

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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/24/2024 11:39 am
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PART I - COST REPORT STATUS

Provider use only

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

Date: 5/24/2024 Time: 11:39 am

Contractor use only

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

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

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 COMMUNITY HEALTH NETWORK, INC. (15-0074) 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	Holly Millard	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date		(Dated when report is electronic)	4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	1,194,374	518,835	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	1,194,374	518,835	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 11:39 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:							1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HEALTH NETWORK, INC.	150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2023		12/31/2023		20.00	
21.00	Type of Control (see instructions)						2				21.00	
							1.00		3.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,742	1,119	0	110	34,912	59	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		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.					Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	4.00
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)	Y		32.85	29.67
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
61.20	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.	FAMILY MEDICINE	1350	0.00	0.00
					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
62.01	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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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)			Y	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		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.17	3.25	0.049708	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)	FAMILY MEDICINE	1350	3.92	25.07	0.135219	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		2.00	14.43	0.121729	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)	FAMILY PRACTICE	1350	22.78	12.81	0.640067	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.			N	75.00		
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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.			N	86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00		
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			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	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 11:39 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. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
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	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N		112.00
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			0115.00
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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 11:39 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	7,060,558	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
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	N
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	HB0720
		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: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN	Contractor's Number: 08101	141.00
142.00	Street: 1500 N RITTER	PO Box: SERVICES		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219-3095	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		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 COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 11:39 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/24/2024 11:39 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		03/28/2024		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.	Y					9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00	
				Y/N				
				1.00				
Bad Debts								
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.				N		14.00	
Bed Complement								
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00	
				Part A		Part B		
				Y/N	Date	Y/N	Date	
				1.00	2.00	3.00	4.00	
PS&R Data								
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/11/2024	Y	04/11/2024		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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/24/2024 11:39 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:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BI SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0074

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2024 11:39 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2024 11:39 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	300	109,500	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)		300	109,500	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	19	6,935	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		385	140,525	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						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		385				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: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2024 11:39 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)	12,263	6,143	82,464			1.00
2.00	HMO and other (see instructions)	25,111	35,004				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,263	6,143	82,464			7.00
8.00	INTENSIVE CARE UNIT	2,618	974	15,234			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	417	3,009			12.00
13.00	NURSERY		1,345	1,592			13.00
14.00	Total (see instructions)	14,881	8,879	102,299	52.02	2,999.64	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			126			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				52.02	2,999.64	27.00
28.00	Observation Bed Days		1,792	7,083			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			771			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	59	531			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: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2024 11:39 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,244	1,265	21,252	1.00
2.00	HMO and other (see instructions)			4,477	6,729		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,244	1,265	21,252	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2024 11:39 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	265,640,126	-1,359,530	264,280,596	6,239,253.00	42.36
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,865,663	0	1,865,663	12,607.00	147.99
4.01	Physicians - Part A - Teaching		888,362	0	888,362	5,508.00	161.29
5.00	Physician and Non-Physician-Part B		13,077,022	0	13,077,022	129,608.00	100.90
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	4,256,054	-47,554	4,208,500	136,483.00	30.84
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)		11,888,936	-65,681	11,823,255	420,761.00	28.10
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,877,587	0	5,877,587	46,837.00	125.49
12.00	Contract labor: Top level management and other management and administrative services		2,137,810	0	2,137,810	15,144.00	141.17
13.00	Contract Labor: Physician-Part A - Administrative		2,246,792	0	2,246,792	16,708.00	134.47
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		88,914,899	0	88,914,899	1,937,114.00	45.90
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)		62,271,990	0	62,271,990		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,310,662	0	4,310,662		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		173,854	0	173,854		
22.01	Physician Part A - Teaching		75,957	0	75,957		
23.00	Physician Part B		1,787,334	0	1,787,334		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,039,353	0	1,039,353		
25.50	Home office wage-related (core)		23,460,420	0	23,460,420		
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: 15-0074

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

Worksheet S-3
Part II
Date/Time Prepared:
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	40,847	0	40,847	1,489.00	27.43	26.00
27.00	Administrative & General	12,501,202	-1,035,956	11,465,246	261,569.00	43.83	27.00
28.00	Administrative & General under contract (see inst.)	14,781,546	0	14,781,546	106,878.00	138.30	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,401,282	-5,986	2,395,296	76,688.00	31.23	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	4,301,560	-25,377	4,276,183	204,510.00	20.91	32.00
33.00	Housekeeping under contract (see instructions)	609,226	0	609,226	11,516.00	52.90	33.00
34.00	Dietary	3,429,207	-2,469,282	959,925	43,638.00	22.00	34.00
35.00	Dietary under contract (see instructions)	468,069	0	468,069	12,010.00	38.97	35.00
36.00	Cafeteria	207,100	2,453,635	2,660,735	119,522.00	22.26	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,847,950	-8,810	3,839,140	87,894.00	43.68	38.00
39.00	Central Services and Supply	710,785	-5,432	705,353	22,929.00	30.76	39.00
40.00	Pharmacy	12,365,667	-2,177,010	10,188,657	204,429.00	49.84	40.00
41.00	Medical Records & Medical Records Library	106,303	-2,679	103,624	2,442.00	42.43	41.00
42.00	Social Service	1,993,368	-1,596	1,991,772	45,733.00	43.55	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2024 11:39 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	263,277,529	-1,311,976	261,965,553	6,098,058.00	42.96	1.00
2.00	Excluded area salaries (see instructions)	11,888,936	-65,681	11,823,255	420,761.00	28.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	251,388,593	-1,246,295	250,142,298	5,677,297.00	44.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	99,177,088	0	99,177,088	2,015,803.00	49.20	4.00
5.00	Subtotal wage-related costs (see inst.)	85,906,264	0	85,906,264	0.00	34.34	5.00
6.00	Total (sum of lines 3 thru 5)	436,471,945	-1,246,295	435,225,650	7,693,100.00	56.57	6.00
7.00	Total overhead cost (see instructions)	57,764,112	-3,278,493	54,485,619	1,201,247.00	45.36	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2024 11:39 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		10,282,738	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)		621,119	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		6,116,290	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)		23,908,042	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		5,928,283	9.00
10.00	Dental, Hearing and Vision Plan		203,541	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		100,718	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)		2,883,004	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		781,661	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		18,830,680	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		8,215	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		69,664,291	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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/24/2024 11:39 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,877,587	69,664,291	1.00
2.00	Hospital	5,877,587	65,353,629	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	4,310,662	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/24/2024 11:39 am
				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)		0.234949	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		202,792,791	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		-9,460,632	5.00
6.00	Medicaid charges		803,637,870	6.00
7.00	Medicaid cost (line 1 times line 6)		188,813,914	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	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)		0	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)	24,074,579	9,991,645	34,066,224
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,656,298	6,570,107	12,226,405
22.00	Payments received from patients for amounts previously written off as charity care	242	0	242
23.00	Cost of charity care (see instructions)	5,656,056	6,570,107	12,226,163
				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)		4,472,301	25.01
26.00	Bad debt amount (see instructions)		30,772,629	26.00
27.00	Medicare reimbursable bad debts (see instructions)		1,367,389	27.00
27.01	Medicare allowable bad debts (see instructions)		2,103,675	27.01
28.00	Non-Medicare bad debt amount (see instructions)		28,668,954	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		7,472,028	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		19,698,191	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,698,191	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/24/2024 11:39 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)			0.234949	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)	24,074,579	9,991,645	34,066,224	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,656,298	6,570,107	12,226,405	21.00
22.00	Payments received from patients for amounts previously written off as charity care	242	0	242	22.00
23.00	Cost of charity care (see instructions)	5,656,056	6,570,107	12,226,163	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)			4,472,301	25.01
26.00	Bad debt amount (see instructions)			30,772,629	26.00
27.00	Medicare reimbursable bad debts (see instructions)			1,367,389	27.00
27.01	Medicare allowable bad debts (see instructions)			2,103,675	27.01
28.00	Non-Medicare bad debt amount (see instructions)			28,668,954	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			7,472,028	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			19,698,191	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,698,191	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	28,946,927	28,946,927	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	26,791,372	26,791,372	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	40,847	421,965	462,812	-25,409	437,403	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	12,501,202	288,931,593	301,432,795	-30,120,688	271,312,107	5.00	
7.00 00700 OPERATION OF PLANT	2,401,282	13,332,951	15,734,233	-478,454	15,255,779	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,407,045	1,407,045	0	1,407,045	8.00	
9.00 00900 HOUSEKEEPING	4,301,560	3,071,450	7,373,010	-36,259	7,336,751	9.00	
10.00 01000 DIETARY	3,429,207	5,285,001	8,714,208	-6,301,103	2,413,105	10.00	
11.00 01100 CAFETERIA	207,100	346,810	553,910	6,051,690	6,605,600	11.00	
13.00 01300 NURSING ADMINISTRATION	3,847,950	1,149,884	4,997,834	-43,407	4,954,427	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	710,785	2,500,923	3,211,708	-2,822,409	389,299	14.00	
15.00 01500 PHARMACY	12,365,667	285,146,638	297,512,305	-283,642,629	13,869,676	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	106,303	876,992	983,295	0	983,295	16.00	
17.00 01700 SOCIAL SERVICE	1,993,368	644,824	2,638,192	0	2,638,192	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,256,054	1,488,006	5,744,060	-2,360	5,741,700	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,732,542	2,672,441	14,404,983	-62,791	14,342,192	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	62,291,517	29,046,649	91,338,166	-8,179,309	83,158,857	30.00	
31.00 03100 INTENSIVE CARE UNIT	14,257,490	7,593,416	21,850,906	-2,709,999	19,140,907	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	2,239,570	1,082,237	3,321,807	-70,491	3,251,316	35.00	
43.00 04300 NURSERY	0	0	0	829,905	829,905	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	10,275,623	41,855,070	52,130,693	-29,386,664	22,744,029	50.00	
51.00 05100 RECOVERY ROOM	925,291	432,121	1,357,412	-140,800	1,216,612	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	474,886	1,305,152	1,780,038	3,595,858	5,375,896	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,791,657	3,780,822	8,572,479	-3,609,220	4,963,259	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	530,899	4,415,824	4,946,723	-2,928,410	2,018,313	55.00	
57.00 05700 CT SCAN	1,475,506	2,517,161	3,992,667	862,442	4,855,109	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	789,227	1,413,488	2,202,715	-716,446	1,486,269	58.00	
59.00 05900 CARDIAC CATHETERIZATION	4,549,814	48,869,395	53,419,209	-45,990,118	7,429,091	59.00	
60.00 06000 LABORATORY	0	16,943,263	16,943,263	-62,095	16,881,168	60.00	
64.00 06400 INTRAVENOUS THERAPY	1,406,933	1,544,433	2,951,366	-192,406	2,758,960	64.00	
65.00 06500 RESPIRATORY THERAPY	5,304,293	2,332,574	7,636,867	-525,964	7,110,903	65.00	
66.00 06600 PHYSICAL THERAPY	7,492,134	3,544,009	11,036,143	-4,714,780	6,321,363	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,485,848	2,485,848	67.00	
68.00 06800 SPEECH PATHOLOGY	114,605	122,034	236,639	1,047,331	1,283,970	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,557,456	1,910,871	5,468,327	-877,523	4,590,804	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	794,450	483,136	1,277,586	-147,493	1,130,093	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,471,515	41,471,515	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,854,961	41,854,961	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	209,689,560	209,689,560	73.00	
73.01 07301 SPECIALTY PHARMACY	0	0	0	91,322,401	91,322,401	73.01	
73.02 07302 CONTRACTED PHARMACY	0	21,967,212	21,967,212	0	21,967,212	73.02	
74.00 07400 RENAL DIALYSIS	111,364	2,337,110	2,448,474	-62,925	2,385,549	74.00	
76.00 03330 ENDOSCOPY	555,617	556,194	1,111,811	-174,652	937,159	76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	29,798,780	12,951,906	42,750,686	-1,748,274	41,002,412	76.01	
76.03 03951 LUTHERWOOD PARTNERSHIP	4,017,956	5,081,476	9,099,432	-179,537	8,919,895	76.03	
76.04 03952 WOUND CARE CENTER	1,183,449	2,224,371	3,407,820	-852,612	2,555,208	76.04	
76.05 03480 ONCOLOGY-CANCER CARE CENTER	16,338,642	16,282,608	32,621,250	-6,292,338	26,328,912	76.05	
76.06 03953 IMAGING CENTERS	3,965,686	7,290,700	11,256,386	-4,293,700	6,962,686	76.06	
76.07 03954 BREAST DIAGNOSTIC CENTER	0	2,750,692	2,750,692	-95,587	2,655,105	76.07	
76.97 07697 CARDIAC REHABILITATION	963,973	505,275	1,469,248	-192,656	1,276,592	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	567,511	567,511	76.98	
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							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 MULTI DISCIPLINARY CLINIC	2,327	16,864	19,191	-15,663	3,528	90.01	
90.02 04951 HEALTHY HEARTS CENTER	2,122,375	878,530	3,000,905	-221,576	2,779,329	90.02	
90.03 09001 PALLIATIVE CARE	0	0	0	0	0	90.03	
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04	
90.05 04954 INFUSION CENTERS	474,803	14,814,992	15,289,795	-14,598,824	690,971	90.05	
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06	
90.07 09003 KNEE CENTER	2,090,693	2,544,030	4,634,723	-227,152	4,407,571	90.07	
91.00 09100 EMERGENCY	12,960,307	8,179,637	21,139,944	-1,037,388	20,102,556	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	253,751,190	874,849,775	1,128,600,965	1,737,210	1,130,338,175	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet A Date/Time Prepared: 5/24/2024 11:39 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	
194.01	07951	GROUP HOMES AND MISC. N_R CTRS	7,666,784	3,204,049	10,870,833	-205,556	10,665,277	194.01
194.02	07952	ACCOUNTABLE CARE	140,473	37,953	178,426	0	178,426	194.02
194.03	07953	SCHOOL BASED CLINICS	63,562	58,427	121,989	0	121,989	194.03
194.04	07954	SMO-NON PROVIDER BASED	639,349	178,324	817,673	0	817,673	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	3,378,768	3,719,003	7,097,771	-1,531,654	5,566,117	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	265,640,126	882,047,531	1,147,687,657	0	1,147,687,657	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/24/2024 11:39 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	-7,740,243	21,206,684	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,990,357	33,781,729	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,657,399	12,094,802	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-134,201,676	137,110,431	5.00
7.00	00700	OPERATION OF PLANT	7,168,116	22,423,895	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,407,045	8.00
9.00	00900	HOUSEKEEPING	0	7,336,751	9.00
10.00	01000	DIETARY	0	2,413,105	10.00
11.00	01100	CAFETERIA	-2,908,532	3,697,068	11.00
13.00	01300	NURSING ADMINISTRATION	5,048,211	10,002,638	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,529,988	4,919,287	14.00
15.00	01500	PHARMACY	-200,121	13,669,555	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,456,879	6,440,174	16.00
17.00	01700	SOCIAL SERVICE	0	2,638,192	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,419,883	4,321,817	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,096,621	11,245,571	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-13,986,372	69,172,485	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,140,907	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-115,000	3,136,316	35.00
43.00	04300	NURSERY	0	829,905	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-670,265	22,073,764	50.00
51.00	05100	RECOVERY ROOM	0	1,216,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,287,921	4,087,975	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182,786	5,146,045	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,354	2,013,959	55.00
57.00	05700	CT SCAN	0	4,855,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,486,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	-156,411	7,272,680	59.00
60.00	06000	LABORATORY	0	16,881,168	60.00
64.00	06400	INTRAVENOUS THERAPY	-45,194	2,713,766	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,110,903	65.00
66.00	06600	PHYSICAL THERAPY	716,830	7,038,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,485,848	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,283,970	68.00
69.00	06900	ELECTROCARDIOLOGY	-237,571	4,353,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,750	1,260,843	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,471,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,854,961	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,726,282	212,415,842	73.00
73.01	07301	SPECIALTY PHARMACY	0	91,322,401	73.01
73.02	07302	CONTRACTED PHARMACY	0	21,967,212	73.02
74.00	07400	RENAL DIALYSIS	0	2,385,549	74.00
76.00	03330	ENDOSCOPY	0	937,159	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-6,981,458	34,020,954	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-129,169	8,790,726	76.03
76.04	03952	WOUND CARE CENTER	0	2,555,208	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	20,476,890	46,805,802	76.05
76.06	03953	IMAGING CENTERS	0	6,962,686	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	2,655,105	76.07
76.97	07697	CARDIAC REHABILITATION	-48,668	1,227,924	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	567,511	76.98
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					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0	3,528	90.01
90.02	04951	HEALTHY HEARTS CENTER	-1,421,009	1,358,320	90.02
90.03	09001	PALLIATIVE CARE	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	690,971	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-177,049	4,230,522	90.07
91.00	09100	EMERGENCY	1,188,279	21,290,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-108,554,750	1,021,783,425	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE	0	0	194.00
194.01	07951	GROUP HOMES AND MIS. N_R CTRS	0	10,665,277	194.01
194.02	07952	ACCOUNTABLE CARE	0	178,426	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.03	07953	SCHOOL BASED CLINICS	0	121,989	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	817,673	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	5,566,117	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-108,554,750	1,039,132,907	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
5/24/2024 11:39 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41,471,515	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
	TOTALS		0	41,471,515	
B - Implantable Device Reclass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	41,854,961	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
	TOTALS		0	41,854,961	
C - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	209,689,560	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	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
	TOTALS		0	209,689,560	
D - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	29,885,263	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

