	118,374	0	90.02
90.03 09003	WOUND CENTER	0	3,516	771,594	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	210	102,359	0	90.04
90.05 09005	VIMCARE CLINIC	4,255	5,681	633,148	0	90.05
90.06 09006	MEDICATION MGMT CLINIC	917	4,833	292,022	0	90.06
91.00 09100	EMERGENCY	18,055	95,312	8,009,423	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)						
	1.00	2.00	4.00					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)					92.00	
95.00	09500	AMBULANCE SERVICES	8,032	190,136	3,367,748	0	5,052,872	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	709,122	12,560,997	114,176,499	-61,252,470	267,330,940	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,332	236	48,943	0	94,310	190.00
194.00	07950	WELLNESS COMMUNITY	0	3,318	231,363	0	435,146	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	249,090	194.01
194.02	07952	HOSPICE	935	0	0	0	132,425	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	163,796	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	821,990	194.05
194.06	07956	CRH FOUNDATION	1,923	0	59,407	0	98,512	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	9,292	1,401,601	2,119,963	0	5,230,459	194.08
194.09	07959	NEUROPSYCH PART B	537	1,597	0	0	6,737	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,938,157	13,985,858	31,575,369		61,252,470	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.568011	1.001296	0.270717		0.223090	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			96,565		7,989,055	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000828		0.029097	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	306,516					7.00
8.00	00800	792	2,223,573				8.00
9.00	00900	5,194	0	5,521			9.00
10.00	01000	7,864	0	44	212,501		10.00
11.00	01100	6,326	0	60	0	1,124	11.00
13.00	01300	10,085	0	19	0	77	13.00
14.00	01400	7,597	0	68	0	13	14.00
15.00	01500	4,800	0	40	0	34	15.00
16.00	01600	3,653	0	10	0	35	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	716	0	7	0	7	23.01
23.02	02302	376	0	3	0	3	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	77,838	744,994	2,122	169,284	259	30.00
31.00	03100	11,078	93,529	280	19,043	33	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,085	90,779	284	19,346	23	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	18,499	2	0	14	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,610	475,017	817	895	113	50.00
51.00	05100	3,185	98,396	42	0	13	51.00
52.00	05200	3,666	34,950	81	0	20	52.00
53.00	05300	119	0	0	0	0	53.00
54.00	05400	8,467	161,873	121	84	14	54.00
54.01	05402	3,361	0	72	0	6	54.01
54.02	05404	1,504	0	18	0	7	54.02
54.03	05405	101	8,943	33	0	12	54.03
55.00	05500	7,809	27,088	80	525	8	55.00
57.00	05700	1,818	0	22	0	11	57.00
58.00	05800	900	0	11	0	8	58.00
59.00	05900	9,182	131,618	98	443	20	59.00
60.00	06000	10,868	0	104	0	73	60.00
60.01	06001	1,212	0	6	0	7	60.01
62.00	06200	428	0	4	0	1	62.00
65.00	06500	7,901	0	128	0	26	65.00
66.00	06600	616	54,095	2	0	4	66.00
67.00	06700	221	25,045	0	0	1	67.00
68.00	06800	0	0	0	1	3	68.00
69.00	06900	1,398	0	4	0	12	69.00
70.00	07000	0	2,109	152	0	7	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,581	0	4	0	3	76.97
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
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	7,218	93,950	78	1,821	44	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	86	0	2	0	2	90.02
90.03	09003	0	4,342	0	0	8	90.03
90.04	09004	0	277	0	0	1	90.04
90.05	09005	4,255	12,061	97	0	11	90.05
90.06	09006	917	0	14	0	2	90.06
91.00	09100	18,055	146,008	548	1,059	95	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	8,032	0	0	0	48	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description			OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
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								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,497	2,223,573	5,477	212,501	1,078	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,332	0	0	0	1	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	4	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	935	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	1,923	0	44	0	1	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	9,292	0	0	0	38	194.08
194.09	07959	NEUROPSYCH PART B	537	0	0	0	2	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,052,431	1,194,655	5,422,595	3,288,162	3,182,557	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	55.633086	0.537268	982.176236	15.473631	2,831.456406	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,243,577	45,942	376,554	271,689	242,605	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.844553	0.020661	68.203949	1.278530	215.840747	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,534,966					13.00
14.00	01400	0	75,736				14.00
15.00	01500	72,058	0	26,421,426			15.00
16.00	01600	0	0	0	987,697,246		16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	5,265	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	538,807	1,078	38,596	98,677,618	0	30.00
31.00	03100	67,857	233	17,121	16,414,031	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	47,449	0	1,135	8,100,724	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	28,201	0	14	2,060,566	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	234,059	59,790	276,490	121,389,021	0	50.00
51.00	05100	27,458	0	129	9,279,014	0	51.00
52.00	05200	42,451	459	2,231	5,376,000	0	52.00
53.00	05300	0	0	51,170	19,687,810	0	53.00
54.00	05400	0	4,088	36,844	8,333,090	0	54.00
54.01	05402	0	0	208,233	15,517,169	0	54.01
54.02	05404	0	0	2,630	10,671,777	0	54.02
54.03	05405	0	962	895	7,745,205	0	54.03
55.00	05500	16,376	0	25	23,866,217	0	55.00
57.00	05700	0	0	278,855	54,785,467	0	57.00
58.00	05800	0	0	51,385	15,776,974	0	58.00
59.00	05900	41,852	6,206	63,180	39,785,128	0	59.00
60.00	06000	0	0	56	89,287,996	0	60.00
60.01	06001	0	0	151	8,953,163	0	60.01
62.00	06200	0	0	0	3,680,598	0	62.00
65.00	06500	54,191	0	973	35,337,148	0	65.00
66.00	06600	0	170	1,909	21,480,128	0	66.00
67.00	06700	0	0	0	7,786,946	0	67.00
68.00	06800	0	0	0	2,699,931	0	68.00
69.00	06900	24,984	0	317,093	18,857,304	0	69.00
70.00	07000	0	0	8	10,119,555	0	70.00
71.00	07100	0	0	0	41,375,845	0	71.00
72.00	07200	0	0	0	21,451,651	0	72.00
73.00	07300	0	0	24,971,367	124,961,004	0	73.00
74.00	07400	0	0	12,996	2,917,138	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	6,720	0	36	2,388,798	0	76.97
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
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	38,478	484	15,662	11,603,999	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	203,089	0	90.02
90.03	09003	16,564	1,560	13,939	14,249,914	0	90.03
90.04	09004	2,525	0	0	1,247,788	0	90.04
90.05	09005	0	1	17,321	1,820,601	0	90.05
90.06	09006	4,008	0	0	857,105	0	90.06
91.00	09100	166,522	178	14,072	94,562,452	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	99,141	0	25,362	14,389,282	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,534,966	75,209	26,419,878	987,697,246	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	0
194.01	07951	BUILDING RENTALS	0	0	0	0	0
194.02	07952	HOSPICE	0	0	1,548	0	0
194.03	07953	OUTREACH CLINICS	0	0	0	0	0
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0
194.06	07956	CRH FOUNDATION	0	0	0	0	0
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0
194.08	07958	CRHP	0	527	0	0	0
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,894,238	2,234,513	10,510,960	3,128,993	0
203.00		Unit cost multiplier (Wkst. B, Part I)	8.400341	29.503974	0.397820	0.003168	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	616,638	303,842	628,051	164,575	0
205.00		Unit cost multiplier (Wkst. B, Part II)	0.401727	4.011857	0.023771	0.000167	0.000000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
23.00	02300	0			23.00
23.01	02301		100		23.01
23.02	02302			100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	100	0	54.00
54.01	05402	0	0	0	54.01
54.02	05404	0	0	0	54.02
54.03	05405	0	0	0	54.03
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	0	0	76.97
77.00	07700	0	0	0	77.00
78.00	07800	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
90.04	09004	0	0	0	90.04
90.05	09005	0	0	0	90.05
90.06	09006	0	0	0	90.06
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
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						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	194.07
194.08	07958	CRHP	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	194.09
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,048,861	563,206	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10,488.610000	5,632.060000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	51,229	27,774	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	512.290000	277.740000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:02 am

		Title XVIII		Hospital		PPS			
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs			
				Total Costs	RCE Disallowance				
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		71,038,502		71,038,502	106,474	71,144,976	30.00
31.00	03100	INTENSIVE CARE UNIT		11,491,011		11,491,011	0	11,491,011	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
40.00	04000	SUBPROVIDER - IPF		0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		5,975,998		5,975,998	0	5,975,998	41.00
42.00	04200	SUBPROVIDER		0		0	0	0	42.00
43.00	04300	NURSERY		2,872,479		2,872,479	0	2,872,479	43.00
44.00	04400	SKILLED NURSING FACILITY		0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		39,848,996		39,848,996	59,376	39,908,372	50.00
51.00	05100	RECOVERY ROOM		3,020,315		3,020,315	0	3,020,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,075,189		4,075,189	0	4,075,189	52.00
53.00	05300	ANESTHESIOLOGY		242,740		242,740	2,428	245,168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,418,049		5,418,049	6,078	5,424,127	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC		4,301,742		4,301,742	0	4,301,742	54.01
54.02	05404	ULTRA SOUND		1,705,353		1,705,353	0	1,705,353	54.02
54.03	05405	MAMMOGRAPHY		2,248,156		2,248,156	3,750	2,251,906	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		4,715,045		4,715,045	14,243	4,729,288	55.00
57.00	05700	CT SCAN		3,421,745		3,421,745	0	3,421,745	57.00
58.00	05800	MRI		2,119,107		2,119,107	0	2,119,107	58.00
59.00	05900	CARDIAC CATHETERIZATION		6,320,489		6,320,489	11,785	6,332,274	59.00
60.00	06000	LABORATORY		18,307,591		18,307,591	0	18,307,591	60.00
60.01	06001	LABORATORY-PATHOLOGICAL		2,443,677		2,443,677	37,284	2,480,961	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		990,895		990,895	0	990,895	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,911,338	0	6,911,338	16,029	6,927,367	65.00
66.00	06600	PHYSICAL THERAPY	0	9,059,163	0	9,059,163	24,071	9,083,234	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,166,746	0	3,166,746	0	3,166,746	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,415,201	0	1,415,201	0	1,415,201	68.00
69.00	06900	ELECTROCARDIOLOGY		2,984,626		2,984,626	0	2,984,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,193,424		2,193,424	0	2,193,424	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		13,606,054		13,606,054	0	13,606,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		12,821,197		12,821,197	0	12,821,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		41,947,796		41,947,796	0	41,947,796	73.00
74.00	07400	RENAL DIALYSIS		1,022,850		1,022,850	0	1,022,850	74.00
76.00	03020	ACUPUNCTURE		0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		852,923		852,923	0	852,923	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION		0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY		0		0	0	0	78.00
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		6,411,607		6,411,607	0	6,411,607	90.00
90.01	09001	DIABETES CENTER		0		0	0	0	90.01
90.02	09002	NEUROPSYCH		210,773		210,773	0	210,773	90.02
90.03	09003	WOUND CENTER		2,868,309		2,868,309	13,690	2,881,999	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY		396,682		396,682	805	397,487	90.04
90.05	09005	VIMCARE CLINIC		1,508,876		1,508,876	0	1,508,876	90.05
90.06	09006	MEDICATION MGMT CLINIC		579,727		579,727	0	579,727	90.06
91.00	09100	EMERGENCY		19,723,370		19,723,370	679,056	20,402,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		9,746,237		9,746,237	0	9,746,237	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		7,651,365		7,651,365	0	7,651,365	95.00
99.10	09910	CORF		0		0	0	0	99.10
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									
109.00	10900	PANCREAS ACQUISITION		0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0		0	0	0	113.00