Provider CCN: 15-0074

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

Worksheet A-6
Date/Time Prepared:
5/24/2024 11:39 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	29,885,263		
E - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,995,376		1.00
	TOTALS		0	12,995,376		
F - Other Capital Rental						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,114,306		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

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6
Date/Time Prepared:
5/24/2024 11:39 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	12,114,306	
G - STD BENEFIT RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,145	1.00
2.00	OPERATION OF PLANT	7.00	0	5,986	2.00
3.00	HOUSEKEEPING	9.00	0	25,377	3.00
4.00	DIETARY	10.00	0	14,788	4.00
5.00	CAFETERIA	11.00	0	859	5.00
6.00	NURSING ADMINISTRATION	13.00	0	8,810	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,432	7.00
8.00	PHARMACY	15.00	0	52,319	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,679	9.00
10.00	SOCIAL SERVICE	17.00	0	1,596	10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	47,554	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	105,507	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	289,435	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	70,408	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	16,779	15.00
16.00	OPERATING ROOM	50.00	0	34,874	16.00
17.00	RECOVERY ROOM	51.00	0	11,910	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,888	18.00
19.00	CT SCAN	57.00	0	17,627	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	41,974	20.00
21.00	INTRAVENOUS THERAPY	64.00	0	3,407	21.00
22.00	RESPIRATORY THERAPY	65.00	0	7,728	22.00
23.00	PHYSICAL THERAPY	66.00	0	35,877	23.00
24.00	SPEECH PATHOLOGY	68.00	0	3,868	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	14,335	25.00
26.00	ENDOSCOPY	76.00	0	4,955	26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	166,935	27.00
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	7,693	28.00
29.00	WOUND CARE CENTER	76.04	0	12,298	29.00
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	143,755	30.00
31.00	IMAGING CENTERS	76.06	0	15,931	31.00
32.00	CARDIAC REHABILITATION	76.97	0	5,923	32.00
33.00	HEALTHY HEARTS CENTER	90.02	0	11,515	33.00
34.00	INFUSION CENTERS	90.05	0	9,441	34.00
35.00	KNEE CENTER	90.07	0	4,139	35.00
36.00	EMERGENCY	91.00	0	33,102	36.00
37.00	ACCOUNTABLE CARE	194.02	0	331	37.00
38.00	SMO-NON PROVIDER BASED	194.04	0	3,927	38.00
39.00	FAMILY PRACTICE MEDICINE	194.05	0	8,335	39.00
40.00	GROUP HOMES AND MI SC. N_R CTRS	194.01	0	53,088	40.00
	TOTALS		0	1,359,530	
H - Labor and Delivery					
1.00	NURSERY	43.00	499,830	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,165,688	0	2.00
3.00	NURSERY	43.00	0	330,075	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,430,170	4.00
	TOTALS		2,665,518	1,760,245	
I - Cafeteria					
1.00	CAFETERIA	11.00	2,454,494	0	1.00
2.00	CAFETERIA	11.00	0	3,622,113	2.00
	TOTALS		2,454,494	3,622,113	
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	1,694,671	0	1.00
2.00	SPEECH PATHOLOGY	68.00	718,710	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	791,177	3.00
4.00	SPEECH PATHOLOGY	68.00	0	335,538	4.00
	TOTALS		2,413,381	1,126,715	
K - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,208,197	1.00
	TOTALS		0	15,208,197	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
L - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	743,354	1.00	
	TOTALS		0	743,354		
M - Radiology Support						
1.00	RADIOLOGY-THERAPEUTIC	55.00	311,002	0	1.00	
2.00	CT SCAN	57.00	161,268	0	2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	25,425	0	3.00	
4.00	IMAGING CENTERS	76.06	111,557	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	124,521	5.00	
6.00	CT SCAN	57.00	0	64,569	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,180	7.00	
8.00	IMAGING CENTERS	76.06	0	44,666	8.00	
	TOTALS		609,252	243,936		
N - Hyperbaric Oxygen Therapy						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	192,147		1.00	
2.00	HYPERBARIC OXYGEN THERAPY	76.98		375,364	2.00	
			192,147	375,364		
O - IHH Cat Scan						
1.00	CT SCAN	57.00	1,023,848		1.00	
2.00	CT_SCAN	57.00		360,728	2.00	
			1,023,848	360,728		
P - Specialty Pharmacy						
1.00	SPECIALTY PHARMACY	73.01	2,167,588		1.00	
2.00	SPECIALTY PHARMACY	73.01		0	2.00	
3.00	SPECIALTY PHARMACY	73.01		87,871,426	3.00	
4.00					4.00	
			2,167,588	87,871,426		
Q - FELLOWS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	266,362	39,523	1.00	
	TOTALS		266,362	39,523		
R - SPECIALTY PHARMACY HO COSTS RECLASS						
1.00	SPECIALTY PHARMACY	73.01	955,914		1.00	
2.00	SPECIALTY PHARMACY	73.01		327,473	2.00	
			955,914	327,473		
500.00	Grand Total: Increases		12,748,504	461,049,585	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	59,189	0	1.00
2.00	PHARMACY	15.00	0	426,087	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,578,625	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,489,256	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	37,252	0	5.00
6.00	OPERATING ROOM	50.00	0	9,524,279	0	6.00
7.00	RECOVERY ROOM	51.00	0	23,241	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	260,594	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,930,010	0	9.00
10.00	CT SCAN	57.00	0	48,950	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21,315	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	19,657,260	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	0	183,156	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	447,434	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	5,792	0	15.00
16.00	SPEECH PATHOLOGY	68.00	0	3,771	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	23,441	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,980	0	18.00
19.00	RENAL DIALYSIS	74.00	0	62,696	0	19.00
20.00	ENDOSCOPY	76.00	0	25,069	0	20.00
21.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	356	0	21.00
22.00	LUTHERWOOD PARTNERSHIP	76.03	0	1,443	0	22.00
23.00	WOUND CARE CENTER	76.04	0	145,127	0	23.00
24.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	886,802	0	24.00
25.00	IMAGING CENTERS	76.06	0	2,933,852	0	25.00
26.00	CARDIAC REHABILITATION	76.97	0	7,506	0	26.00
27.00	HEALTHY HEARTS CENTER	90.02	0	30,802	0	27.00
28.00	INFUSION CENTERS	90.05	0	2,241	0	28.00
29.00	KNEE CENTER	90.07	0	293	0	29.00
30.00	EMERGENCY	91.00	0	638,696	0	30.00
TOTALS			0	41,471,515		
B - Implantable Device Recl ass						
1.00	OPERATING ROOM	50.00	0	16,487,388	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	385,571	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	24,880,011	0	3.00
4.00	ENDOSCOPY	76.00	0	1,078	0	4.00
5.00	WOUND CARE CENTER	76.04	0	100,913	0	5.00
6.00	KNEE CENTER	90.07	0	0	0	6.00
TOTALS			0	41,854,961		
C - Drugs Charges to Pat						
1.00	PHARMACY	15.00	0	192,500,338	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	10,560	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15,664	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	185	0	4.00
5.00	OPERATING ROOM	50.00	0	45,080	0	5.00
6.00	RECOVERY ROOM	51.00	0	11	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	326,274	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,047	0	8.00
9.00	CT SCAN	57.00	0	217,867	0	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	58,996	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	21,855	0	11.00
12.00	INTRAVENOUS THERAPY	64.00	0	41	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	19	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	1,082	0	14.00
15.00	SPEECH PATHOLOGY	68.00	0	148	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	49,739	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	3	0	17.00
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	9,628	0	18.00
19.00	LUTHERWOOD PARTNERSHIP	76.03	0	328	0	19.00
20.00	WOUND CARE CENTER	76.04	0	29,956	0	20.00
21.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	1,867,251	0	21.00
22.00	IMAGING CENTERS	76.06	0	109,573	0	22.00
23.00	HEALTHY HEARTS CENTER	90.02	0	342	0	23.00
24.00	INFUSION CENTERS	90.05	0	14,364,923	0	24.00
25.00	KNEE CENTER	90.07	0	47,029	0	25.00
26.00	EMERGENCY	91.00	0	1,621	0	26.00
TOTALS			0	209,689,560		

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	737	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,180,606	0		2.00
3.00	OPERATION OF PLANT	7.00	0	287,310	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,452	0		4.00
5.00	DIETARY	10.00	0	215,940	0		5.00
6.00	CAFETERIA	11.00	0	12,184	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	43,371	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	202,698	0		8.00
9.00	PHARMACY	15.00	0	93,553	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	57,781	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,562,742	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,204,963	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	33,054	0		13.00
14.00	OPERATING ROOM	50.00	0	2,263,249	0		14.00
15.00	RECOVERY ROOM	51.00	0	117,305	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	783,791	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	37,305	0		17.00
18.00	CT SCAN	57.00	0	481,154	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	671,672	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,427,903	0		20.00
21.00	LABORATORY	60.00	0	8,882	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	9,209	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	78,150	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	46,219	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	2,998	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	621,637	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	98,827	0		27.00
28.00	RENAL DIALYSIS	74.00	0	229	0		28.00
29.00	ENDOSCOPY	76.00	0	70,835	0		29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	213,112	0		30.00
31.00	LUTHERWOOD PARTNERSHIP	76.03	0	152,689	0		31.00
32.00	WOUND CARE CENTER	76.04	0	9,105	0		32.00
33.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,022,246	0		33.00
34.00	IMAGING CENTERS	76.06	0	931,780	0		34.00
35.00	BREAST DIAGNOSTIC CENTER	76.07	0	587	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	43,497	0		36.00
37.00	HEALTHY HEARTS CENTER	90.02	0	22,762	0		37.00
38.00	INFUSION CENTERS	90.05	0	64,959	0		38.00
39.00	KNEE CENTER	90.07	0	177,796	0		39.00
40.00	MULTIDISCIPLINARY CLINIC	90.01	0	15,663	0		40.00
41.00	EMERGENCY	91.00	0	396,635	0		41.00
42.00	FAMILY PRACTICE MEDICINE	194.05	0	168,453	0		42.00
43.00	GROUP HOMES AND MIS. N_R CTRS	194.01	0	44,223	0		43.00
	TOTALS		0	29,885,263			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,995,376	11		1.00
	TOTALS		0	12,995,376			
F - Other Capital Rental							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,672	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	628,517	0		2.00
3.00	OPERATION OF PLANT	7.00	0	191,144	0		3.00
4.00	HOUSEKEEPING	9.00	0	28,807	0		4.00
5.00	DIETARY	10.00	0	8,556	0		5.00
6.00	CAFETERIA	11.00	0	12,733	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	36	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,560,522	0		8.00
9.00	PHARMACY	15.00	0	873,085	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,360	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,010	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	601,619	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	116	0		13.00
14.00	OPERATING ROOM	50.00	0	1,066,668	0		14.00
15.00	RECOVERY ROOM	51.00	0	243	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	797	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	3,089	0		18.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
19.00	LABORATORY	60.00	0	53,213	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	361	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	1,121,591	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	182,706	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,683	0	23.00	
24.00	ENDOSCOPY	76.00	0	77,670	0	24.00	
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,525,178	0	25.00	
26.00	LUTHERWOOD PARTNERSHIP	76.03	0	25,077	0	26.00	
27.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	516,039	0	27.00	
28.00	IMAGING CENTERS	76.06	0	474,718	0	28.00	
29.00	BREAST DIAGNOSTIC CENTER	76.07	0	95,000	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	141,653	0	30.00	
31.00	HEALTHY HEARTS CENTER	90.02	0	167,670	0	31.00	
32.00	INFUSION CENTERS	90.05	0	166,701	0	32.00	
33.00	KNEE CENTER	90.07	0	2,034	0	33.00	
34.00	EMERGENCY	91.00	0	436	0	34.00	
35.00	FAMILY PRACTICE MEDICINE	194.05	0	1,363,201	0	35.00	
36.00	GROUP HOMES AND MIS. N_R	194.01	0	161,333	0	36.00	
	CTRS						
	TOTALS		0	12,114,306			
G - STD BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	37,145	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	5,986	0	0	2.00	
3.00	HOUSEKEEPING	9.00	25,377	0	0	3.00	
4.00	DIETARY	10.00	14,788	0	0	4.00	
5.00	CAFETERIA	11.00	859	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	8,810	0	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	5,432	0	0	7.00	
8.00	PHARMACY	15.00	52,319	0	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	2,679	0	0	9.00	
10.00	SOCIAL SERVICE	17.00	1,596	0	0	10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	47,554	0	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	105,507	0	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	289,435	0	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	70,408	0	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	16,779	0	0	15.00	
16.00	OPERATING ROOM	50.00	34,874	0	0	16.00	
17.00	RECOVERY ROOM	51.00	11,910	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	21,888	0	0	18.00	
19.00	CT SCAN	57.00	17,627	0	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	41,974	0	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	3,407	0	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	7,728	0	0	22.00	
23.00	PHYSICAL THERAPY	66.00	35,877	0	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	3,868	0	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	14,335	0	0	25.00	
26.00	ENDOSCOPY	76.00	4,955	0	0	26.00	
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	166,935	0	0	27.00	
28.00	LUTHERWOOD PARTNERSHIP	76.03	7,693	0	0	28.00	
29.00	WOUND CARE CENTER	76.04	12,298	0	0	29.00	
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	143,755	0	0	30.00	
31.00	IMAGING CENTERS	76.06	15,931	0	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	5,923	0	0	32.00	
33.00	HEALTHY HEARTS CENTER	90.02	11,515	0	0	33.00	
34.00	INFUSION CENTERS	90.05	9,441	0	0	34.00	
35.00	KNEE CENTER	90.07	4,139	0	0	35.00	
36.00	EMERGENCY	91.00	33,102	0	0	36.00	
37.00	ACCOUNTABLE CARE	194.02	331	0	0	37.00	
38.00	SMO-NON PROVIDER BASED	194.04	3,927	0	0	38.00	
39.00	FAMILY PRACTICE MEDICINE	194.05	8,335	0	0	39.00	
40.00	GROUP HOMES AND MIS. N_R	194.01	53,088	0	0	40.00	
	CTRS						
	TOTALS		1,359,530	0			
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	2,665,518	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,760,245	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		2,665,518	1,760,245			

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
5/24/2024 11:39 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
I - Cafeteria							
1.00	DIETARY	10.00	2,454,494				1.00
2.00	DIETARY	10.00		3,622,113			2.00
			2,454,494	3,622,113			
J - Therapy Reclasp							
1.00	PHYSICAL THERAPY	66.00	2,413,381	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	1,126,715	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		2,413,381	1,126,715			
K - Building Depreciation							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,208,197	9		1.00
	TOTALS		0	15,208,197			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	743,354	12		1.00
	TOTALS		0	743,354			
M - Radiology Support							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	609,252	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	243,936	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
	TOTALS		609,252	243,936			
N - Hyperbaric Oxygen Therapy							
1.00	WOUND CARE CENTER	76.04	192,147				1.00
2.00	WOUND CARE CENTER	76.04		375,364			2.00
			192,147	375,364			
O - IHH Cat Scan							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,023,848				1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		360,728			2.00
			1,023,848	360,728			
P - Specialty Pharmacy							
1.00	ADMINISTRATIVE & GENERAL	5.00	42,897				1.00
2.00	PHARMACY	15.00	2,124,691	0			2.00
3.00	ADMINISTRATIVE & GENERAL	5.00		246,551			3.00
4.00	PHARMACY	15.00		87,624,875			4.00
			2,167,588	87,871,426			
Q - FELLOWS							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	266,362	39,523	0		1.00
	TOTALS		266,362	39,523			
R - SPECIALTY PHARMACY HO COSTS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	955,914				1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		327,473			2.00
			955,914	327,473			
500.00	Grand Total: Decreases		14,108,034	459,690,055			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2024 11:39 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	2,743,049	0	0	0	1.00
2.00	Land Improvements	4,474,419	499,743	0	499,743	2.00
3.00	Buildings and Fixtures	546,771,737	10,082,121	0	10,082,121	3.00
4.00	Building Improvements	14,326,625	151,570	0	151,570	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	230,119,062	9,116,862	0	9,116,862	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	798,434,892	19,850,296	0	19,850,296	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	798,434,892	19,850,296	0	19,850,296	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,743,049	0			1.00
2.00	Land Improvements	4,974,162	0			2.00
3.00	Buildings and Fixtures	556,853,858	0			3.00
4.00	Building Improvements	13,834,278	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	238,651,068	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	817,056,415	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	817,056,415	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2024 11:39 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2024 11:39 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	578,405,347	0	578,405,347	0.707914	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	238,651,067	0	238,651,067	0.292086	0	2.00
3.00	Total (sum of lines 1-2)	817,056,414	0	817,056,414	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	15,208,197	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,667,423	12,114,306	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,875,620	12,114,306	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	5,255,133	743,354	0	0	21,206,684	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	33,781,729	2.00
3.00	Total (sum of lines 1-2)	5,255,133	743,354	0	0	54,988,413	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
5/24/2024 11:39 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	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-42,217		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)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,347,487				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	7,671,202				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,687,481		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
33.01 Space Rental Income	B	-122,125	ADMINISTRATIVE & GENERAL	5.00		0	33.01
33.02 Space Rental Income	B	-498,663	OPERATION OF PLANT	7.00		0	33.02
33.03 Space Rental Income	B	-8,144	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01		0	33.03
33.04 Misc Revenue	B	-160	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.04
33.05 Misc Revenue	B	-577,436	ADMINISTRATIVE & GENERAL	5.00		0	33.05
33.06 Misc Revenue	B	-552,057	OPERATION OF PLANT	7.00		0	33.06
33.07 Misc Revenue	B	-34,465	CAFETERIA	11.00		0	33.07
33.08 Misc Revenue	B	-198,254	PHARMACY	15.00		0	33.08
33.09 Misc Revenue	B	-123,026	RADIOLOGY-DIAGNOSTIC	54.00		0	33.09
33.10 Misc Revenue	B	-4,354	RADIOLOGY-THERAPEUTIC	55.00		0	33.10
33.11 Misc Revenue	B	-75	PHYSICAL THERAPY	66.00		0	33.11
33.12 Misc Revenue	B	-10,733	CARDIAC REHABILITATION	76.97		0	33.12
33.13 Misc Revenue	B	-15,134	KNEE CENTER	90.07		0	33.13
34.00 HAF Tax Offset	A	-44,299,733	ADMINISTRATIVE & GENERAL	5.00		0	34.00
34.01 Hospitalist Loss	A	-7,655,311	ADULTS & PEDIATRICS	30.00		0	34.01
34.02 Loss on Assets	A	-3,783	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01		0	34.02
34.03 Sponsorship	A	-27	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01		0	34.03
34.04 APP	A	-804,082	ADULTS & PEDIATRICS	30.00		0	34.04
34.05 APP	A	-669,410	OPERATING ROOM	50.00		0	34.05
34.06 APP	A	-2,692,512	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01		0	34.06
34.07 APP	A	-124,796	LUTHERWOOD PARTNERSHIP	76.03		0	34.07
34.08 APP	A	-481,770	ONCOLOGY-CANCER CARE CENTER	76.05		0	34.08
34.09 APP	A	-37,935	CARDIAC REHABILITATION	76.97		0	34.09
34.10 APP	A	-1,421,009	HEALTHY HEARTS CENTER	90.02		0	34.10
34.11 APP	A	-142,919	KNEE CENTER	90.07		0	34.11
35.00 Bad Debt	A	-29,845,634	ADMINISTRATIVE & GENERAL	5.00		0	35.00
35.01 Bad Debt	A	-1,867	PHARMACY	15.00		0	35.01
35.02 Bad Debt	A	-194,013	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		0	35.02
35.03 Bad Debt	A	-198,719	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	35.03
35.04 Bad Debt	A	-305,701	ADULTS & PEDIATRICS	30.00		0	35.04
35.05 Bad Debt	A	-855	OPERATING ROOM	50.00		0	35.05
35.06 Bad Debt	A	-45,194	INTRAVENOUS THERAPY	64.00		0	35.06
35.07 Bad Debt	A	-1,302,447	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01		0	35.07
35.08 Bad Debt	A	-4,373	LUTHERWOOD PARTNERSHIP	76.03		0	35.08
35.09 Bad Debt	A	-18,996	KNEE CENTER	90.07		0	35.09
36.00 Meals on Wheels Cost	A	-186,586	CAFETERIA	11.00		0	36.00
36.01 Non-Allow Marketing Expense	A	-618,245	ADMINISTRATIVE & GENERAL	5.00		0	36.01
36.02 Pavilions	A	-849,705	ADMINISTRATIVE & GENERAL	5.00		0	36.02
36.03 OB Laborist Loss	A	-1,287,921	DELIVERY ROOM & LABOR ROOM	52.00		0	36.03
36.05 Debt Issuance Expense	A	-81,805	ADMINISTRATIVE & GENERAL	5.00		0	36.05
36.06 PNC Non-Allow Interest Expense	A	-34,559	CAP REL COSTS-BLDG & FIXT	1.00		11	36.06
36.07 2012A Non-Allow Interest Expense	A	-19,776	CAP REL COSTS-BLDG & FIXT	1.00		11	36.07
36.08 2012B Non-Allow Interest Expense	A	-334,915	CAP REL COSTS-BLDG & FIXT	1.00		11	36.08
36.09 2018A Non-Allow Interest Expense	A	-3,926,228	CAP REL COSTS-BLDG & FIXT	1.00		11	36.09
36.10 2020A Non-Allow Interest Expense	A	-2,765,178	CAP REL COSTS-BLDG & FIXT	1.00		11	36.10
36.11 2022A Non-Allow Interest Expense	A	-659,587	CAP REL COSTS-BLDG & FIXT	1.00		11	36.11
36.12 EPIC Amortization	A	405,432	CAP REL COSTS-MVBLE EQUIP	2.00		9	36.12
36.13 SHARED SERVICES	A	-156,411	CARDIAC CATHETERIZATION	59.00		0	36.13
36.14 SHARED SERVICES	A	-237,571	ELECTROCARDIOLOGY	69.00		0	36.14
36.15 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00		0	36.15
36.16 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00		0	36.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-108,554,750					50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0074
 Period: From 01/01/2023 To 12/31/2023
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2024 11:39 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	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENTS	4,627,702	5,853,572 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	RESIDENTS	10,939,686	13,837,588 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	6,584,925	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	11,667,034	0 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	115,153,255	171,912,293 3.02
3.03	7.00	OPERATION OF PLANT	HOME OFFICE	8,218,836	0 3.03
3.04	13.00	NURSING ADMINISTRATION	HOME OFFICE	5,066,192	0 3.04
3.05	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	4,529,988	0 3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	5,456,879	0 3.06
3.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	266,953	0 3.07
3.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	305,812	0 3.08
3.09	66.00	PHYSICAL THERAPY	HOME OFFICE	716,905	0 3.09
3.10	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	130,750	0 3.10
3.11	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	2,726,282	0 3.11
3.12	76.05	ONCOLOGY-CANCER CARE CENTER	HOME OFFICE	20,958,660	0 3.12
4.00	91.00	EMERGENCY	HOME OFFICE	551,173	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	96,517	0 4.01
4.02	91.00	EMERGENCY	CPN CALL	1,277,106	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			199,274,655	191,603,453 5.00