200.00		Subtotal (see instructions)		335,635,343	0	335,635,343	975,069	336,610,412	200.00
201.00		Less Observation Beds		9,746,237		9,746,237		9,746,237	201.00
202.00		Total (see instructions)		325,889,106	0	325,889,106	975,069	326,864,175	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 7:02 am
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		Title XVIII			Hospital	PPS
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
		Inpatient	Outpatient	Total (col. 6 + col. 7)		
		6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	79,877,808		79,877,808	30.00
31.00	03100	INTENSIVE CARE UNIT	16,414,031		16,414,031	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	40.00
41.00	04100	SUBPROVIDER - I/RF	8,100,724		8,100,724	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	2,060,566		2,060,566	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,989,995	89,399,026	121,389,021	0.328275
51.00	05100	RECOVERY ROOM	2,423,472	6,855,542	9,279,014	0.325500
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,286,424	89,576	5,376,000	0.158034
53.00	05300	ANESTHESIOLOGY	6,330,044	13,357,766	19,687,810	0.123229
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,760,649	6,572,441	8,333,090	0.650185
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	879,826	14,637,343	15,517,169	0.277225
54.02	05404	ULTRA SOUND	1,723,469	8,948,308	10,671,777	0.159800
54.03	05405	MAMMOGRAPHY	1,741	7,743,464	7,745,205	0.290264
55.00	05500	RADIOLOGY-THERAPEUTIC	492,738	23,373,479	23,866,217	0.197561
57.00	05700	CT SCAN	12,879,361	41,906,106	54,785,467	0.062457
58.00	05800	MRI	2,239,960	13,537,014	15,776,974	0.134316
59.00	05900	CARDIAC CATHETERIZATION	20,770,473	19,014,655	39,785,128	0.158866
60.00	06000	LABORATORY	26,140,286	63,147,710	89,287,996	0.205040
60.01	06001	LABORATORY-PATHOLOGICAL	790,332	8,162,831	8,953,163	0.272940
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,109,899	1,570,699	3,680,598	0.269221
65.00	06500	RESPIRATORY THERAPY	26,908,268	8,428,880	35,337,148	0.195583
66.00	06600	PHYSICAL THERAPY	4,843,187	16,636,941	21,480,128	0.421746
67.00	06700	OCCUPATIONAL THERAPY	4,018,141	3,768,805	7,786,946	0.406674
68.00	06800	SPEECH PATHOLOGY	968,621	1,731,310	2,699,931	0.524162
69.00	06900	ELECTROCARDIOLOGY	6,002,396	12,854,908	18,857,304	0.158274
70.00	07000	ELECTROENCEPHALOGRAPHY	460,305	9,659,250	10,119,555	0.216751
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,513,574	19,862,271	41,375,845	0.328841
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,081,240	12,370,411	21,451,651	0.597679
73.00	07300	DRUGS CHARGED TO PATIENTS	36,392,945	88,568,059	124,961,004	0.335687
74.00	07400	RENAL DIALYSIS	2,917,138	0	2,917,138	0.350635
76.00	03020	ACUPUNCTURE	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	4,033	2,384,765	2,388,798	0.357051
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000
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	50,244	11,553,755	11,603,999	0.552534
90.01	09001	DIABETES CENTER	0	0	0	0.000000
90.02	09002	NEUROPSYCH	7,812	195,277	203,089	1.037836
90.03	09003	WOUND CENTER	254,875	13,995,039	14,249,914	0.201286
90.04	09004	HYPERBARIC OXYGEN THERAPY	5,016	1,242,772	1,247,788	0.317908
90.05	09005	VIMCARE CLINIC	3,472	1,817,129	1,820,601	0.828779
90.06	09006	MEDICATION MGMT CLINIC	2,103	855,002	857,105	0.676378
91.00	09100	EMERGENCY	24,726,270	69,836,182	94,562,452	0.208575
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,799,810	18,799,810	0.518422
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	17,179	14,372,103	14,389,282	0.531741
99.10	09910	CORF	0	0	0	99.10
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						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	360,448,617	627,248,629	987,697,246	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	360,448,617	627,248,629	987,697,246	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 7:02 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.328764		50.00
51.00	05100	RECOVERY ROOM	0.325500		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.758034		52.00
53.00	05300	ANESTHESIOLOGY	0.012453		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.650914		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.277225		54.01
54.02	05404	ULTRASOUND	0.159800		54.02
54.03	05405	MAMMOGRAPHY	0.290748		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198158		55.00
57.00	05700	CT SCAN	0.062457		57.00
58.00	05800	MRI	0.134316		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159162		59.00
60.00	06000	LABORATORY	0.205040		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277104		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221		62.00
65.00	06500	RESPIRATORY THERAPY	0.196036		65.00
66.00	06600	PHYSICAL THERAPY	0.422867		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406674		67.00
68.00	06800	SPEECH PATHOLOGY	0.524162		68.00
69.00	06900	ELECTROCARDIOLOGY	0.158274		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216751		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.597679		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335687		73.00
74.00	07400	RENAL DIALYSIS	0.350635		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.357051		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
		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	0.552534		90.00
90.01	09001	DIABETES CENTER	0.000000		90.01
90.02	09002	NEUROPSYCH	1.037836		90.02
90.03	09003	WOUND CENTER	0.202247		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.318553		90.04
90.05	09005	VIMCARE CLINIC	0.828779		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.676378		90.06
91.00	09100	EMERGENCY	0.215756		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518422		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.531741		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:02 am

		Title XIX		Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	71,038,502	71,038,502	106,474	71,144,976	30.00
31.00	03100 INTENSIVE CARE UNIT	11,491,011	11,491,011	0	11,491,011	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
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	5,975,998	5,975,998	0	5,975,998	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	2,872,479	2,872,479	0	2,872,479	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	39,848,996	39,848,996	59,376	39,908,372	50.00
51.00	05100 RECOVERY ROOM	3,020,315	3,020,315	0	3,020,315	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,075,189	4,075,189	0	4,075,189	52.00
53.00	05300 ANESTHESIOLOGY	242,740	242,740	2,428	245,168	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,418,049	5,418,049	6,078	5,424,127	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	4,301,742	4,301,742	0	4,301,742	54.01
54.02	05404 ULTRASOUND	1,705,353	1,705,353	0	1,705,353	54.02
54.03	05405 MAMMOGRAPHY	2,248,156	2,248,156	3,750	2,251,906	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	4,715,045	4,715,045	14,243	4,729,288	55.00
57.00	05700 CT SCAN	3,421,745	3,421,745	0	3,421,745	57.00
58.00	05800 MRI	2,119,107	2,119,107	0	2,119,107	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,320,489	6,320,489	11,785	6,332,274	59.00
60.00	06000 LABORATORY	18,307,591	18,307,591	0	18,307,591	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	2,443,677	2,443,677	37,284	2,480,961	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	990,895	990,895	0	990,895	62.00
65.00	06500 RESPIRATORY THERAPY	6,911,338	6,911,338	16,029	6,927,367	65.00
66.00	06600 PHYSICAL THERAPY	9,059,163	9,059,163	24,071	9,083,234	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,166,746	3,166,746	0	3,166,746	67.00
68.00	06800 SPEECH PATHOLOGY	1,415,201	1,415,201	0	1,415,201	68.00
69.00	06900 ELECTROCARDIOLOGY	2,984,626	2,984,626	0	2,984,626	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,193,424	2,193,424	0	2,193,424	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,606,054	13,606,054	0	13,606,054	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,821,197	12,821,197	0	12,821,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,947,796	41,947,796	0	41,947,796	73.00
74.00	07400 RENAL DIALYSIS	1,022,850	1,022,850	0	1,022,850	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	852,923	852,923	0	852,923	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
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	6,411,607	6,411,607	0	6,411,607	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	210,773	210,773	0	210,773	90.02
90.03	09003 WOUND CENTER	2,868,309	2,868,309	13,690	2,881,999	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	396,682	396,682	805	397,487	90.04
90.05	09005 VIMCARE CLINIC	1,508,876	1,508,876	0	1,508,876	90.05
90.06	09006 MEDICATION MGMT CLINIC	579,727	579,727	0	579,727	90.06
91.00	09100 EMERGENCY	19,723,370	19,723,370	679,056	20,402,426	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,746,237	9,746,237	0	9,746,237	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,651,365	7,651,365	0	7,651,365	95.00
99.10	09910 CORF	0	0	0	0	99.10
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						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	335,635,343	335,635,343	975,069	336,610,412	200.00
201.00	Less Observation Beds	9,746,237	9,746,237	0	9,746,237	201.00
202.00	Total (see instructions)	325,889,106	325,889,106	975,069	326,864,175	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:02 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,877,808		79,877,808		30.00
31.00	03100	INTENSIVE CARE UNIT	16,414,031		16,414,031		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	8,100,724		8,100,724		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,060,566		2,060,566		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,989,995	89,399,026	121,389,021	0.328275	50.00
51.00	05100	RECOVERY ROOM	2,423,472	6,855,542	9,279,014	0.325500	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,286,424	89,576	5,376,000	0.158034	52.00
53.00	05300	ANESTHESIOLOGY	6,330,044	13,357,766	19,687,810	0.012329	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,760,649	6,572,441	8,333,090	0.650185	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	879,826	14,637,343	15,517,169	0.277225	54.01
54.02	05404	ULTRA SOUND	1,723,469	8,948,308	10,671,777	0.159800	54.02
54.03	05405	MAMMOGRAPHY	1,741	7,743,464	7,745,205	0.290264	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	492,738	23,373,479	23,866,217	0.197561	55.00
57.00	05700	CT SCAN	12,879,361	41,906,106	54,785,467	0.062457	57.00
58.00	05800	MRI	2,239,960	13,537,014	15,776,974	0.134316	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,770,473	19,014,655	39,785,128	0.158866	59.00
60.00	06000	LABORATORY	26,140,286	63,147,710	89,287,996	0.205040	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	790,332	8,162,831	8,953,163	0.272940	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,109,899	1,570,699	3,680,598	0.269221	62.00
65.00	06500	RESPIRATORY THERAPY	26,908,268	8,428,880	35,337,148	0.195583	65.00
66.00	06600	PHYSICAL THERAPY	4,843,187	16,636,941	21,480,128	0.421746	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,018,141	3,768,805	7,786,946	0.406674	67.00
68.00	06800	SPEECH PATHOLOGY	968,621	1,731,310	2,699,931	0.524162	68.00
69.00	06900	ELECTROCARDIOLOGY	6,002,396	12,854,908	18,857,304	0.158274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	460,305	9,659,250	10,119,555	0.216751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,513,574	19,862,271	41,375,845	0.328841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,081,240	12,370,411	21,451,651	0.597679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,392,945	88,568,059	124,961,004	0.335687	73.00
74.00	07400	RENAL DIALYSIS	2,917,138	0	2,917,138	0.350635	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	4,033	2,384,765	2,388,798	0.357051	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
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	50,244	11,553,755	11,603,999	0.552534	90.00
90.01	09001	DIABETES CENTER	0	0	0	0.000000	90.01
90.02	09002	NEUROPSYCH	7,812	195,277	203,089	1.037836	90.02
90.03	09003	WOUND CENTER	254,875	13,995,039	14,249,914	0.201286	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	5,016	1,242,772	1,247,788	0.317908	90.04
90.05	09005	VIMCARE CLINIC	3,472	1,817,129	1,820,601	0.828779	90.05
90.06	09006	MEDICATION MGMT CLINIC	2,103	855,002	857,105	0.676378	90.06