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

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

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

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

6.00	C	0.00	CHNW	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet A-8-1 Date/Time Prepared: 5/24/2024 11:39 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,225,870	0		1.00
2.00	-2,897,902	0		2.00
3.00	6,584,925	9		3.00
3.01	11,667,034	0		3.01
3.02	-56,759,038	0		3.02
3.03	8,218,836	0		3.03
3.04	5,066,192	0		3.04
3.05	4,529,988	0		3.05
3.06	5,456,879	0		3.06
3.07	266,953	0		3.07
3.08	305,812	0		3.08
3.09	716,905	0		3.09
3.10	130,750	0		3.10
3.11	2,726,282	0		3.11
3.12	20,958,660	0		3.12
4.00	551,173	0		4.00
4.01	96,517	0		4.01
4.02	1,277,106	0		4.02
5.00	7,671,202			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2024 11:39 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	9,475	9,475	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,102,255	1,102,255	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	52,248	4,975	47,273	211,500	337	3.00
4.00	30.00	ADULTS & PEDIATRICS	5,488,231	5,488,231	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	115,000	115,000	0	0	0	5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,974,545	2,974,545	0	0	0	6.00
7.00	91.00	EMERGENCY	640,000	640,000	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			10,381,754	10,334,481	47,273		337	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	34,267	1,713	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			34,267	1,713	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	9,475		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,102,255		2.00
3.00	13.00	NURSING ADMINISTRATION	0	34,267	13,006	17,981		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,488,231		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	115,000		5.00
6.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,974,545		6.00
7.00	91.00	EMERGENCY	0	0	0	640,000		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	34,267	13,006	10,347,487		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 11:39 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			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	21,206,684	21,206,684				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	33,781,729		33,781,729			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,094,802	159,449	16,789,773	29,044,024		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	137,110,431	975,255	4,810,180	1,260,203	144,156,069	5.00
7.00 00700 OPERATION OF PLANT	22,423,895	2,833,899	117,844	263,279	25,638,917	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,407,045	0	0	0	1,407,045	8.00
9.00 00900 HOUSEKEEPING	7,336,751	268,401	16,563	470,017	8,091,732	9.00
10.00 01000 DIETARY	2,413,105	220,599	11,480	105,510	2,750,694	10.00
11.00 01100 CAFETERIA	3,697,068	610,539	92,557	292,455	4,692,619	11.00
13.00 01300 NURSING ADMINISTRATION	10,002,638	213,455	21,646	421,979	10,659,718	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,919,287	428,765	1,377,970	77,529	6,803,551	14.00
15.00 01500 PHARMACY	13,669,555	233,694	469,472	1,119,886	15,492,607	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,440,174	29,596	0	11,390	6,481,160	16.00
17.00 01700 SOCIAL SERVICE	2,638,192	69,465	0	218,926	2,926,583	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,321,817	0	1,177	462,577	4,785,571	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,245,571	112,893	31,313	1,277,986	12,667,763	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	69,172,485	4,693,916	783,724	6,522,088	81,172,213	30.00
31.00 03100 INTENSIVE CARE UNIT	19,140,907	1,223,111	523,999	1,559,373	22,447,390	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	3,136,316	68,194	16,483	244,318	3,465,311	35.00
43.00 04300 NURSERY	829,905	51,158	24,211	54,939	960,213	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	22,073,764	2,263,483	1,464,880	1,125,612	26,927,739	50.00
51.00 05100 RECOVERY ROOM	1,216,612	208,929	58,619	100,394	1,584,554	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,087,975	221,642	104,900	290,239	4,704,756	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,146,045	705,659	370,892	344,767	6,567,363	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,013,959	3,890	18,603	92,538	2,128,990	55.00
57.00 05700 CT SCAN	4,855,109	32,139	239,943	290,505	5,417,696	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,486,269	305	334,985	89,542	1,911,101	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,272,680	349,308	630,927	495,479	8,748,394	59.00
60.00 06000 LABORATORY	16,881,168	115,258	26,842	0	17,023,268	60.00
64.00 06400 INTRAVENOUS THERAPY	2,713,766	56,192	4,584	154,269	2,928,811	64.00
65.00 06500 RESPIRATORY THERAPY	7,110,903	23,214	39,045	582,172	7,755,334	65.00
66.00 06600 PHYSICAL THERAPY	7,038,193	136,896	574,943	554,288	8,304,320	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,485,848	45,666	5,213	186,270	2,722,997	67.00
68.00 06800 SPEECH PATHOLOGY	1,283,970	19,375	3,706	91,169	1,398,220	68.00
69.00 06900 ELECTROCARDIOLOGY	4,353,233	54,209	392,251	389,442	5,189,135	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,260,843	2,187	64,762	87,322	1,415,114	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,471,515	0	0	0	41,471,515	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	41,854,961	0	0	0	41,854,961	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	212,415,842	0	0	0	212,415,842	73.00
73.01 07301 SPECIALTY PHARMACY	91,322,401	0	0	343,320	91,665,721	73.01
73.02 07302 CONTRACTED PHARMACY	21,967,212	0	0	0	21,967,212	73.02
74.00 07400 RENAL DIALYSIS	2,385,549	10,374	0	12,241	2,408,164	74.00
76.00 03330 ENDOSCOPY	937,159	0	74,056	60,526	1,071,741	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,020,954	121,233	866,650	3,256,984	38,265,821	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	8,790,726	0	81,176	440,788	9,312,690	76.03
76.04 03952 WOUND CARE CENTER	2,555,208	106,104	3,674	107,607	2,772,593	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	46,805,802	1,990,429	1,227,138	1,780,061	51,803,430	76.05
76.06 03953 IMAGING CENTERS	6,962,686	77,754	696,015	446,399	8,182,854	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	2,655,105	137,430	47,375	0	2,839,910	76.07
76.97 07697 CARDIAC REHABILITATION	1,227,924	150,575	84,233	105,304	1,568,036	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	567,511	25,020	866	21,120	614,517	76.98
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						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 MULTIDISCIPLINARY CLINIC	3,528	0	7,811	256	11,595	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,358,320	84,441	87,437	232,015	1,762,213	90.02
90.03 09001 PALLIATIVE CARE	0	5,696	0	0	5,696	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	690,971	0	105,453	51,150	847,574	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	4,230,522	372,726	7,287	229,344	4,839,879	90.07
91.00 09100 EMERGENCY	21,290,835	1,694,161	189,136	1,420,894	24,595,026	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,021,783,425	21,206,684	32,901,794	27,744,472	1,019,603,938	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 11:39 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			
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 GROUP HOMES AND MISC. N_R CTRS	10,665,277	0	107,661	836,859	11,609,797	194.01
194.02 07952 ACCOUNTABLE CARE	178,426	0	0	15,404	193,830	194.02
194.03 07953 SCHOOL BASED CLINICS	121,989	0	0	6,986	128,975	194.03
194.04 07954 SMO-NON PROVIDER BASED	817,673	0	0	69,842	887,515	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	5,566,117	0	772,274	370,461	6,708,852	194.05
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	1,039,132,907	21,206,684	33,781,729	29,044,024	1,039,132,907	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/24/2024 11:39 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	144,156,069				5.00
7.00	00700	OPERATION OF PLANT	4,233,626	29,872,543			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	232,338	0	1,639,383		8.00
9.00	00900	HOUSEKEEPING	1,336,147	465,123	819,689	10,712,691	9.00
10.00	01000	DIETARY	454,208	382,285	0	139,261	3,726,448
11.00	01100	CAFETERIA	774,869	1,058,026	0	385,423	1,863,215
13.00	01300	NURSING ADMINISTRATION	1,760,186	369,904	0	134,751	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,123,436	743,024	0	270,673	0
15.00	01500	PHARMACY	2,558,217	404,977	0	147,527	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070,202	51,289	0	18,684	0
17.00	01700	SOCIAL SERVICE	483,252	120,378	0	43,852	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	790,217	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,091,764	195,637	0	71,268	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,403,562	8,134,269	405,523	2,963,196	1,567,829
31.00	03100	INTENSIVE CARE UNIT	3,706,625	2,119,578	70,762	772,131	295,404
35.00	02060	NEONATAL INTENSIVE CARE UNIT	572,209	118,175	0	43,050	0
43.00	04300	NURSERY	158,555	88,654	7,082	32,295	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,446,443	3,922,479	91,717	1,428,901	0
51.00	05100	RECOVERY ROOM	261,649	362,061	0	131,893	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	776,873	384,092	30,694	139,919	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,084,436	1,222,864	56,730	445,471	0
55.00	05500	RADIOLOGY-THERAPEUTIC	351,549	6,742	0	2,456	0
57.00	05700	CT SCAN	894,597	55,695	0	20,289	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	315,571	529	0	193	0
59.00	05900	CARDIAC CATHETERIZATION	1,444,579	605,329	8,432	220,513	0
60.00	06000	LABORATORY	2,810,967	199,735	0	72,760	0
64.00	06400	INTRAVENOUS THERAPY	483,620	97,378	0	35,473	0
65.00	06500	RESPIRATORY THERAPY	1,280,600	40,229	0	14,655	0
66.00	06600	PHYSICAL THERAPY	1,371,251	237,232	0	86,420	0
67.00	06700	OCCUPATIONAL THERAPY	449,635	79,136	0	28,828	0
68.00	06800	SPEECH PATHOLOGY	230,881	33,576	0	12,231	0
69.00	06900	ELECTROCARDIOLOGY	856,856	93,941	0	34,221	0
70.00	07000	ELECTROENCEPHALOGRAPHY	233,671	3,789	0	1,380	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,847,984	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,911,300	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	35,075,521	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	15,136,302	0	0	0	0
73.02	07302	CONTRACTED PHARMACY	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	397,648	17,977	0	6,549	0
76.00	03330	ENDOSCOPY	176,971	0	19,658	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,318,644	210,090	0	76,533	0
76.03	03951	LUTHERWOOD PARTNERSHIP	1,537,758	0	0	0	0
76.04	03952	WOUND CARE CENTER	457,824	183,872	18,314	66,982	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	8,554,041	3,449,293	0	1,256,527	0
76.06	03953	IMAGING CENTERS	1,351,194	134,743	0	49,085	0
76.07	03954	BREAST DIAGNOSTIC CENTER	468,940	238,157	0	86,757	0
76.97	07697	CARDIAC REHABILITATION	258,922	260,938	0	95,056	0
76.98	07698	HYPERBARIIC OXYGEN THERAPY	101,472	43,357	0	15,794	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							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	MULTIDISCIPLINARY CLINIC	1,915	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	290,985	146,331	1,498	53,306	0
90.03	09001	PALLIATIVE CARE	941	9,870	0	3,595	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	139,956	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	799,185	645,911	0	235,296	0
91.00	09100	EMERGENCY	4,061,254	2,935,878	109,284	1,069,497	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,931,348	29,872,543	1,639,383	10,712,691	3,726,448
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE	0	0	0	0	0
194.01	07951	GROUP HOMES AND MIS. N_R CTRS	1,917,068	0	0	0	0
194.02	07952	ACCOUNTABLE CARE	32,006	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07953	SCHOOL BASED CLINICS	21,297	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	146,551	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	1,107,799	0	0	0	0	194.05
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)	144,156,069	29,872,543	1,639,383	10,712,691	3,726,448	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/24/2024 11:39 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	8,774,152					11.00
13.00	01300	NURSING ADMINISTRATION	193,515	13,118,074				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,379	6,559,035	15,548,098			14.00
15.00	01500	PHARMACY	523,370	0	7,774,017	26,900,715		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,398	0	35	13,450,357	21,076,125	16.00
17.00	01700	SOCIAL SERVICE	96,758	0	157	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	290,273	0	294	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	215,505	0	2,070	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,524,495	3,766,738	387,471	0	1,280,511	30.00
31.00	03100	INTENSIVE CARE UNIT	624,526	928,824	135,799	0	439,046	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	101,156	0	20,974	0	141,893	35.00
43.00	04300	NURSERY	21,990	35,741	5,965	0	13,915	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	505,778	751,000	635,923	0	1,205,056	50.00
51.00	05100	RECOVERY ROOM	35,185	0	5,994	0	89,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	105,554	154,861	25,845	0	60,293	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,359	0	8,637	0	351,006	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,981	0	9,000	0	184,103	55.00
57.00	05700	CT SCAN	162,729	0	43,623	0	696,283	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,786	0	2,470	0	108,874	58.00
59.00	05900	CARDIAC CATHETERIZATION	206,709	0	42,874	0	1,865,461	59.00
60.00	06000	LABORATORY	0	0	364,593	0	658,231	60.00
64.00	06400	INTRAVENOUS THERAPY	70,369	0	12,884	0	50,185	64.00
65.00	06500	RESPIRATORY THERAPY	215,505	0	43,929	0	235,439	65.00
66.00	06600	PHYSICAL THERAPY	149,534	0	13,568	0	115,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,165	0	3,786	0	39,772	67.00
68.00	06800	SPEECH PATHOLOGY	39,583	0	11,321	0	18,046	68.00
69.00	06900	ELECTROCARDIOLOGY	202,311	0	21,850	0	313,498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,583	0	10,931	0	43,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,262,984	0	569,923	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	576,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,450,358	7,081,979	73.00
73.01	07301	SPECIALTY PHARMACY	26,388	0	0	0	644,441	73.01
73.02	07302	CONTRACTED PHARMACY	0	0	0	0	186,616	73.02
74.00	07400	RENAL DIALYSIS	4,398	0	725	0	29,573	74.00
76.00	03330	ENDOSCOPY	21,990	0	4,324	0	27,290	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	255,088	0	31,356	0	103,674	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	24,654	0	2,256	76.03
76.04	03952	WOUND CARE CENTER	52,777	0	22,862	0	73,635	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	844,430	0	170,292	0	1,582,470	76.05
76.06	03953	IMAGING CENTERS	0	0	67,825	0	463,283	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	34,196	76.07
76.97	07697	CARDIAC REHABILITATION	65,971	0	3,545	0	26,386	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,194	0	4,975	0	17,340	76.98
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0	0	0	0	74	90.01
90.02	04951	HEALTHY HEARTS CENTER	96,758	0	9,733	0	29,509	90.02
90.03	09001	PALLIATIVE CARE	0	0	0	0	2,736	90.03
90.04	04953	SPINE CENTER	0	0	0	0	2	90.04
90.05	04954	INFUSION CENTERS	0	0	6,520	0	13,199	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	149,534	0	4,056	0	30,817	90.07
91.00	09100	EMERGENCY	620,128	921,875	251,905	0	1,669,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,774,152	13,118,074	15,449,766	26,900,715	21,076,125	118.00
NONREIMBURSABLE COST CENTERS								
192.00	019200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	GROUP HOMES AND MIS. N_R CTRS	0	0	31,947	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
194.02	07952	ACCOUNTABLE CARE	0	0	66	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	3,155	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	13	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	63,151	0	0	194.05
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)	8,774,152	13,118,074	15,548,098	26,900,715	21,076,125	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/24/2024 11:39 am	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	17.00	21.00	22.00	24.00	25.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00 00500	ADMINISTRATIVE & GENERAL					5.00	
7.00 00700	OPERATION OF PLANT					7.00	
8.00 00800	LAUNDRY & LINEN SERVICE					8.00	
9.00 00900	HOUSEKEEPING					9.00	
10.00 01000	DIETARY					10.00	
11.00 01100	CAFETERIA					11.00	
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	3,670,980				17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,866,355			21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		15,244,007		22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	2,959,205	3,089,271	8,027,623	129,681,906	-11,116,894	30.00
31.00 03100	INTENSIVE CARE UNIT	546,669	142,116	369,295	32,598,165	-511,411	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	107,977	97,850	254,269	4,922,864	-352,119	35.00
43.00 04300	NURSERY	57,129	0	0	1,381,539	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	808,429	2,100,743	42,824,208	-2,909,172	50.00
51.00 05100	RECOVERY ROOM	0	0	0	2,471,185	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,382,887	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,828,866	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,726,821	0	55.00
57.00 05700	CT SCAN	0	0	0	7,290,912	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,369,524	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	51,255	133,188	13,326,734	-184,443	59.00
60.00 06000	LABORATORY	0	0	0	21,129,554	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	3,678,720	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	9,585,691	0	65.00
66.00 06600	PHYSICAL THERAPY	0	314,519	817,292	11,409,412	-1,131,811	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	3,403,319	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	1,743,858	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	6,711,812	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,748,253	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	54,152,406	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	49,342,748	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	268,023,700	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0	0	107,472,852	0	73.01
73.02 07302	CONTRACTED PHARMACY	0	0	0	22,153,828	0	73.02
74.00 07400	RENAL DIALYSIS	0	0	0	2,865,034	0	74.00
76.00 03330	ENDOSCOPY	0	0	0	1,321,974	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,006,460	2,615,334	48,883,000	-3,621,794	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	10,877,358	0	76.03
76.04 03952	WOUND CARE CENTER	0	60,574	157,404	3,866,837	-217,978	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	62,904	163,458	67,886,845	-226,362	76.05
76.06 03953	IMAGING CENTERS	0	0	0	10,248,984	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	3,667,960	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	2,278,854	0	76.97
76.98 07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	810,649	0	76.98
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							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	MULTIDISCIPLINARY CLINIC	0	0	0	13,584	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	2,390,333	0	90.02
90.03 09001	PALLIATIVE CARE	0	0	0	22,838	0	90.03
90.04 04953	SPINE CENTER	0	0	0	2	0	90.04
90.05 04954	INFUSION CENTERS	0	0	0	1,007,249	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	0	0	6,704,678	0	90.07
91.00 09100	EMERGENCY	0	232,977	605,401	37,072,942	-838,378	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,670,980	5,866,355	15,244,007	1,016,280,885	-21,110,362	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00			22.00	24.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.01	07951	GROUP HOMES AND MISC. N_R CTRS	0	0	0	13,558,812	0194.01
194.02	07952	ACCOUNTABLE CARE	0	0	0	225,902	0194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	0	153,427	0194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	1,034,079	0194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	0	7,879,802	0194.05
200.00		Cross Foot Adjustments	0	0	0	0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	3,670,980	5,866,355	15,244,007	1,039,132,907	-21,110,362202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	118,565,012	30.00
31.00	03100 INTENSIVE CARE UNIT	32,086,754	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,570,745	35.00
43.00	04300 NURSERY	1,381,539	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	39,915,036	50.00
51.00	05100 RECOVERY ROOM	2,471,185	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,382,887	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,828,866	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,726,821	55.00
57.00	05700 CT SCAN	7,290,912	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,369,524	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,142,291	59.00
60.00	06000 LABORATORY	21,129,554	60.00
64.00	06400 INTRAVENOUS THERAPY	3,678,720	64.00
65.00	06500 RESPIRATORY THERAPY	9,585,691	65.00
66.00	06600 PHYSICAL THERAPY	10,277,601	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,403,319	67.00
68.00	06800 SPEECH PATHOLOGY	1,743,858	68.00
69.00	06900 ELECTROCARDIOLOGY	6,711,812	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,748,253	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,152,406	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	49,342,748	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	268,023,700	73.00
73.01	07301 SPECIALTY PHARMACY	107,472,852	73.01
73.02	07302 CONTRACTED PHARMACY	22,153,828	73.02
74.00	07400 RENAL DIALYSIS	2,865,034	74.00
76.00	03330 ENDOSCOPY	1,321,974	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,261,206	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	10,877,358	76.03
76.04	03952 WOUND CARE CENTER	3,648,859	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	67,660,483	76.05
76.06	03953 IMAGING CENTERS	10,248,984	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,667,960	76.07
76.97	07697 CARDIAC REHABILITATION	2,278,854	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	810,649	76.98
77.00	07700 ALLOGENEI C HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 MULTIDISCIPLINARY CLINIC	13,584	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,390,333	90.02
90.03	09001 PALLIATIVE CARE	22,838	90.03
90.04	04953 SPINE CENTER	2	90.04
90.05	04954 INFUSION CENTERS	1,007,249	90.05
90.06	09002 MEDCHECK CLINICS	0	90.06
90.07	09003 KNEE CENTER	6,704,678	90.07
91.00	09100 EMERGENCY	36,234,564	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	995,170,523	118.00
NONREIMBURSABLE COST CENTERS			
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE	0	194.00
194.01	07951 GROUP HOMES AND MISC. N_R CTRS	13,558,812	194.01
194.02	07952 ACCOUNTABLE CARE	225,902	194.02
194.03	07953 SCHOOL BASED CLINICS	153,427	194.03

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/24/2024 11:39 am
Cost Center Description		Total		
		26.00		
194.04	07954 SMO-NON PROVIDER BASED	1,034,079		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	7,879,802		194.05
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,018,022,545		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	159,449	16,789,773	16,949,222	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	975,255	4,810,180	5,785,435	5.00
7.00 00700	OPERATION OF PLANT	0	2,833,899	117,844	2,951,743	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	268,401	16,563	284,964	9.00
10.00 01000	DIETARY	0	220,599	11,480	232,079	10.00
11.00 01100	CAFETERIA	0	610,539	92,557	703,096	11.00
13.00 01300	NURSING ADMINISTRATION	0	213,455	21,646	235,101	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	428,765	1,377,970	1,806,735	14.00
15.00 01500	PHARMACY	0	233,694	469,472	703,166	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	29,596	0	29,596	16.00
17.00 01700	SOCIAL SERVICE	0	69,465	0	69,465	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,177	1,177	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	112,893	31,313	144,206	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,693,916	783,724	5,477,640	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,223,111	523,999	1,747,110	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	68,194	16,483	84,677	35.00
43.00 04300	NURSERY	0	51,158	24,211	75,369	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,263,483	1,464,880	3,728,363	50.00
51.00 05100	RECOVERY ROOM	0	208,929	58,619	267,548	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	221,642	104,900	326,542	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	705,659	370,892	1,076,551	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	3,890	18,603	22,493	55.00
57.00 05700	CT SCAN	0	32,139	239,943	272,082	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	305	334,985	335,290	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	349,308	630,927	980,235	59.00
60.00 06000	LABORATORY	0	115,258	26,842	142,100	60.00
64.00 06400	INTRAVENOUS THERAPY	0	56,192	4,584	60,776	64.00
65.00 06500	RESPIRATORY THERAPY	0	23,214	39,045	62,259	65.00
66.00 06600	PHYSICAL THERAPY	0	136,896	574,943	711,839	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	45,666	5,213	50,879	67.00
68.00 06800	SPEECH PATHOLOGY	0	19,375	3,706	23,081	68.00
69.00 06900	ELECTROCARDIOLOGY	0	54,209	392,251	446,460	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,187	64,762	66,949	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
73.01 07301	SPECIALTY PHARMACY	0	0	0	0	73.01
73.02 07302	CONTRACTED PHARMACY	0	0	0	0	73.02
74.00 07400	RENAL DIALYSIS	0	10,374	0	10,374	74.00
76.00 03330	ENDOSCOPY	0	0	74,056	74,056	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	121,233	866,650	987,883	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	81,176	81,176	76.03
76.04 03952	WOUND CARE CENTER	0	106,104	3,674	109,778	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	1,990,429	1,227,138	3,217,567	76.05
76.06 03953	IMAGING CENTERS	0	77,754	696,015	773,769	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	137,430	47,375	184,805	76.07
76.97 07697	CARDIAC REHABILITATION	0	150,575	84,233	234,808	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	25,020	866	25,886	76.98
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						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	MULTIDISCIPLINARY CLINIC	0	0	7,811	7,811	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	84,441	87,437	171,878	90.02
90.03 09001	PALLIATIVE CARE	0	5,696	0	5,696	90.03
90.04 04953	SPIRE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	105,453	105,453	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	372,726	7,287	380,013	90.07
91.00 09100	EMERGENCY	0	1,694,161	189,136	1,883,297	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	21,206,684	32,901,794	54,108,478	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	HOME OFFICE	0	0	0	0	194.00
194.01 07951	GROUP HOMES AND MISC. N_R CTRS	0	0	107,661	488,365	194.01
194.02 07952	ACCOUNTABLE CARE	0	0	0	8,989	194.02
194.03 07953	SCHOOL BASED CLINICS	0	0	0	4,077	194.03
194.04 07954	SMO-NON PROVIDER BASED	0	0	0	40,758	194.04
194.05 07955	FAMILY PRACTICE MEDICINE	0	0	772,274	216,190	194.05
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	21,206,684	33,781,729	16,949,222	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 11:39 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	6,520,850				5.00
7.00	00700	OPERATION OF PLANT	191,497	3,296,881			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,509	0	10,509		8.00
9.00	00900	HOUSEKEEPING	60,437	51,333	5,253	676,274	9.00
10.00	01000	DIETARY	20,545	42,191	0	8,791	365,178
11.00	01100	CAFETERIA	35,049	116,769	0	24,331	182,588
13.00	01300	NURSING ADMINISTRATION	79,617	40,824	0	8,507	0
14.00	01400	CENTRAL SERVICES & SUPPLY	50,816	82,004	0	17,087	0
15.00	01500	PHARMACY	115,714	44,695	0	9,313	0
16.00	01600	MEDICAL RECORDS & LIBRARY	48,408	5,660	0	1,179	0
17.00	01700	SOCIAL SERVICE	21,859	13,286	0	2,768	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,743	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	94,616	21,591	0	4,499	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	606,275	897,740	2,600	187,063	153,641
31.00	03100	INTENSIVE CARE UNIT	167,660	233,927	454	48,743	28,949
35.00	02060	NEONATAL INTENSIVE CARE UNIT	25,882	13,042	0	2,718	0
43.00	04300	NURSERY	7,172	9,784	45	2,039	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,123	432,904	588	90,204	0
51.00	05100	RECOVERY ROOM	11,835	39,959	0	8,326	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,140	42,390	197	8,833	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,052	134,961	364	28,122	0
55.00	05500	RADIOLOGY-THERAPEUTIC	15,901	744	0	155	0
57.00	05700	CT SCAN	40,465	6,147	0	1,281	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,274	58	0	12	0
59.00	05900	CARDIAC CATHETERIZATION	65,342	66,807	54	13,921	0
60.00	06000	LABORATORY	127,147	22,044	0	4,593	0
64.00	06400	INTRAVENOUS THERAPY	21,875	10,747	0	2,239	0
65.00	06500	RESPIRATORY THERAPY	57,925	4,440	0	925	0
66.00	06600	PHYSICAL THERAPY	62,025	26,182	0	5,456	0
67.00	06700	OCCUPATIONAL THERAPY	20,338	8,734	0	1,820	0
68.00	06800	SPEECH PATHOLOGY	10,443	3,706	0	772	0
69.00	06900	ELECTROCARDIOLOGY	38,758	10,368	0	2,160	0
70.00	07000	ELECTROENCEPHALOGRAPHY	10,569	418	0	87	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	309,751	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	312,615	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,586,874	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	684,651	0	0	0	0
73.02	07302	CONTRACTED PHARMACY	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	17,987	1,984	0	413	0
76.00	03330	ENDOSCOPY	8,005	0	126	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	285,807	23,187	0	4,831	0
76.03	03951	LUTHERWOOD PARTNERSHIP	69,556	0	0	0	0
76.04	03952	WOUND CARE CENTER	20,708	20,293	117	4,228	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	386,920	380,681	0	79,322	0
76.06	03953	IMAGING CENTERS	61,118	14,871	0	3,099	0
76.07	03954	BREAST DIAGNOSTIC CENTER	21,211	26,284	0	5,477	0
76.97	07697	CARDIAC REHABILITATION	11,712	28,798	0	6,001	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	4,590	4,785	0	997	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							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	MULTIDISCIPLINARY CLINIC	87	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	13,162	16,150	10	3,365	0
90.03	09001	PALLIATIVE CARE	43	1,089	0	227	0
90.04	04953	SPI NE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	6,331	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	36,149	71,286	0	14,854	0
91.00	09100	EMERGENCY	183,700	324,018	701	67,516	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,374,988	3,296,881	10,509	676,274	365,178
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE	0	0	0	0	0
194.01	07951	GROUP HOMES AND MIS. N_R CTRS	86,714	0	0	0	0
194.02	07952	ACCOUNTABLE CARE	1,448	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07953	SCHOOL BASED CLINICS	963	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	6,629	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	50,108	0	0	0	0	194.05
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)	6,520,850	3,296,881	10,509	676,274	365,178	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 11:39 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	1,232,501					11.00
13.00	01300	NURSING ADMINISTRATION	27,183	637,486				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,796	318,744	2,327,425			14.00
15.00	01500	PHARMACY	73,518	0	1,163,696	2,763,633		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	618	0	5	1,381,816	1,473,929	16.00
17.00	01700	SOCIAL SERVICE	13,591	0	23	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	40,774	0	44	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,272	0	310	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	354,615	183,048	58,002	0	89,553	30.00
31.00	03100	INTENSIVE CARE UNIT	87,727	45,137	20,328	0	30,705	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,209	0	3,140	0	9,923	35.00
43.00	04300	NURSERY	3,089	1,737	893	0	973	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,046	36,495	95,194	0	84,276	50.00
51.00	05100	RECOVERY ROOM	4,942	0	897	0	6,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,827	7,526	3,869	0	4,217	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,974	0	1,293	0	24,548	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,178	0	1,347	0	12,875	55.00
57.00	05700	CT SCAN	22,858	0	6,530	0	48,695	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,325	0	370	0	7,614	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,036	0	6,418	0	130,462	59.00
60.00	06000	LABORATORY	0	0	54,577	0	46,034	60.00
64.00	06400	INTRAVENOUS THERAPY	9,885	0	1,929	0	3,510	64.00
65.00	06500	RESPIRATORY THERAPY	30,272	0	6,576	0	16,466	65.00
66.00	06600	PHYSICAL THERAPY	21,005	0	2,031	0	8,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,120	0	567	0	2,781	67.00
68.00	06800	SPEECH PATHOLOGY	5,560	0	1,695	0	1,262	68.00
69.00	06900	ELECTROCARDIOLOGY	28,419	0	3,271	0	21,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,560	0	1,636	0	3,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	787,834	0	39,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	40,317	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,381,817	495,240	73.00
73.01	07301	SPECIALTY PHARMACY	3,707	0	0	0	45,069	73.01
73.02	07302	CONTRACTED PHARMACY	0	0	0	0	13,051	73.02
74.00	07400	RENAL DIALYSIS	618	0	108	0	2,068	74.00
76.00	03330	ENDOSCOPY	3,089	0	647	0	1,909	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	35,832	0	4,694	0	7,250	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	3,691	0	158	76.03
76.04	03952	WOUND CARE CENTER	7,414	0	3,422	0	5,150	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	118,617	0	25,492	0	110,671	76.05
76.06	03953	IMAGING CENTERS	0	0	10,153	0	32,400	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	2,392	76.07
76.97	07697	CARDIAC REHABILITATION	9,267	0	531	0	1,845	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,853	0	745	0	1,213	76.98
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0	0	0	0	5	90.01
90.02	04951	HEALTHY HEARTS CENTER	13,591	0	1,457	0	2,064	90.02
90.03	09001	PALLIATIVE CARE	0	0	0	0	191	90.03
90.04	04953	SPIRE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	976	0	923	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	21,005	0	607	0	2,155	90.07
91.00	09100	EMERGENCY	87,109	44,799	37,708	0	116,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,232,501	637,486	2,312,706	2,763,633	1,473,929	118.00
NONREIMBURSABLE COST CENTERS								
192.00	019200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	GROUP HOMES AND MIS. N_R CTRS	0	0	4,782	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
194.02	07952	ACCOUNTABLE CARE	0	0	10	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	472	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	2	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	9,453	0	0	194.05
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)	1,232,501	637,486	2,327,425	2,763,633	1,473,929	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 11:39 am	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	248,750				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	347,684			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,041,287		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	200,519		12,016,817	0	30.00
31.00 03100	INTENSIVE CARE UNIT	37,043		3,357,785	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	7,317		303,484	0	35.00
43.00 04300	NURSERY	3,871		137,033	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0		5,397,065	0	50.00
51.00 05100	RECOVERY ROOM	0		398,378	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		612,915	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		1,529,060	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0		113,695	0	55.00
57.00 05700	CT SCAN	0		567,588	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		414,197	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0		1,581,421	0	59.00
60.00 06000	LABORATORY	0		396,495	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0		200,987	0	64.00
65.00 06500	RESPIRATORY THERAPY	0		518,601	0	65.00
66.00 06600	PHYSICAL THERAPY	0		1,160,065	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0		204,940	0	67.00
68.00 06800	SPEECH PATHOLOGY	0		99,722	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0		778,627	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		139,239	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		1,137,443	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		352,932	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		3,463,931	0	73.00
73.01 07301	SPECIALTY PHARMACY	0		933,778	0	73.01
73.02 07302	CONTRACTED PHARMACY	0		13,051	0	73.02
74.00 07400	RENAL DIALYSIS	0		40,695	0	74.00
76.00 03330	ENDOSCOPY	0		123,153	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		3,250,159	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0		411,811	0	76.03
76.04 03952	WOUND CARE CENTER	0		233,906	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0		5,358,059	0	76.05
76.06 03953	IMAGING CENTERS	0		1,155,915	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0		240,169	0	76.07
76.97 07697	CARDIAC REHABILITATION	0		354,414	0	76.97
76.98 07698	HYPERBARIIC OXYGEN THERAPY	0		52,394	0	76.98
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0		0	0	90.00
90.01 04950	MULTIDISCIPLINARY CLINIC	0		8,052	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0		357,074	0	90.02
90.03 09001	PALLIATIVE CARE	0		7,246	0	90.03
90.04 04953	SPINE CENTER	0		0	0	90.04