91.00	09100	EMERGENCY	24,726,270	69,836,182	94,562,452	0.208575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,799,810	18,799,810	0.518422	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,179	14,372,103	14,389,282	0.531741	95.00
99.10	09910	CORF	0	0	0		99.10
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							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	360,448,617	627,248,629	987,697,246		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	360,448,617	627,248,629	987,697,246		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 7:02 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	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
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328764		50.00
51.00	05100	RECOVERY ROOM	0.325500		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.758034		52.00
53.00	05300	ANESTHESIOLOGY	0.012453		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.650914		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.277225		54.01
54.02	05404	ULTRASOUND	0.159800		54.02
54.03	05405	MAMMOGRAPHY	0.290748		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198158		55.00
57.00	05700	CT SCAN	0.062457		57.00
58.00	05800	MRI	0.134316		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159162		59.00
60.00	06000	LABORATORY	0.205040		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277104		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221		62.00
65.00	06500	RESPIRATORY THERAPY	0.196036		65.00
66.00	06600	PHYSICAL THERAPY	0.422867		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406674		67.00
68.00	06800	SPEECH PATHOLOGY	0.524162		68.00
69.00	06900	ELECTROCARDIOLOGY	0.158274		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216751		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.597679		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335687		73.00
74.00	07400	RENAL DIALYSIS	0.350635		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.357051		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
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	0.552534		90.00
90.01	09001	DIABETES CENTER	0.000000		90.01
90.02	09002	NEUROPSYCH	1.037836		90.02
90.03	09003	WOUND CENTER	0.202247		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.318553		90.04
90.05	09005	VIMCARE CLINIC	0.828779		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.676378		90.06
91.00	09100	EMERGENCY	0.215756		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518422		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.531741		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0.000000		111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XIX					
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	39,848,996	5,165,069	34,683,927	0	0	50.00
51.00	05100 RECOVERY ROOM	3,020,315	164,259	2,856,056	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,075,189	225,025	3,850,164	0	0	52.00
53.00	05300 ANESTHESIOLOGY	242,740	12,242	230,498	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,418,049	473,403	4,944,646	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	4,301,742	604,147	3,697,595	0	0	54.01
54.02	05404 ULTRASOUND	1,705,353	119,663	1,585,690	0	0	54.02
54.03	05405 MAMMOGRAPHY	2,248,156	420,158	1,827,998	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	4,715,045	785,164	3,929,881	0	0	55.00
57.00	05700 CT SCAN	3,421,745	387,195	3,034,550	0	0	57.00
58.00	05800 MRI	2,119,107	572,757	1,546,350	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,320,489	830,562	5,489,927	0	0	59.00
60.00	06000 LABORATORY	18,307,591	1,025,549	17,282,042	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	2,443,677	123,548	2,320,129	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	990,895	37,063	953,832	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	6,911,338	496,247	6,415,091	0	0	65.00
66.00	06600 PHYSICAL THERAPY	9,059,163	650,865	8,408,298	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,166,746	227,019	2,939,727	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,415,201	99,064	1,316,137	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,984,626	320,928	2,663,698	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,193,424	241,050	1,952,374	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,606,054	327,476	13,278,578	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,821,197	306,978	12,514,219	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,947,796	1,352,863	40,594,933	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,022,850	24,787	998,063	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	852,923	59,540	793,383	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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	6,411,607	359,342	6,052,265	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	210,773	7,672	203,101	0	0	90.02
90.03	09003 WOUND CENTER	2,868,309	205,849	2,662,460	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	396,682	112,485	284,197	0	0	90.04
90.05	09005 VIMCARE CLINIC	1,508,876	143,041	1,365,835	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	579,727	40,941	538,786	0	0	90.06
91.00	09100 EMERGENCY	19,723,370	1,076,625	18,646,745	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,746,237	603,009	9,143,228	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	7,651,365	608,261	7,043,104	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	244,257,353	18,209,846	226,047,507	0	0	200.00
201.00	Less Observation Beds	9,746,237	603,009	9,143,228	0	0	201.00
202.00	Total (line 200 minus line 201)	234,511,116	17,606,837	216,904,279	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	39,848,996	121,389,021	0.328275		50.00
51.00	05100 RECOVERY ROOM	3,020,315	9,279,014	0.325500		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,075,189	5,376,000	0.758034		52.00
53.00	05300 ANESTHESIOLOGY	242,740	19,687,810	0.012329		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,418,049	8,333,090	0.650185		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	4,301,742	15,517,169	0.277225		54.01
54.02	05404 ULTRASOUND	1,705,353	10,671,777	0.159800		54.02
54.03	05405 MAMMOGRAPHY	2,248,156	7,745,205	0.290264		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	4,715,045	23,866,217	0.197561		55.00
57.00	05700 CT SCAN	3,421,745	54,785,467	0.062457		57.00
58.00	05800 MRI	2,119,107	15,776,974	0.134316		58.00
59.00	05900 CARDIAC CATHETERIZATION	6,320,489	39,785,128	0.158866		59.00
60.00	06000 LABORATORY	18,307,591	89,287,996	0.205040		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	2,443,677	8,953,163	0.272940		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	990,895	3,680,598	0.269221		62.00
65.00	06500 RESPIRATORY THERAPY	6,911,338	35,337,148	0.195583		65.00
66.00	06600 PHYSICAL THERAPY	9,059,163	21,480,128	0.421746		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,166,746	7,786,946	0.406674		67.00
68.00	06800 SPEECH PATHOLOGY	1,415,201	2,699,931	0.524162		68.00
69.00	06900 ELECTROCARDIOLOGY	2,984,626	18,857,304	0.158274		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,193,424	10,119,555	0.216751		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,606,054	41,375,845	0.328841		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,821,197	21,451,651	0.597679		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,947,796	124,961,004	0.335687		73.00
74.00	07400 RENAL DIALYSIS	1,022,850	2,917,138	0.350635		74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	852,923	2,388,798	0.357051		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	6,411,607	11,603,999	0.552534		90.00
90.01	09001 DIABETES CENTER	0	0	0.000000		90.01
90.02	09002 NEUROPSYCH	210,773	203,089	1.037836		90.02
90.03	09003 WOUND CENTER	2,868,309	14,249,914	0.201286		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	396,682	1,247,788	0.317908		90.04
90.05	09005 VIMCARE CLINIC	1,508,876	1,820,601	0.828779		90.05
90.06	09006 MEDICATION MGMT CLINIC	579,727	857,105	0.676378		90.06
91.00	09100 EMERGENCY	19,723,370	94,562,452	0.208575		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,746,237	18,799,810	0.518422		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,651,365	14,389,282	0.531741		95.00
99.10	09910 CORF	0	0	0.000000		99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
200.00	Subtotal (sum of lines 50 thru 199)	244,257,353	881,244,117			200.00
201.00	Less Observation Beds	9,746,237	0			201.00
202.00	Total (line 200 minus line 201)	234,511,116	881,244,117			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,401,777	0	4,401,777	35,922	122.54	30.00
31.00	INTENSIVE CARE UNIT	754,704		754,704	3,528	213.92	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	501,048	0	501,048	3,584	139.80	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	100,815		100,815	2,697	37.38	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,758,344		5,758,344	45,731		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	10,283	1,260,079	30.00
31.00	INTENSIVE CARE UNIT	711	152,097	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	1,708	238,778	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	12,702	1,650,954	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,165,069	121,389,021	0.042550	8,743,943	372,055	50.00
51.00	05100 RECOVERY ROOM	164,259	9,279,014	0.017702	714,033	12,640	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	225,025	5,376,000	0.041857	6,338	265	52.00
53.00	05300 ANESTHESIOLOGY	12,242	19,687,810	0.000622	1,859,560	1,157	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	473,403	8,333,090	0.056810	702,554	39,912	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	604,147	15,517,169	0.038934	366,002	14,250	54.01
54.02	05404 ULTRASOUND	119,663	10,671,777	0.011213	609,472	6,834	54.02
54.03	05405 MAMMOGRAPHY	420,158	7,745,205	0.054247	1,036	56	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	785,164	23,866,217	0.032899	235,119	7,735	55.00
57.00	05700 CT SCAN	387,195	54,785,467	0.007067	5,087,412	35,953	57.00
58.00	05800 MRI	572,757	15,776,974	0.036303	879,920	31,944	58.00
59.00	05900 CARDIAC CATHETERIZATION	830,562	39,785,128	0.020876	5,961,786	124,458	59.00
60.00	06000 LABORATORY	1,025,549	89,287,996	0.011486	8,547,426	98,176	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	123,548	8,953,163	0.013799	244,287	3,371	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	37,063	3,680,598	0.010070	605,198	6,094	62.00
65.00	06500 RESPIRATORY THERAPY	496,247	35,337,148	0.014043	9,290,167	130,462	65.00
66.00	06600 PHYSICAL THERAPY	650,865	21,480,128	0.030301	1,272,409	38,555	66.00
67.00	06700 OCCUPATIONAL THERAPY	227,019	7,786,946	0.029154	893,740	26,056	67.00
68.00	06800 SPEECH PATHOLOGY	99,064	2,699,931	0.036691	110,705	4,062	68.00
69.00	06900 ELECTROCARDIOLOGY	320,928	18,857,304	0.017019	2,412,100	41,052	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	241,050	10,119,555	0.023820	191,263	4,556	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	327,476	41,375,845	0.007915	6,963,668	55,117	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	306,978	21,451,651	0.014310	3,832,613	54,845	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,352,863	124,961,004	0.010826	11,384,115	123,244	73.00
74.00	07400 RENAL DIALYSIS	24,787	2,917,138	0.008497	1,113,768	9,464	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	59,540	2,388,798	0.024925	692	17	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
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	359,342	11,603,999	0.030967	27,248	844	90.00
90.01	09001 DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002 NEUROPSYCH	7,672	203,089	0.037777	1,860	70	90.02
90.03	09003 WOUND CENTER	205,849	14,249,914	0.014446	87,017	1,257	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	112,485	1,247,788	0.090148	0	0	90.04
90.05	09005 VIMCARE CLINIC	143,041	1,820,601	0.078568	679	53	90.05
90.06	09006 MEDICATION MGMT CLINIC	40,941	857,105	0.047767	1,142	55	90.06
91.00	09100 EMERGENCY	1,076,625	94,562,452	0.011385	9,366,241	106,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	603,009	18,799,810	0.032075	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	17,601,585	866,854,835		81,513,513	1,351,244	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	35,922	0.00	10,283	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,528	0.00	711	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,584	0.00	1,708	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,697	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)	0	0	45,731	0.00	12,702	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
INPATIENT ROUTINE SERVICE COST CENTERS			9.00					
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,048,861	54.00	
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01	
54.02	05404	ULTRA SOUND	0	0	0	0	54.02	
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	563,206	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00	
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	0	0	0	0	90.00	
90.01	09001	DIABETES CENTER	0	0	0	0	90.01	
90.02	09002	NEUROPSYCH	0	0	0	0	90.02	
90.03	09003	WOUND CENTER	0	0	0	0	90.03	
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04	
90.05	09005	VIMCARE CLINIC	0	0	0	0	90.05	
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	1,612,067	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description	All Other Medical Educational Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XVIII		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				Hospital	PPS	
	4.00	5.00	6.00	Total Charges (from Wkst. C, Part I, col. 8)	7.00	8.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	121,389,021	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,279,014	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,376,000	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	19,687,810	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,048,861	1,048,861	8,333,090	0.125867	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	15,517,169	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	10,671,777	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	7,745,205	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,866,217	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	54,785,467	0.000000	57.00
58.00 05800 MRI	0	0	0	15,776,974	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	39,785,128	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	89,287,996	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	8,953,163	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,680,598	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	35,337,148	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	21,480,128	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,786,946	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,699,931	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	18,857,304	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,119,555	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,375,845	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,451,651	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	563,206	563,206	124,961,004	0.004507	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,917,138	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,388,798	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
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	11,603,999	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	203,089	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	14,249,914	0.000000	90.03
90.04 09004 HYPERBARI C OXYGEN THERAPY	0	0	0	1,247,788	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,820,601	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	857,105	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	94,562,452	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,799,810	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,612,067	1,612,067	866,854,835		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	8,743,943	0	17,947,576	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	714,033	0	1,150,542	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	6,338	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,859,560	0	2,784,768	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125867	702,554	88,428	1,304,385	164,179	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	366,002	0	4,498,912	0	54.01
54.02	05404 ULTRASOUND	0.000000	609,472	0	1,435,191	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	1,036	0	757,742	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	235,119	0	6,579,617	0	55.00
57.00	05700 CT SCAN	0.000000	5,087,412	0	8,479,435	0	57.00
58.00	05800 MRI	0.000000	879,920	0	2,978,852	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,961,786	0	5,608,297	0	59.00
60.00	06000 LABORATORY	0.000000	8,547,426	0	4,249,193	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	244,287	0	1,516,931	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	605,198	0	265,948	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	9,290,167	0	1,640,343	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,272,409	0	17,279	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	893,740	0	12,050	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	110,705	0	103,500	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,412,100	0	3,478,829	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	191,263	0	1,640,710	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,963,668	0	4,248,802	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,832,613	0	3,424,126	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004507	11,384,115	51,308	25,368,815	114,337	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,113,768	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	692	0	839,640	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
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	27,248	0	3,085,702	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	1,860	0	48,058	0	90.02
90.03	09003 WOUND CENTER	0.000000	87,017	0	5,254,218	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	323,532	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	679	0	133,992	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	1,142	0	396,277	0	90.06
91.00	09100 EMERGENCY	0.000000	9,366,241	0	9,209,744	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,137,407	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		81,513,513	139,736	120,920,413	278,516	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.328275	17,947,576	0	504	5,891,741
51.00 05100 RECOVERY ROOM	0.325500	1,150,542	0	0	374,501
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.758034	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.012329	2,784,768	0	0	34,333
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.650185	1,304,385	0	0	848,092
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.277225	4,498,912	0	0	1,247,211
54.02 05404 ULTRA SOUND	0.159800	1,435,191	0	0	229,344
54.03 05405 MAMMOGRAPHY	0.290264	757,742	0	0	219,945
55.00 05500 RADIOLOGY-THERAPEUTIC	0.197561	6,579,617	0	0	1,299,876
57.00 05700 CT SCAN	0.062457	8,479,435	0	0	529,600
58.00 05800 MRI	0.134316	2,978,852	0	0	400,107
59.00 05900 CARDIAC CATHETERIZATION	0.158866	5,608,297	0	0	890,968
60.00 06000 LABORATORY	0.205040	4,249,193	0	0	871,255
60.01 06001 LABORATORY-PATHOLOGICAL	0.272940	1,516,931	0	0	414,031
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221	265,948	0	0	71,599
65.00 06500 RESPIRATORY THERAPY	0.195583	1,640,343	0	0	320,823
66.00 06600 PHYSICAL THERAPY	0.421746	17,279	0	0	7,287
67.00 06700 OCCUPATIONAL THERAPY	0.406674	12,050	0	0	4,900
68.00 06800 SPEECH PATHOLOGY	0.524162	103,500	0	0	54,251
69.00 06900 ELECTROCARDIOLOGY	0.158274	3,478,829	0	0	550,608
70.00 07000 ELECTROENCEPHALOGRAPHY	0.216751	1,640,710	0	0	355,626
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841	4,248,802	0	0	1,397,180
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.597679	3,424,126	0	0	2,046,528
73.00 07300 DRUGS CHARGED TO PATIENTS	0.335687	25,368,815	0	90,344	8,515,981
74.00 07400 RENAL DIALYSIS	0.350635	0	0	0	0
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.357051	839,640	0	0	299,794
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0
78.00 07800 CAR T-CELL IMMUNOTHERAPY	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	0.552534	3,085,702	0	0	1,704,955
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0
90.02 09002 NEUROPSYCH	1.037836	48,058	0	0	49,876
90.03 09003 WOUND CENTER	0.201286	5,254,218	0	0	1,057,601
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.317908	323,532	0	0	102,853
90.05 09005 VIMCARE CLINIC	0.828779	133,992	0	0	111,050
90.06 09006 MEDICATION MGMT CLINIC	0.676378	396,277	0	0	268,033
91.00 09100 EMERGENCY	0.208575	9,209,744	0	0	1,920,922
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.518422	2,137,407	0	0	1,108,079
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.531741		0		
200.00	Subtotal (see instructions)	120,920,413	0	90,848	33,198,950
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	120,920,413	0	90,848	33,198,950

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 5/30/2024 7:02 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	165			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	05404	ULTRA SOUND	0	0			54.02
54.03	05405	MAMMOGRAPHY	0	0			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,327			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03020	ACUPUNCTURE	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0			77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0			78.00
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	0			90.00
90.01	09001	DIABETES CENTER	0	0			90.01
90.02	09002	NEUROPSYCH	0	0			90.02
90.03	09003	WOUND CENTER	0	0			90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0			90.04
90.05	09005	VIMCARE CLINIC	0	0			90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0			90.06
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0				95.00
200.00		Subtotal (see instructions)	0	30,492			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	0	30,492			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 7:02 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,165,069	121,389,021	0.042550	54,207	2,307	50.00
51.00	05100	RECOVERY ROOM	164,259	9,279,014	0.017702	8,339	148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	225,025	5,376,000	0.041857	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,242	19,687,810	0.000622	10,178	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	473,403	8,333,090	0.056810	26,083	1,482	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	604,147	15,517,169	0.038934	5,980	233	54.01
54.02	05404	ULTRASOUND	119,663	10,671,777	0.011213	14,502	163	54.02
54.03	05405	MAMMOGRAPHY	420,158	7,745,205	0.054247	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	785,164	23,866,217	0.032899	0	0	55.00
57.00	05700	CT SCAN	387,195	54,785,467	0.007067	43,790	309	57.00
58.00	05800	MRI	572,757	15,776,974	0.036303	8,378	304	58.00
59.00	05900	CARDIAC CATHETERIZATION	830,562	39,785,128	0.020876	1,161	24	59.00
60.00	06000	LABORATORY	1,025,549	89,287,996	0.011486	277,751	3,190	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	123,548	8,953,163	0.013799	1,223	17	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	37,063	3,680,598	0.010070	23,993	242	62.00
65.00	06500	RESPIRATORY THERAPY	496,247	35,337,148	0.014043	735,221	10,325	65.00
66.00	06600	PHYSICAL THERAPY	650,865	21,480,128	0.030301	849,742	25,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	227,019	7,786,946	0.029154	856,407	24,968	67.00
68.00	06800	SPEECH PATHOLOGY	99,064	2,699,931	0.036691	308,639	11,324	68.00
69.00	06900	ELECTROCARDIOLOGY	320,928	18,857,304	0.017019	14,932	254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	241,050	10,119,555	0.023820	1,805	43	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	327,476	41,375,845	0.007915	66,849	529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,978	21,451,651	0.014310	10,869	156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,352,863	124,961,004	0.010826	365,020	3,952	73.00
74.00	07400	RENAL DIALYSIS	24,787	2,917,138	0.008497	204,536	1,738	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	59,540	2,388,798	0.024925	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
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	359,342	11,603,999	0.030967	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002	NEUROPSYCH	7,672	203,089	0.037777	0	0	90.02
90.03	09003	WOUND CENTER	205,849	14,249,914	0.014446	0	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	112,485	1,247,788	0.090148	0	0	90.04
90.05	09005	VIMCARE CLINIC	143,041	1,820,601	0.078568	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	40,941	857,105	0.047767	0	0	90.06
91.00	09100	EMERGENCY	1,076,625	94,562,452	0.011385	11,821	135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,799,810	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,998,576	866,854,835		3,901,426	87,597	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,048,861	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	563,206	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