90.05 04954	INFUSION CENTERS	0		143,533	0	90.05
90.06 09002	MEDCHECK CLINICS	0		0	0	90.06
90.07 09003	KNEE CENTER	0		659,907	0	90.07
91.00 09100	EMERGENCY	0		3,574,811	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	248,750	0	0	51,800,547	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B
Part II
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00			22.00	24.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		0	0	192.00
194.00	07950	HOME OFFICE	0		0	0	194.00
194.01	07951	GROUP HOMES AND MISC. N_R CTRS	0		687,522	0	194.01
194.02	07952	ACCOUNTABLE CARE	0		10,447	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0		5,512	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0		47,389	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0		1,048,025	0	194.05
200.00		Cross Foot Adjustments	347,684	1,041,287	1,388,971	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	248,750	347,684	1,041,287	54,988,413	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	SPECIALTY PHARMACY	73.01
73.02	07302	CONTRACTED PHARMACY	73.02
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	76.03
76.04	03952	WOUND CARE CENTER	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	76.05
76.06	03953	IMAGING CENTERS	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	76.07
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	76.98
77.00	07700	ALLOGENEI C HSCT ACQUISITION	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	MULTI DISCIPLINARY CLINIC	90.01
90.02	04951	HEALTHY HEARTS CENTER	90.02
90.03	09001	PALLIATIVE CARE	90.03
90.04	04953	SPI NE CENTER	90.04
90.05	04954	INFUSION CENTERS	90.05
90.06	09002	MEDCHECK CLINICS	90.06
90.07	09003	KNEE CENTER	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	HOME OFFICE	194.00
194.01	07951	GROUP HOMES AND MISC. N_R CTRS	194.01
194.02	07952	ACCOUNTABLE CARE	194.02
194.03	07953	SCHOOL BASED CLINICS	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 11:39 am
Cost Center Description		Total		
		26.00		
194.04	07954 SMO-NON PROVIDER BASED	47,389		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	1,048,025		194.05
200.00	Cross Foot Adjustments	1,388,971		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	54,988,413		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	834,042				1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP		67,741,901			2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,271	33,668,235	264,239,749		4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	38,356	9,645,766	11,465,246	-144,156,069	5.00	
7.00 00700	OPERATION OF PLANT	111,455	236,310	2,395,296	0	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00	
9.00 00900	HOUSEKEEPING	10,556	33,213	4,276,183	0	9.00	
10.00 01000	DIETARY	8,676	23,021	959,925	0	10.00	
11.00 01100	CAFETERIA	24,012	185,603	2,660,735	0	11.00	
13.00 01300	NURSING ADMINISTRATION	8,395	43,407	3,839,140	0	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	16,863	2,763,219	705,353	0	14.00	
15.00 01500	PHARMACY	9,191	941,424	10,188,657	0	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,164	0	103,624	0	16.00	
17.00 01700	SOCIAL SERVICE	2,732	0	1,991,772	0	17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,360	4,208,500	0	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,440	62,791	11,627,035	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	184,608	1,571,587	59,336,564	0	30.00	
31.00 03100	INTENSIVE CARE UNIT	48,104	1,050,765	14,187,082	0	31.00	
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,682	33,054	2,222,791	0	35.00	
43.00 04300	NURSERY	2,012	48,549	499,830	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	89,021	2,937,498	10,240,749	0	50.00	
51.00 05100	RECOVERY ROOM	8,217	117,547	913,381	0	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,717	210,355	2,640,574	0	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,753	743,744	3,136,669	0	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	153	37,305	841,901	0	55.00	
57.00 05700	CT SCAN	1,264	481,154	2,642,995	0	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	12	671,740	814,652	0	58.00	
59.00 05900	CARDIAC CATHETERIZATION	13,738	1,265,187	4,507,840	0	59.00	
60.00 06000	LABORATORY	4,533	53,826	0	0	60.00	
64.00 06400	INTRAVENOUS THERAPY	2,210	9,193	1,403,526	0	64.00	
65.00 06500	RESPIRATORY THERAPY	913	78,297	5,296,565	0	65.00	
66.00 06600	PHYSICAL THERAPY	5,384	1,152,922	5,042,876	0	66.00	
67.00 06700	OCCUPATIONAL THERAPY	1,796	10,454	1,694,671	0	67.00	
68.00 06800	SPEECH PATHOLOGY	762	7,431	829,447	0	68.00	
69.00 06900	ELECTROCARDIOLOGY	2,132	786,574	3,543,121	0	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	86	129,867	794,450	0	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	
73.01 07301	SPECIALTY PHARMACY	0	0	3,123,502	0	73.01	
73.02 07302	CONTRACTED PHARMACY	0	0	0	-21,967,212	73.02	
74.00 07400	RENAL DIALYSIS	408	0	111,364	0	74.00	
76.00 03330	ENDOSCOPY	0	148,504	550,662	0	76.00	
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,768	1,737,877	29,631,845	0	76.01	
76.03 03951	LUTHERWOOD PARTNERSHIP	0	162,780	4,010,263	0	76.03	
76.04 03952	WOUND CARE CENTER	4,173	7,368	979,004	0	76.04	
76.05 03480	ONCOLOGY-CANCER CARE CENTER	78,282	2,460,758	16,194,887	0	76.05	
76.06 03953	IMAGING CENTERS	3,058	1,395,706	4,061,312	0	76.06	
76.07 03954	BREAST DIAGNOSTIC CENTER	5,405	95,000	0	0	76.07	
76.97 07697	CARDIAC REHABILITATION	5,922	168,911	958,050	0	76.97	
76.98 07698	HYPERBARIIC OXYGEN THERAPY	984	1,737	192,147	0	76.98	
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							
90.00 09000	CLINIC	0	0	0	0	90.00	
90.01 04950	MULTIDISCIPLINARY CLINIC	0	15,663	2,327	0	90.01	
90.02 04951	HEALTHY HEARTS CENTER	3,321	175,335	2,110,860	0	90.02	
90.03 09001	PALLIATIVE CARE	224	0	0	0	90.03	
90.04 04953	SPINE CENTER	0	0	0	0	90.04	
90.05 04954	INFUSION CENTERS	0	211,463	465,362	0	90.05	
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06	
90.07 09003	KNEE CENTER	14,659	14,613	2,086,554	0	90.07	
91.00 09100	EMERGENCY	66,630	379,271	12,927,205	0	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	834,042	65,977,384	252,416,494	-166,123,281	853,480,657	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	HOME OFFICE	0	0	0	0	194.00	
194.01	07951	GROUP HOMES AND MISC. N_R CTRS	0	215,890	7,613,696	0	11,609,797	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	140,142	0	193,830	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	63,562	0	128,975	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	635,422	0	887,515	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	1,548,627	3,370,433	0	6,708,852	194.05
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)	21,206,684	33,781,729	29,044,024		144,156,069	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.426398	0.498683	0.109915		0.165125	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			16,949,222		6,520,850	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.064143		0.007469	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: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	677,960				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	309,727			8.00
9.00	00900	HOUSEKEEPING	10,556	154,863	667,404		9.00
10.00	01000	DIETARY	8,676	0	8,676	192,173	10.00
11.00	01100	CAFETERIA	24,012	0	24,012	96,086	1,995
13.00	01300	NURSING ADMINISTRATION	8,395	0	8,395	0	44
14.00	01400	CENTRAL SERVICES & SUPPLY	16,863	0	16,863	0	11
15.00	01500	PHARMACY	9,191	0	9,191	0	119
16.00	01600	MEDICAL RECORDS & LIBRARY	1,164	0	1,164	0	1
17.00	01700	SOCIAL SERVICE	2,732	0	2,732	0	22
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	66
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,440	0	4,440	0	49
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	184,608	76,615	184,608	80,853	574
31.00	03100	INTENSIVE CARE UNIT	48,104	13,369	48,104	15,234	142
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,682	0	2,682	0	23
43.00	04300	NURSERY	2,012	1,338	2,012	0	5
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,021	17,328	89,021	0	115
51.00	05100	RECOVERY ROOM	8,217	0	8,217	0	8
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,717	5,799	8,717	0	24
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,753	10,718	27,753	0	21
55.00	05500	RADIOLOGY-THERAPEUTIC	153	0	153	0	10
57.00	05700	CT SCAN	1,264	0	1,264	0	37
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12	0	12	0	7
59.00	05900	CARDIAC CATHETERIZATION	13,738	1,593	13,738	0	47
60.00	06000	LABORATORY	4,533	0	4,533	0	0
64.00	06400	INTRAVENOUS THERAPY	2,210	0	2,210	0	16
65.00	06500	RESPIRATORY THERAPY	913	0	913	0	49
66.00	06600	PHYSICAL THERAPY	5,384	0	5,384	0	34
67.00	06700	OCCUPATIONAL THERAPY	1,796	0	1,796	0	18
68.00	06800	SPEECH PATHOLOGY	762	0	762	0	9
69.00	06900	ELECTROCARDIOLOGY	2,132	0	2,132	0	46
70.00	07000	ELECTROENCEPHALOGRAPHY	86	0	86	0	9
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	6
73.02	07302	CONTRACTED PHARMACY	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	408	0	408	0	1
76.00	03330	ENDOSCOPY	0	3,714	0	0	5
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,768	0	4,768	0	58
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0
76.04	03952	WOUND CARE CENTER	4,173	3,460	4,173	0	12
76.05	03480	ONCOLOGY-CANCER CARE CENTER	78,282	0	78,282	0	192
76.06	03953	IMAGING CENTERS	3,058	0	3,058	0	0
76.07	03954	BREAST DIAGNOSTIC CENTER	5,405	0	5,405	0	0
76.97	07697	CARDIAC REHABILITATION	5,922	0	5,922	0	15
76.98	07698	HYPERBARI C OXYGEN THERAPY	984	0	984	0	3
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							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	MULTI DISCIPLINARY CLINIC	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	3,321	283	3,321	0	22
90.03	09001	PALLIATIVE CARE	224	0	224	0	0
90.04	04953	SPI NE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	0	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	14,659	0	14,659	0	34
91.00	09100	EMERGENCY	66,630	20,647	66,630	0	141
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	677,960	309,727	667,404	192,173	1,995
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
194.01	07951 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
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)	29,872,543	1,639,383	10,712,691	3,726,448	8,774,152	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	44.062397	5.292994	16.051284	19.391111	4,398.071178	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,296,881	10,509	676,274	365,178	1,232,501	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.862943	0.033930	1.013290	1.900257	617.794987	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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet B-1 Date/Time Prepared: 5/24/2024 11:39 am	
Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
	13.00	14.00	15.00	16.00	17.00	
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	4,161,069				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,080,534	122,517,129			14.00
15.00 01500	PHARMACY	0	61,258,564	200		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	276	100	4,235,689,266	16.00
17.00 01700	SOCIAL SERVICE	0	1,234	0	0	102,299
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,317	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,311	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,194,814	3,053,210	0	257,337,439	82,464
31.00 03100	INTENSIVE CARE UNIT	294,624	1,070,072	0	88,232,701	15,234
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	165,274	0	28,515,400	3,009
43.00 04300	NURSERY	11,337	47,002	0	2,796,468	1,592
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	238,218	5,010,977	0	242,173,608	0
51.00 05100	RECOVERY ROOM	0	47,232	0	18,056,420	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	49,122	203,653	0	12,116,677	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	68,057	0	70,539,822	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	70,922	0	36,998,096	0
57.00 05700	CT SCAN	0	343,742	0	139,928,330	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,462	0	21,879,801	0
59.00 05900	CARDIAC CATHETERIZATION	0	337,841	0	374,891,679	0
60.00 06000	LABORATORY	0	2,872,941	0	132,281,086	0
64.00 06400	INTRAVENOUS THERAPY	0	101,527	0	10,085,507	0
65.00 06500	RESPIRATORY THERAPY	0	346,150	0	47,314,885	0
66.00 06600	PHYSICAL THERAPY	0	106,917	0	23,166,420	0
67.00 06700	OCCUPATIONAL THERAPY	0	29,837	0	7,992,694	0
68.00 06800	SPEECH PATHOLOGY	0	89,209	0	3,626,628	0
69.00 06900	ELECTROCARDIOLOGY	0	172,173	0	63,001,917	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	86,137	0	8,799,174	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,471,513	0	114,534,442	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	115,853,518	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	1,423,361,034	0
73.01 07301	SPECIALTY PHARMACY	0	0	0	129,509,892	0
73.02 07302	CONTRACTED PHARMACY	0	0	0	37,503,231	0
74.00 07400	RENAL DIALYSIS	0	5,710	0	5,943,205	0
76.00 03330	ENDOSCOPY	0	34,076	0	5,484,255	0
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	247,079	0	20,834,767	0
76.03 03951	LUTHERWOOD PARTNERSHIP	0	194,268	0	453,365	0
76.04 03952	WOUND CARE CENTER	0	180,153	0	14,798,116	0
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	1,341,876	0	318,020,426	0
76.06 03953	IMAGING CENTERS	0	534,451	0	93,103,518	0
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	6,872,156	0
76.97 07697	CARDIAC REHABILITATION	0	27,935	0	5,302,636	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	39,201	0	3,484,794	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						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	MULTIDISCIPLINARY CLINIC	0	0	0	14,798	0
90.02 04951	HEALTHY HEARTS CENTER	0	76,694	0	5,930,247	0
90.03 09001	PALLIATIVE CARE	0	0	0	549,919	0
90.04 04953	SPINE CENTER	0	0	0	340	0
90.05 04954	INFUSION CENTERS	0	51,373	0	2,652,590	0
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	0	31,961	0	6,193,125	0
91.00 09100	EMERGENCY	292,420	1,984,971	0	335,554,140	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,161,069	121,742,298	200	4,235,689,266	102,299
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	GROUP HOMES AND MISC. N_R CTRS	0	251,735	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	518	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	24,857	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	102	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	497,619	0	0	0	194.05
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)	13,118,074	15,548,098	26,900,715	21,076,125	3,670,980	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.152573	0.126906	134,503.575000	0.004976	35.884808	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	637,486	2,327,425	2,763,633	1,473,929	248,750	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.153202	0.018997	13,818.165000	0.000348	2.431598	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: 15-0074

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

Worksheet B-1
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	INTERNS & RESIDENTS		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	21.00	22.00	
GENERAL SERVICE COST CENTERS			
1.00 00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00 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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	251,800	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
		251,800	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000	ADULTS & PEDIATRICS	132,600	30.00
31.00 03100	INTENSIVE CARE UNIT	6,100	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	4,200	35.00
43.00 04300	NURSERY	0	43.00
		0	
ANCILLARY SERVICE COST CENTERS			
50.00 05000	OPERATING ROOM	34,700	50.00
51.00 05100	RECOVERY ROOM	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00 05700	CT SCAN	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,200	59.00
60.00 06000	LABORATORY	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	65.00
66.00 06600	PHYSICAL THERAPY	13,500	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 PATIENTS	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	73.01
73.02 07302	CONTRACTED PHARMACY	0	73.02
74.00 07400	RENAL DIALYSIS	0	74.00
76.00 03330	ENDOSCOPY	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,200	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	76.03
76.04 03952	WOUND CARE CENTER	2,600	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	2,700	76.05
76.06 03953	IMAGING CENTERS	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	76.98
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
		0	
OUTPATIENT SERVICE COST CENTERS			
90.00 09000	CLINIC	0	90.00
90.01 04950	MULTIDISCIPLINARY CLINIC	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	90.02
90.03 09001	PALLIATIVE CARE	0	90.03
90.04 04953	SPINE CENTER	0	90.04
90.05 04954	INFUSION CENTERS	0	90.05
90.06 09002	MEDCHECK CLINICS	0	90.06
90.07 09003	KNEE CENTER	0	90.07
91.00 09100	EMERGENCY	10,000	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
		0	
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	251,800	118.00
		251,800	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
NONREIMBURSABLE COST CENTERS				
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950	HOME OFFICE	0	0	194.00
194.01 07951	GROUP HOMES AND MISC. N_R CTRS	0	0	194.01
194.02 07952	ACCOUNTABLE CARE	0	0	194.02
194.03 07953	SCHOOL BASED CLINICS	0	0	194.03
194.04 07954	SMO-NON PROVIDER BASED	0	0	194.04
194.05 07955	FAMILY PRACTICE MEDICINE	0	0	194.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,866,355	15,244,007	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.297677	60.540139	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	347,684	1,041,287	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.380794	4.135373	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 11:39 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		118,565,012	0	118,565,012
31.00	03100 INTENSIVE CARE UNIT		32,086,754	0	32,086,754
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,570,745	0	4,570,745
43.00	04300 NURSERY		1,381,539	0	1,381,539
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		39,915,036	0	39,915,036
51.00	05100 RECOVERY ROOM		2,471,185	0	2,471,185
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,382,887	0	6,382,887
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,828,866	0	9,828,866
55.00	05500 RADIOLOGY-THERAPEUTIC		2,726,821	0	2,726,821
57.00	05700 CT SCAN		7,290,912	0	7,290,912
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,369,524	0	2,369,524
59.00	05900 CARDIAC CATHETERIZATION		13,142,291	0	13,142,291
60.00	06000 LABORATORY		21,129,554	0	21,129,554
64.00	06400 INTRAVENOUS THERAPY		3,678,720	0	3,678,720
65.00	06500 RESPIRATORY THERAPY	0	9,585,691	0	9,585,691
66.00	06600 PHYSICAL THERAPY	0	10,277,601	0	10,277,601
67.00	06700 OCCUPATIONAL THERAPY	0	3,403,319	0	3,403,319
68.00	06800 SPEECH PATHOLOGY	0	1,743,858	0	1,743,858
69.00	06900 ELECTROCARDIOLOGY		6,711,812	0	6,711,812
70.00	07000 ELECTROENCEPHALOGRAPHY		1,748,253	0	1,748,253
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		54,152,406	0	54,152,406
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		49,342,748	0	49,342,748
73.00	07300 DRUGS CHARGED TO PATIENTS		268,023,700	0	268,023,700
73.01	07301 SPECIALTY PHARMACY		107,472,852	0	107,472,852
73.02	07302 CONTRACTED PHARMACY		22,153,828	0	22,153,828
74.00	07400 RENAL DIALYSIS		2,865,034	0	2,865,034
76.00	03330 ENDOSCOPY		1,321,974	0	1,321,974
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		45,261,206	0	45,261,206
76.03	03951 LUTHERWOOD PARTNERSHIP		10,877,358	0	10,877,358
76.04	03952 WOUND CARE CENTER		3,648,859	0	3,648,859
76.05	03480 ONCOLOGY-CANCER CARE CENTER		67,660,483	0	67,660,483
76.06	03953 IMAGING CENTERS		10,248,984	0	10,248,984
76.07	03954 BREAST DIAGNOSTIC CENTER		3,667,960	0	3,667,960
76.97	07697 CARDIAC REHABILITATION		2,278,854	0	2,278,854
76.98	07698 HYPERBARI C OXYGEN THERAPY		810,649	0	810,649
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.01	04950 MULTIDISCIPLINARY CLINIC		13,584	0	13,584
90.02	04951 HEALTHY HEARTS CENTER		2,390,333	0	2,390,333
90.03	09001 PALLIATIVE CARE		22,838	0	22,838
90.04	04953 SPINE CENTER		2	0	2
90.05	04954 INFUSION CENTERS		1,007,249	0	1,007,249
90.06	09002 MEDCHECK CLINICS		0	0	0
90.07	09003 KNEE CENTER		6,704,678	0	6,704,678
91.00	09100 EMERGENCY		36,234,564	0	36,234,564
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		9,378,246	0	9,378,246
200.00	Subtotal (see instructions)		1,004,548,769	0	1,004,548,769
201.00	Less Observation Beds		9,378,246	0	9,378,246
202.00	Total (see instructions)		995,170,523	0	995,170,523