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
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,612,067	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	121,389,021	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	9,279,014	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,376,000	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	19,687,810	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,048,861	1,048,861	8,333,090	0.125867	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	15,517,169	0.000000	54.01
54.02 05404 ULTRA SOUND	0	0	0	10,671,777	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	7,745,205	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,866,217	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	54,785,467	0.000000	57.00
58.00 05800 MRI	0	0	0	15,776,974	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	39,785,128	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	89,287,996	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	8,953,163	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,680,598	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	35,337,148	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	21,480,128	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,786,946	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,699,931	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	18,857,304	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,119,555	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,375,845	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,451,651	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	563,206	563,206	124,961,004	0.004507	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,917,138	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,388,798	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
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	11,603,999	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	203,089	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	14,249,914	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	1,247,788	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,820,601	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	857,105	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	94,562,452	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,799,810	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,612,067	1,612,067	866,854,835		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	54,207	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	8,339	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	10,178	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.125867	26,083	3,283	0	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	5,980	0	0	0	54.01
54.02 05404 ULTRASOUND	0.000000	14,502	0	0	0	54.02
54.03 05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	43,790	0	0	0	57.00
58.00 05800 MRI	0.000000	8,378	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	1,161	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	277,751	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	1,223	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	23,993	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	735,221	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	849,742	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	856,407	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	308,639	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	14,932	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	1,805	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	66,849	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,869	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.004507	365,020	1,645	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	204,536	0	0	0	74.00
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
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	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02 09002 NEUROPSYCH	0.000000	0	0	0	0	90.02
90.03 09003 WOUND CENTER	0.000000	0	0	0	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05 09005 VIMCARE CLINIC	0.000000	0	0	0	0	90.05
90.06 09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00 09100 EMERGENCY	0.000000	11,821	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		3,901,426	4,928	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,401,777	0	4,401,777	35,922	122.54	30.00
31.00	INTENSIVE CARE UNIT	754,704		754,704	3,528	213.92	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	501,048	0	501,048	3,584	139.80	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	100,815		100,815	2,697	37.38	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,758,344		5,758,344	45,731		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	884	108,325				30.00
31.00	INTENSIVE CARE UNIT	179	38,292				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	62	8,668				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	262	9,794				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	1,387	165,079				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,165,069	121,389,021	0.042550	5,226,427	222,384	50.00
51.00	05100 RECOVERY ROOM	164,259	9,279,014	0.017702	435,077	7,702	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	225,025	5,376,000	0.041857	2,184,701	91,445	52.00
53.00	05300 ANESTHESIOLOGY	12,242	19,687,810	0.000622	1,072,133	667	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	473,403	8,333,090	0.056810	213,645	12,137	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	604,147	15,517,169	0.038934	91,597	3,566	54.01
54.02	05404 ULTRASOUND	119,663	10,671,777	0.011213	294,933	3,307	54.02
54.03	05405 MAMMOGRAPHY	420,158	7,745,205	0.054247	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	785,164	23,866,217	0.032899	32,627	1,073	55.00
57.00	05700 CT SCAN	387,195	54,785,467	0.007067	1,652,926	11,681	57.00
58.00	05800 MRI	572,757	15,776,974	0.036303	226,156	8,210	58.00
59.00	05900 CARDIAC CATHETERIZATION	830,562	39,785,128	0.020876	2,308,354	48,189	59.00
60.00	06000 LABORATORY	1,025,549	89,287,996	0.011486	4,425,933	50,836	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	123,548	8,953,163	0.013799	124,412	1,717	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	37,063	3,680,598	0.010070	408,893	4,118	62.00
65.00	06500 RESPIRATORY THERAPY	496,247	35,337,148	0.014043	3,281,603	46,084	65.00
66.00	06600 PHYSICAL THERAPY	650,865	21,480,128	0.030301	290,393	8,799	66.00
67.00	06700 OCCUPATIONAL THERAPY	227,019	7,786,946	0.029154	258,589	7,539	67.00
68.00	06800 SPEECH PATHOLOGY	99,064	2,699,931	0.036691	19,804	727	68.00
69.00	06900 ELECTROCARDIOLOGY	320,928	18,857,304	0.017019	600,187	10,215	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	241,050	10,119,555	0.023820	57,760	1,376	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	327,476	41,375,845	0.007915	2,617,623	20,718	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	306,978	21,451,651	0.014310	709,415	10,152	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,352,863	124,961,004	0.010826	6,072,879	65,745	73.00
74.00	07400 RENAL DIALYSIS	24,787	2,917,138	0.008497	455,583	3,871	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	59,540	2,388,798	0.024925	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
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	359,342	11,603,999	0.030967	2,015	62	90.00
90.01	09001 DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002 NEUROPSYCH	7,672	203,089	0.037777	1,116	42	90.02
90.03	09003 WOUND CENTER	205,849	14,249,914	0.014446	3,627	52	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	112,485	1,247,788	0.090148	0	0	90.04
90.05	09005 VIMCARE CLINIC	143,041	1,820,601	0.078568	2,077	163	90.05
90.06	09006 MEDICATION MGMT CLINIC	40,941	857,105	0.047767	0	0	90.06
91.00	09100 EMERGENCY	1,076,625	94,562,452	0.011385	3,917,312	44,599	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	603,009	18,799,810	0.032075	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	17,601,585	866,854,835		36,987,797	687,176	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	35,922	0.00	884	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,528	0.00	179	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,584	0.00	62	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	2,697	0.00	262	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	45,731	0.00	1,387	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XIX					Hospital		PPS
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,048,861	54.00	
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01	
54.02	05404	ULTRA SOUND	0	0	0	0	0	54.02	
54.03	05405	MAMMOGRAPHY	0	0	0	0	0	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	563,206	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00	
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	
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01	
90.02	09002	NEUROPSYCH	0	0	0	0	0	90.02	
90.03	09003	WOUND CENTER	0	0	0	0	0	90.03	
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04	
90.05	09005	VIMCARE CLINIC	0	0	0	0	0	90.05	
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	0	1,612,067	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description	Title XIX				Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	121,389,021	0.000000	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	9,279,014	0.000000	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,376,000	0.000000	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	19,687,810	0.000000	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,048,861	1,048,861	8,333,090	0.125867	54.00	
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	15,517,169	0.000000	54.01	
54.02 05404 ULTRASOUND	0	0	0	10,671,777	0.000000	54.02	
54.03 05405 MAMMOGRAPHY	0	0	0	7,745,205	0.000000	54.03	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,866,217	0.000000	55.00	
57.00 05700 CT SCAN	0	0	0	54,785,467	0.000000	57.00	
58.00 05800 MRI	0	0	0	15,776,974	0.000000	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	39,785,128	0.000000	59.00	
60.00 06000 LABORATORY	0	0	0	89,287,996	0.000000	60.00	
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	8,953,163	0.000000	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,680,598	0.000000	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	35,337,148	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	21,480,128	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,786,946	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,699,931	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	18,857,304	0.000000	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,119,555	0.000000	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,375,845	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,451,651	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	563,206	563,206	124,961,004	0.004507	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	2,917,138	0.000000	74.00	
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,388,798	0.000000	76.97	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00	
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00	
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	11,603,999	0.000000	90.00	
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01	
90.02 09002 NEUROPSYCH	0	0	0	203,089	0.000000	90.02	
90.03 09003 WOUND CENTER	0	0	0	14,249,914	0.000000	90.03	
90.04 09004 HYPERBARI C OXYGEN THERAPY	0	0	0	1,247,788	0.000000	90.04	
90.05 09005 VIMCARE CLINIC	0	0	0	1,820,601	0.000000	90.05	
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	857,105	0.000000	90.06	
91.00 09100 EMERGENCY	0	0	0	94,562,452	0.000000	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,799,810	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
200.00 Total (lines 50 through 199)	0	1,612,067	1,612,067	866,854,835		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:02 am
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	5,226,427	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	435,077	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	2,184,701	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,072,133	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125867	213,645	26,891	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	91,597	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	294,933	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	32,627	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	1,652,926	0	0	0	57.00
58.00	05800 MRI	0.000000	226,156	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,308,354	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	4,425,933	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	124,412	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	408,893	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,281,603	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	290,393	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	258,589	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	19,804	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	600,187	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	57,760	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,617,623	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	709,415	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004507	6,072,879	27,370	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	455,583	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
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	2,015	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	1,116	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	3,627	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	2,077	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	3,917,312	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		36,987,797	54,261	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 7:02 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.328275	0	14,452,142	0	0 50.00
51.00 05100 RECOVERY ROOM	0.325500	0	1,455,177	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.758034	0	7,510	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.012329	0	2,352,509	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.650185	0	1,411,220	0	0 54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.277225	0	1,464,824	0	0 54.01
54.02 05404 ULTRA SOUND	0.159800	0	1,872,134	0	0 54.02
54.03 05405 MAMMOGRAPHY	0.290264	0	720,275	0	0 54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.197561	0	2,466,971	0	0 55.00
57.00 05700 CT SCAN	0.062457	0	8,880,523	0	0 57.00
58.00 05800 MRI	0.134316	0	1,882,183	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.158866	0	1,860,437	0	0 59.00
60.00 06000 LABORATORY	0.205040	0	14,092,535	0	0 60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.272940	0	1,104,601	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221	0	284,899	0	0 62.00
65.00 06500 RESPIRATORY THERAPY	0.195583	0	1,468,896	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.421746	0	2,673,748	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.406674	0	641,430	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.524162	0	811,975	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.158274	0	1,540,025	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.216751	0	2,032,582	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841	0	2,824,358	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.597679	0	1,301,657	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.335687	0	12,582,016	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.350635	0	0	0	0 74.00
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.357051	0	166,426	0	0 76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0 77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0 78.00
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	0.552534	0	1,338,724	0	0 90.00
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0 90.01
90.02 09002 NEUROPSYCH	1.037836	0	10,788	0	0 90.02
90.03 09003 WOUND CENTER	0.201286	0	1,478,383	0	0 90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.317908	0	0	0	0 90.04
90.05 09005 VIMCARE CLINIC	0.828779	0	982,961	0	0 90.05
90.06 09006 MEDICATION MGMT CLINIC	0.676378	0	44,046	0	0 90.06
91.00 09100 EMERGENCY	0.208575	0	22,827,255	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.518422	0	4,825,870	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.531741	0	3,085,328		95.00
200.00	Subtotal (see instructions)	0	114,944,408	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 - line 201)	0	114,944,408	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 7:02 am
		Title XIX	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	4,744,277	0	50.00
51.00	05100 RECOVERY ROOM	473,660	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,693	0	52.00
53.00	05300 ANESTHESIOLOGY	29,004	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	917,554	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	406,086	0	54.01
54.02	05404 ULTRA SOUND	299,167	0	54.02
54.03	05405 MAMMOGRAPHY	209,070	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	487,377	0	55.00
57.00	05700 CT SCAN	554,651	0	57.00
58.00	05800 MRI	252,807	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	295,560	0	59.00
60.00	06000 LABORATORY	2,889,533	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	301,490	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	76,701	0	62.00
65.00	06500 RESPIRATORY THERAPY	287,291	0	65.00
66.00	06600 PHYSICAL THERAPY	1,127,643	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	260,853	0	67.00
68.00	06800 SPEECH PATHOLOGY	425,606	0	68.00
69.00	06900 ELECTROCARDIOLOGY	243,746	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	440,564	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	928,765	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	777,973	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,223,619	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	59,423	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
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	739,691	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
90.02	09002 NEUROPSYCH	11,196	0	90.02
90.03	09003 WOUND CENTER	297,578	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	90.04
90.05	09005 VIMCARE CLINIC	814,657	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	29,792	0	90.06
91.00	09100 EMERGENCY	4,761,195	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,501,837	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	1,640,595		95.00
200.00	Subtotal (see instructions)	31,514,654	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	31,514,654	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,922	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,922	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)		31,001	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)		10,283	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)		71,144,976	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)		71,144,976	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)		71,144,976	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)		1,980.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,365,893	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)		20,365,893	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,491,011	3,528	3,257.09	711	2,315,791	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,259,746	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)					43,941,430	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,412,176	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,490,980	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,903,156	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,038,274	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)					4,921	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,980.54	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,746,237	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,401,777	71,144,976	0.061871	9,746,237	603,009	90.00
91.00	Nursing Program cost	0	71,144,976	0.000000	9,746,237	0	91.00
92.00	Allied health cost	0	71,144,976	0.000000	9,746,237	0	92.00
93.00	All other Medical Education	0	71,144,976	0.000000	9,746,237	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,584	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,584	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,584	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,708	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,975,998	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,975,998	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,975,998	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)		1,667.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,847,936	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,847,936	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Component CCN: 15-T112				Date/Time Prepared: 5/30/2024 7:02 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,350,953		48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)				0		48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)				4,198,889		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)				238,778		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				92,525		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				331,303		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,867,586		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description						1.00		
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	501,048	5,975,998	0.083843	0	0	90.00	
91.00	Nursing Program cost	0	5,975,998	0.000000	0	0	91.00	
92.00	Allied health cost	0	5,975,998	0.000000	0	0	92.00	
93.00	All other Medical Education	0	5,975,998	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,922	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,922	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)		31,001	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)		884	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)		2,697	15.00
16.00	Nursery days (title V or XIX only)		262	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)		71,144,976	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)		71,144,976	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)		71,144,976	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)		1,980.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,750,797	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,750,797	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	2,872,479	2,697	1,065.06	262	279,046	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,491,011	3,528	3,257.09	179	583,019	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,622,617	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)					13,235,479	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)					156,411	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					741,437	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					897,848	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					12,337,631	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)					4,921	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,980.54	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,746,237	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,401,777	71,144,976	0.061871	9,746,237	603,009	90.00
91.00	Nursing Program cost	0	71,144,976	0.000000	9,746,237	0	91.00
92.00	Allied health cost	0	71,144,976	0.000000	9,746,237	0	92.00
93.00	All other Medical Education	0	71,144,976	0.000000	9,746,237	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am
		Title XIX	Subprovider - IRF	
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,584	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,584	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,584	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		100	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		62	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)		2,697	15.00
16.00	Nursery days (title V or XIX only)		262	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,975,998	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,975,998	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,975,998	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)		1,667.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		103,379	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)		103,379	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Component CCN: 15-T112				Date/Time Prepared: 5/30/2024 7:02 am	
		Title XIX		Subprovider - IRF			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				306,650	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)				410,029	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)				8,668	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				8,668	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				401,361	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0	54.00	
55.00	Target amount per discharge				0.00	55.00	
55.01	Permanent adjustment amount per discharge				0.00	55.01	
55.02	Adjustment amount per discharge (contractor use only)				0.00	55.02	
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00	
58.00	Bonus payment (see instructions)				0	58.00	
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00	59.00	
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00	60.00	
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0	61.00	
62.00	Relief payment (see instructions)				0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 7:02 am
		Title XIX	Subprovider - IRF	

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 7:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,084,151	30.00
31.00	03100	INTENSIVE CARE UNIT		4,473,599	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328764	8,743,943	2,874,694 50.00
51.00	05100	RECOVERY ROOM	0.325500	714,033	232,418 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.758034	6,338	4,804 52.00
53.00	05300	ANESTHESIOLOGY	0.012453	1,859,560	23,157 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.650914	702,554	457,302 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.277225	366,002	101,465 54.01
54.02	05404	ULTRA SOUND	0.159800	609,472	97,394 54.02
54.03	05405	MAMMOGRAPHY	0.290748	1,036	301 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198158	235,119	46,591 55.00
57.00	05700	CT SCAN	0.062457	5,087,412	317,744 57.00
58.00	05800	MRI	0.134316	879,920	118,187 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159162	5,961,786	948,890 59.00
60.00	06000	LABORATORY	0.205040	8,547,426	1,752,564 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277104	244,287	67,693 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221	605,198	162,932 62.00
65.00	06500	RESPIRATORY THERAPY	0.196036	9,290,167	1,821,207 65.00
66.00	06600	PHYSICAL THERAPY	0.422867	1,272,409	538,060 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406674	893,740	363,461 67.00
68.00	06800	SPEECH PATHOLOGY	0.524162	110,705	58,027 68.00
69.00	06900	ELECTROCARDIOLOGY	0.158274	2,412,100	381,773 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216751	191,263	41,456 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841	6,963,668	2,289,940 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.597679	3,832,613	2,290,672 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335687	11,384,115	3,821,499 73.00
74.00	07400	RENAL DIALYSIS	0.350635	1,113,768	390,526 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.357051	692	247 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
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	0.552534	27,248	15,055 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	1.037836	1,860	1,930 90.02
90.03	09003	WOUND CENTER	0.202247	87,017	17,599 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.318553	0	0 90.04
90.05	09005	VIMCARE CLINIC	0.828779	679	563 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.676378	1,142	772 90.06
91.00	09100	EMERGENCY	0.215756	9,366,241	2,020,823 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518422	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		81,513,513	21,259,746 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		81,513,513	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Component CCN: 15-T112		Date/Time Prepared: 5/30/2024 7:02 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		3,863,291	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328764	54,207	17,821 50.00
51.00	05100	RECOVERY ROOM	0.325500	8,339	2,714 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.758034	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.012453	10,178	127 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.650914	26,083	16,978 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.277225	5,980	1,658 54.01
54.02	05404	ULTRA SOUND	0.159800	14,502	2,317 54.02
54.03	05405	MAMMOGRAPHY	0.290748	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198158	0	0 55.00
57.00	05700	CT SCAN	0.062457	43,790	2,735 57.00
58.00	05800	MRI	0.134316	8,378	1,125 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159162	1,161	185 59.00
60.00	06000	LABORATORY	0.205040	277,751	56,950 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277104	1,223	339 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221	23,993	6,459 62.00
65.00	06500	RESPIRATORY THERAPY	0.196036	735,221	144,130 65.00
66.00	06600	PHYSICAL THERAPY	0.422867	849,742	359,328 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406674	856,407	348,278 67.00
68.00	06800	SPEECH PATHOLOGY	0.524162	308,639	161,777 68.00
69.00	06900	ELECTROCARDIOLOGY	0.158274	14,932	2,363 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216751	1,805	391 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841	66,849	21,983 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.597679	10,869	6,496 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335687	365,020	122,532 73.00
74.00	07400	RENAL DIALYSIS	0.350635	204,536	71,717 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.357051	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
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	0.552534	0	0 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	1.037836	0	0 90.02
90.03	09003	WOUND CENTER	0.202247	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.318553	0	0 90.04
90.05	09005	VIMCARE CLINIC	0.828779	0	0 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.676378	0	0 90.06
91.00	09100	EMERGENCY	0.215756	11,821	2,550 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518422	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,901,426	1,350,953 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		3,901,426	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 7:02 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,372,584	30.00
31.00	03100	INTENSIVE CARE UNIT		2,429,848	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		118	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,256,467	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328764	5,226,427	1,718,261 50.00
51.00	05100	RECOVERY ROOM	0.325500	435,077	141,618 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.758034	2,184,701	1,656,078 52.00
53.00	05300	ANESTHESIOLOGY	0.012453	1,072,133	13,351 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.650914	213,645	139,065 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.277225	91,597	25,393 54.01
54.02	05404	ULTRA SOUND	0.159800	294,933	47,130 54.02
54.03	05405	MAMMOGRAPHY	0.290748	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198158	32,627	6,465 55.00
57.00	05700	CT SCAN	0.062457	1,652,926	103,237 57.00
58.00	05800	MRI	0.134316	226,156	30,376 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159162	2,308,354	367,402 59.00
60.00	06000	LABORATORY	0.205040	4,425,933	907,493 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277104	124,412	34,475 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221	408,893	110,083 62.00
65.00	06500	RESPIRATORY THERAPY	0.196036	3,281,603	643,312 65.00
66.00	06600	PHYSICAL THERAPY	0.422867	290,393	122,798 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406674	258,589	105,161 67.00
68.00	06800	SPEECH PATHOLOGY	0.524162	19,804	10,381 68.00
69.00	06900	ELECTROCARDIOLOGY	0.158274	600,187	94,994 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216751	57,760	12,520 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841	2,617,623	860,782 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.597679	709,415	424,002 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335687	6,072,879	2,038,587 73.00
74.00	07400	RENAL DIALYSIS	0.350635	455,583	159,743 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.357051	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.552534	2,015	1,113 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	1.037836	1,116	1,158 90.02
90.03	09003	WOUND CENTER	0.202247	3,627	734 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.318553	0	0 90.04
90.05	09005	VIMCARE CLINIC	0.828779	2,077	1,721 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.676378	0	0 90.06
91.00	09100	EMERGENCY	0.215756	3,917,312	845,184 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.518422	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,987,797	10,622,617 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		36,987,797	10,622,617 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Component CCN: 15-T112		Date/Time Prepared: 5/30/2024 7:02 am	
		Title XIX	Subprovider - IRF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		950,095	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328764	0	50.00
51.00	05100	RECOVERY ROOM	0.325500	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.758034	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012453	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.650914	2,887	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.277225	0	54.01
54.02	05404	ULTRA SOUND	0.159800	1,382	54.02
54.03	05405	MAMMOGRAPHY	0.290748	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198158	0	55.00
57.00	05700	CT SCAN	0.062457	1,686	57.00
58.00	05800	MRI	0.134316	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159162	0	59.00
60.00	06000	LABORATORY	0.205040	53,475	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.277104	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.269221	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.196036	158,061	65.00
66.00	06600	PHYSICAL THERAPY	0.422867	205,765	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.406674	204,924	67.00
68.00	06800	SPEECH PATHOLOGY	0.524162	91,340	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158274	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216751	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.328841	8,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.597679	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335687	109,748	73.00
74.00	07400	RENAL DIALYSIS	0.350635	12,930	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.357051	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
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	0.552534	0	90.00
90.01	09001	DIABETES CENTER	0.000000	0	90.01
90.02	09002	NEUROPSYCH	1.037836	0	90.02
90.03	09003	WOUND CENTER	0.202247	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.318553	0	90.04
90.05	09005	VIMCARE CLINIC	0.828779	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.676378	0	90.06
91.00	09100	EMERGENCY	0.215756	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.518422	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		851,000	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)		851,000	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		21,745,040	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,360,772	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)		361,969	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		114,998	2.04
3.00	Managed Care Simulated Payments		22,207,947	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		206.18	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)		4.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.25	31.00
32.00	Sum of lines 30 and 31		28.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.60	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 7:02 am	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			916,833	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)		0.000450068	0.000415673	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)		3,093,946	2,468,272	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,314,101	620,440	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		2,934,541		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		33,434,153		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)			33,434,153	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,375,962	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			128,657	53.00
54.00	Special add-on payments for new technologies			11,175	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			139,736	58.00
59.00	Total (sum of amounts on lines 49 through 58)			36,089,683	59.00
60.00	Primary payer payments			17,169	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			36,072,514	61.00
62.00	Deductibles billed to program beneficiaries			3,283,480	62.00
63.00	Coinsurance billed to program beneficiaries			50,800	63.00
64.00	Allowable bad debts (see instructions)			239,855	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			155,906	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			89,968	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			32,894,140	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)			9,382	70.93
70.94	HRR adjustment amount (see instructions)			-32,387	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 7:02 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		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)			32,871,135	71.00
71.01	Sequestration adjustment (see instructions)			657,423	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			31,855,565	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			358,147	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			755,856	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)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,492	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		32,920,434	2.00
3.00	OPPTS or REH payments		27,980,462	3.00
4.00	Outlier payment (see instructions)		278,793	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		278,516	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,492	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		90,848	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)		90,848	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)		90,848	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60,356	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)		30,492	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		28,537,771	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,979,606	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		23,588,657	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			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)		23,588,657	30.00
31.00	Primary payer payments		2,638	31.00
32.00	Subtotal (line 30 minus line 31)		23,586,019	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)		457,287	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		297,237	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		288,619	36.00
37.00	Subtotal (see instructions)		23,883,256	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-95	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,883,351	40.00
40.01	Sequestration adjustment (see instructions)		477,667	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		23,457,674	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-51,990	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		34,672	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 7:02 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		31,855,565		23,457,674	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)		31,855,565		23,457,674	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		358,147		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		51,990	6.02	
7.00	Total Medicare program liability (see instructions)		32,213,712		23,405,684	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0112
Component CCN: 15-T112

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 7:02 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,356,099		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)		3,356,099		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		11,814		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,367,913		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 5/30/2024 7:02 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,878,443 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0135 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			124,637 3.00
4.00	Outlier Payments			447,044 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.819178 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,450,124 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,450,124 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,450,124 19.00
20.00	Deductibles			16,000 20.00
21.00	Subtotal (line 19 minus line 20)			3,434,124 21.00
22.00	Coinurance			12,800 22.00
23.00	Subtotal (line 21 minus line 22)			3,421,324 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			15,990 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			10,394 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			14,434 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,431,718 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			4,928 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,436,646 32.00
32.01	Sequestration adjustment (see instructions)			68,733 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,356,099 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			11,814 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			447,044 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2024 7:02 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			31,514,654	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	31,514,654	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	31,514,654	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		36,987,797	114,944,408	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)		36,987,797	114,944,408	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)		36,987,797	114,944,408	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		36,987,797	83,429,754	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	31,514,654	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		54,261	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		54,261	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)		54,261	31,514,654	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)		54,261	31,514,654	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)		54,261	31,514,654	36.00
37.00	TO ZERO OUT MEDICAID		-54,261	-31,514,654	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/30/2024 7:02 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet G

Date/Time Prepared:
5/30/2024 7:02 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,213,245	0	0	0	1.00
2.00	Temporary investments	205,344	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	80,485,182	0	0	0	4.00
5.00	Other receivable	543,261	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-35,275,641	0	0	0	6.00
7.00	Inventory	6,124,994	0	0	0	7.00
8.00	Prepaid expenses	13,472,281	0	0	0	8.00
9.00	Other current assets	19,941,848	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)	96,710,514	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,740,375	0	0	0	12.00
13.00	Land improvements	21,008,758	0	0	0	13.00
14.00	Accumulated depreciation	-14,375,020	0	0	0	14.00
15.00	Buildings	212,748,318	0	0	0	15.00
16.00	Accumulated depreciation	-166,496,969	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	9,573,116	0	0	0	19.00
20.00	Accumulated depreciation	-8,768,616	0	0	0	20.00
21.00	Automobiles and trucks	2,418,476	0	0	0	21.00
22.00	Accumulated depreciation	-1,665,983	0	0	0	22.00
23.00	Major movable equipment	169,892,313	0	0	0	23.00
24.00	Accumulated depreciation	-125,130,906	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)	100,943,862	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	159,081,445	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	8,482,336	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	167,563,781	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,218,157	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,594,381	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,657,031	0	0	0	38.00
39.00	Payroll taxes payable	2,842,479	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	8,596,013	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,689,904	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	70,501,112	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	70,501,112	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	111,191,016	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	254,027,141				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)	254,027,141	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,218,157	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-1

Date/Time Prepared:
5/30/2024 7:02 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		288,105,611			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,683,975				2.00
3.00	Total (sum of line 1 and line 2)		317,789,586			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)		317,789,586			0	11.00
12.00	EQUITY TRANSFERS WHOLLY OWNED SUBS	63,762,445		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		63,762,445			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		254,027,141			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	EQUITY TRANSFERS WHOLLY OWNED SUBS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2024 7:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	88,697,233		88,697,233	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	8,111,562		8,111,562	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	96,808,795		96,808,795	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,640,313		16,640,313	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,640,313		16,640,313	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,449,108		113,449,108	17.00
18.00	Ancillary services	223,014,279	541,918,358	764,932,637	18.00
19.00	Outpatient services	24,875,726	69,916,343	94,792,069	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	19,512	14,348,470	14,367,982	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	2,079,844	0	2,079,844	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	363,438,469	626,183,171	989,621,640	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		379,699,432		29.00
30.00	PROVISION FOR BAD DEBT	9,770,562			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		9,770,562		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)		389,469,994		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-3

Date/Time Prepared:
5/30/2024 7:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	989,621,640	1.00
2.00	Less contractual allowances and discounts on patients' accounts	595,540,699	2.00
3.00	Net patient revenues (line 1 minus line 2)	394,080,941	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	389,469,994	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,610,947	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	598,057	6.00
7.00	Income from investments	4,694,190	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	62,756	10.00
11.00	Rebates and refunds of expenses	153,058	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	995,229	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	37,188	17.00
18.00	Revenue from sale of medical records and abstracts	2,550	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	28,190	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	40	21.00
22.00	Rental of hospital space	76,908	22.00
23.00	Governmental appropriations	-18,880	23.00
24.00	UNREALIZED INVESTMENT INCOME	10,321,331	24.00
24.01	JV INCOME	-2,381,833	24.01
24.02	WELLNESS REVENUE	170,751	24.02
24.03	CRHP REVENUE	4,211,658	24.03
24.04	OTHER OPERATING INCOME	7,565,011	24.04
24.50	COVID-19 PHE Funding	0	24.50
24.51	FEMA GRANT FUNDING	717,697	24.51
25.00	Total other income (sum of lines 6-24)	27,233,901	25.00
26.00	Total (line 5 plus line 25)	31,844,848	26.00
27.00	LOSS ON DISPOSAL	195,317	27.00
27.01	OTHER NON-OPERATING EXPENSES	1,965,556	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	2,160,873	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,683,975	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/30/2024 7:02 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,208,784	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		36,639	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)		95.52	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)		4.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.25	8.00
9.00	Sum of lines 7 and 8		28.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.91	10.00
11.00	Disproportionate share adjustment (see instructions)		130,539	11.00
12.00	Total prospective capital payments (see instructions)		2,375,962	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