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 5/24/2024 11:39 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	243,614,310		243,614,310				30.00
31.00	03100	INTENSIVE CARE UNIT	88,232,701		88,232,701				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,515,400		28,515,400				35.00
43.00	04300	NURSERY	2,796,468		2,796,468				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	154,147,948	88,025,660	242,173,608	0.164820	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,561,987	10,494,433	18,056,420	0.136859	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,116,677	0	12,116,677	0.526785	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,401,360	56,138,462	70,539,822	0.139338	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,397,586	18,600,510	36,998,096	0.073702	0.000000		55.00
57.00	05700	CT SCAN	35,283,933	104,644,397	139,928,330	0.052105	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,832,923	16,046,878	21,879,801	0.108297	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	133,130,192	241,761,487	374,891,679	0.035056	0.000000		59.00
60.00	06000	LABORATORY	58,389,209	73,891,877	132,281,086	0.159732	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	2,918,800	7,166,707	10,085,507	0.364753	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	42,333,239	4,981,646	47,314,885	0.202594	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,974,377	19,192,043	23,166,420	0.443642	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,779,286	4,213,408	7,992,694	0.425804	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,349,904	2,276,724	3,626,628	0.480848	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	16,282,346	46,719,571	63,001,917	0.106533	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,117,103	7,682,071	8,799,174	0.198684	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,272,690	59,261,752	114,534,442	0.472805	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,874,678	41,978,840	115,853,518	0.425906	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,124,007	1,353,237,027	1,423,361,034	0.188303	0.000000		73.00
73.01	07301	SPECIALTY PHARMACY	0	129,509,892	129,509,892	0.829843	0.000000		73.01
73.02	07302	CONTRACTED PHARMACY	0	37,503,231	37,503,231	0.590718	0.000000		73.02
74.00	07400	RENAL DIALYSIS	5,943,205	0	5,943,205	0.482069	0.000000		74.00
76.00	03330	ENDOSCOPY	2,755,555	2,728,700	5,484,255	0.241049	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	499,172	20,335,595	20,834,767	2.172388	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	453,365	453,365	23.992496	0.000000		76.03
76.04	03952	WOUND CARE CENTER	907,416	13,890,700	14,798,116	0.246576	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	3,111,085	314,909,341	318,020,426	0.212755	0.000000		76.05
76.06	03953	IMAGING CENTERS	233,252	92,870,266	93,103,518	0.110082	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	25,057	6,847,099	6,872,156	0.533742	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	8,207	5,294,429	5,302,636	0.429759	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,484,794	3,484,794	0.232625	0.000000		76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0	14,798	14,798	0.917962	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	42,879	5,887,368	5,930,247	0.403075	0.000000		90.02
90.03	09001	PALLIATIVE CARE	0	549,919	549,919	0.041530	0.000000		90.03
90.04	04953	SPI NE CENTER	340	0	340	0.005882	0.000000		90.04
90.05	04954	INFUSION CENTERS	817	2,651,773	2,652,590	0.379723	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	7,995	6,185,130	6,193,125	1.082600	0.000000		90.07
91.00	09100	EMERGENCY	66,182,802	269,371,338	335,554,140	0.107984	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,263,882	11,459,247	13,723,129	0.683390	0.000000		92.00
200.00		Subtotal (see instructions)	1,155,428,788	3,080,260,478	4,235,689,266				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,155,428,788	3,080,260,478	4,235,689,266				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 11:39 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.164820		50.00
51.00	05100 RECOVERY ROOM	0.136859		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.526785		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139338		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.073702		55.00
57.00	05700 CT SCAN	0.052105		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108297		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.035056		59.00
60.00	06000 LABORATORY	0.159732		60.00
64.00	06400 INTRAVENOUS THERAPY	0.364753		64.00
65.00	06500 RESPIRATORY THERAPY	0.202594		65.00
66.00	06600 PHYSICAL THERAPY	0.443642		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.425804		67.00
68.00	06800 SPEECH PATHOLOGY	0.480848		68.00
69.00	06900 ELECTROCARDIOLOGY	0.106533		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.198684		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.472805		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.425906		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188303		73.00
73.01	07301 SPECIALTY PHARMACY	0.829843		73.01
73.02	07302 CONTRACTED PHARMACY	0.590718		73.02
74.00	07400 RENAL DIALYSIS	0.482069		74.00
76.00	03330 ENDOSCOPY	0.241049		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.172388		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	23.992496		76.03
76.04	03952 WOUND CARE CENTER	0.246576		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.212755		76.05
76.06	03953 IMAGING CENTERS	0.110082		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.533742		76.07
76.97	07697 CARDIAC REHABILITATION	0.429759		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.232625		76.98
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			
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 MULTIDISCIPLINARY CLINIC	0.917962		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.403075		90.02
90.03	09001 PALLIATIVE CARE	0.041530		90.03
90.04	04953 SPINE CENTER	0.005882		90.04
90.05	04954 INFUSION CENTERS	0.379723		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.082600		90.07
91.00	09100 EMERGENCY	0.107984		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.683390		92.00
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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 11:39 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		129,681,906	0	129,681,906
31.00	03100 INTENSIVE CARE UNIT		32,598,165	0	32,598,165
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,922,864	0	4,922,864
43.00	04300 NURSERY		1,381,539	0	1,381,539
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		42,824,208	0	42,824,208
51.00	05100 RECOVERY ROOM		2,471,185	0	2,471,185
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,382,887	0	6,382,887
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,828,866	0	9,828,866
55.00	05500 RADIOLOGY-THERAPEUTIC		2,726,821	0	2,726,821
57.00	05700 CT SCAN		7,290,912	0	7,290,912
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,369,524	0	2,369,524
59.00	05900 CARDIAC CATHETERIZATION		13,326,734	0	13,326,734
60.00	06000 LABORATORY		21,129,554	0	21,129,554
64.00	06400 INTRAVENOUS THERAPY		3,678,720	0	3,678,720
65.00	06500 RESPIRATORY THERAPY	0	9,585,691	0	9,585,691
66.00	06600 PHYSICAL THERAPY	0	11,409,412	0	11,409,412
67.00	06700 OCCUPATIONAL THERAPY	0	3,403,319	0	3,403,319
68.00	06800 SPEECH PATHOLOGY	0	1,743,858	0	1,743,858
69.00	06900 ELECTROCARDIOLOGY		6,711,812	0	6,711,812
70.00	07000 ELECTROENCEPHALOGRAPHY		1,748,253	0	1,748,253
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		54,152,406	0	54,152,406
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		49,342,748	0	49,342,748
73.00	07300 DRUGS CHARGED TO PATIENTS		268,023,700	0	268,023,700
73.01	07301 SPECIALTY PHARMACY		107,472,852	0	107,472,852
73.02	07302 CONTRACTED PHARMACY		22,153,828	0	22,153,828
74.00	07400 RENAL DIALYSIS		2,865,034	0	2,865,034
76.00	03330 ENDOSCOPY		1,321,974	0	1,321,974
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		48,883,000	0	48,883,000
76.03	03951 LUTHERWOOD PARTNERSHIP		10,877,358	0	10,877,358
76.04	03952 WOUND CARE CENTER		3,866,837	0	3,866,837
76.05	03480 ONCOLOGY-CANCER CARE CENTER		67,886,845	0	67,886,845
76.06	03953 IMAGING CENTERS		10,248,984	0	10,248,984
76.07	03954 BREAST DIAGNOSTIC CENTER		3,667,960	0	3,667,960
76.97	07697 CARDIAC REHABILITATION		2,278,854	0	2,278,854
76.98	07698 HYPERBARI C OXYGEN THERAPY		810,649	0	810,649
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.01	04950 MULTIDISCIPLINARY CLINIC		13,584	0	13,584
90.02	04951 HEALTHY HEARTS CENTER		2,390,333	0	2,390,333
90.03	09001 PALLIATIVE CARE		22,838	0	22,838
90.04	04953 SPINE CENTER		2	0	2
90.05	04954 INFUSION CENTERS		1,007,249	0	1,007,249
90.06	09002 MEDCHECK CLINICS		0	0	0
90.07	09003 KNEE CENTER		6,704,678	0	6,704,678
91.00	09100 EMERGENCY		37,072,942	0	37,072,942
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		9,378,246	0	9,378,246
200.00	Subtotal (see instructions)		1,025,659,131	0	1,025,659,131
201.00	Less Observation Beds		9,378,246	0	9,378,246
202.00	Total (see instructions)		1,016,280,885	0	1,016,280,885

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 5/24/2024 11:39 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	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	243,614,310		243,614,310				30.00
31.00	03100	INTENSIVE CARE UNIT	88,232,701		88,232,701				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,515,400		28,515,400				35.00
43.00	04300	NURSERY	2,796,468		2,796,468				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	154,147,948	88,025,660	242,173,608	0.176833	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,561,987	10,494,433	18,056,420	0.136859	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,116,677	0	12,116,677	0.526785	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,401,360	56,138,462	70,539,822	0.139338	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,397,586	18,600,510	36,998,096	0.073702	0.000000		55.00
57.00	05700	CT SCAN	35,283,933	104,644,397	139,928,330	0.052105	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,832,923	16,046,878	21,879,801	0.108297	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	133,130,192	241,761,487	374,891,679	0.035548	0.000000		59.00
60.00	06000	LABORATORY	58,389,209	73,891,877	132,281,086	0.159732	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	2,918,800	7,166,707	10,085,507	0.364753	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	42,333,239	4,981,646	47,314,885	0.202594	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,974,377	19,192,043	23,166,420	0.492498	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,779,286	4,213,408	7,992,694	0.425804	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,349,904	2,276,724	3,626,628	0.480848	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	16,282,346	46,719,571	63,001,917	0.106533	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,117,103	7,682,071	8,799,174	0.198684	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,272,690	59,261,752	114,534,442	0.472805	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,874,678	41,978,840	115,853,518	0.425906	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,124,007	1,353,237,027	1,423,361,034	0.188303	0.000000		73.00
73.01	07301	SPECIALTY PHARMACY	0	129,509,892	129,509,892	0.829843	0.000000		73.01
73.02	07302	CONTRACTED PHARMACY	0	37,503,231	37,503,231	0.590718	0.000000		73.02
74.00	07400	RENAL DIALYSIS	5,943,205	0	5,943,205	0.482069	0.000000		74.00
76.00	03330	ENDOSCOPY	2,755,555	2,728,700	5,484,255	0.241049	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	499,172	20,335,595	20,834,767	2.346223	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	453,365	453,365	23.992496	0.000000		76.03
76.04	03952	WOUND CARE CENTER	907,416	13,890,700	14,798,116	0.261306	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	3,111,085	314,909,341	318,020,426	0.213467	0.000000		76.05
76.06	03953	IMAGING CENTERS	233,252	92,870,266	93,103,518	0.110082	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	25,057	6,847,099	6,872,156	0.533742	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	8,207	5,294,429	5,302,636	0.429759	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,484,794	3,484,794	0.232625	0.000000		76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0	14,798	14,798	0.917962	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	42,879	5,887,368	5,930,247	0.403075	0.000000		90.02
90.03	09001	PALLIATIVE CARE	0	549,919	549,919	0.041530	0.000000		90.03
90.04	04953	SPI NE CENTER	340	0	340	0.005882	0.000000		90.04
90.05	04954	INFUSION CENTERS	817	2,651,773	2,652,590	0.379723	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	7,995	6,185,130	6,193,125	1.082600	0.000000		90.07
91.00	09100	EMERGENCY	66,182,802	269,371,338	335,554,140	0.110483	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,263,882	11,459,247	13,723,129	0.683390	0.000000		92.00
200.00		Subtotal (see instructions)	1,155,428,788	3,080,260,478	4,235,689,266				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,155,428,788	3,080,260,478	4,235,689,266				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 11:39 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.176833		50.00
51.00	05100 RECOVERY ROOM	0.136859		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.526785		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139338		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.073702		55.00
57.00	05700 CT SCAN	0.052105		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108297		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.035548		59.00
60.00	06000 LABORATORY	0.159732		60.00
64.00	06400 INTRAVENOUS THERAPY	0.364753		64.00
65.00	06500 RESPIRATORY THERAPY	0.202594		65.00
66.00	06600 PHYSICAL THERAPY	0.492498		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.425804		67.00
68.00	06800 SPEECH PATHOLOGY	0.480848		68.00
69.00	06900 ELECTROCARDIOLOGY	0.106533		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.198684		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.472805		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.425906		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188303		73.00
73.01	07301 SPECIALTY PHARMACY	0.829843		73.01
73.02	07302 CONTRACTED PHARMACY	0.590718		73.02
74.00	07400 RENAL DIALYSIS	0.482069		74.00
76.00	03330 ENDOSCOPY	0.241049		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.346223		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	23.992496		76.03
76.04	03952 WOUND CARE CENTER	0.261306		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.213467		76.05
76.06	03953 IMAGING CENTERS	0.110082		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.533742		76.07
76.97	07697 CARDIAC REHABILITATION	0.429759		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.232625		76.98
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				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 MULTIDISCIPLINARY CLINIC	0.917962		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.403075		90.02
90.03	09001 PALLIATIVE CARE	0.041530		90.03
90.04	04953 SPINE CENTER	0.005882		90.04
90.05	04954 INFUSION CENTERS	0.379723		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.082600		90.07
91.00	09100 EMERGENCY	0.110483		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.683390		92.00
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: 15-0074

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

Worksheet C Part II Date/Time Prepared: 5/24/2024 11:39 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,824,208	5,397,065	37,427,143	0	0	50.00
51.00	05100	RECOVERY ROOM	2,471,185	398,378	2,072,807	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,382,887	612,915	5,769,972	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,828,866	1,529,060	8,299,806	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,726,821	113,695	2,613,126	0	0	55.00
57.00	05700	CT SCAN	7,290,912	567,588	6,723,324	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,369,524	414,197	1,955,327	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,326,734	1,581,421	11,745,313	0	0	59.00
60.00	06000	LABORATORY	21,129,554	396,495	20,733,059	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,678,720	200,987	3,477,733	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,585,691	518,601	9,067,090	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,409,412	1,160,065	10,249,347	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,403,319	204,940	3,198,379	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,743,858	99,722	1,644,136	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,711,812	778,627	5,933,185	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,748,253	139,239	1,609,014	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,152,406	1,137,443	53,014,963	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,342,748	352,932	48,989,816	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	268,023,700	3,463,931	264,559,769	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	107,472,852	933,778	106,539,074	0	0	73.01
73.02	07302	CONTRACTED PHARMACY	22,153,828	13,051	22,140,777	0	0	73.02
74.00	07400	RENAL DIALYSIS	2,865,034	40,695	2,824,339	0	0	74.00
76.00	03330	ENDOSCOPY	1,321,974	123,153	1,198,821	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,883,000	3,250,159	45,632,841	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	10,877,358	411,811	10,465,547	0	0	76.03
76.04	03952	WOUND CARE CENTER	3,866,837	233,906	3,632,931	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	67,886,845	5,358,059	62,528,786	0	0	76.05
76.06	03953	IMAGING CENTERS	10,248,984	1,155,915	9,093,069	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,667,960	240,169	3,427,791	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	2,278,854	354,414	1,924,440	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	810,649	52,394	758,255	0	0	76.98
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	13,584	8,052	5,532	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	2,390,333	357,074	2,033,259	0	0	90.02
90.03	09001	PALLIATIVE CARE	22,838	7,246	15,592	0	0	90.03
90.04	04953	SPIRE CENTER	2	0	2	0	0	90.04
90.05	04954	INFUSION CENTERS	1,007,249	143,533	863,716	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	6,704,678	659,907	6,044,771	0	0	90.07
91.00	09100	EMERGENCY	37,072,942	3,574,811	33,498,131	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,378,246	950,504	8,427,742	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	857,074,657	36,935,932	820,138,725	0	0	200.00
201.00		Less Observation Beds	9,378,246	950,504	8,427,742	0	0	201.00
202.00		Total (line 200 minus line 201)	847,696,411	35,985,428	811,710,983	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/24/2024 11:39 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	42,824,208	242,173,608	0.176833	50.00
51.00	05100	RECOVERY ROOM	2,471,185	18,056,420	0.136859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,382,887	12,116,677	0.526785	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,828,866	70,539,822	0.139338	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,726,821	36,998,096	0.073702	55.00
57.00	05700	CT SCAN	7,290,912	139,928,330	0.052105	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,369,524	21,879,801	0.108297	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,326,734	374,891,679	0.035548	59.00
60.00	06000	LABORATORY	21,129,554	132,281,086	0.159732	60.00
64.00	06400	INTRAVENOUS THERAPY	3,678,720	10,085,507	0.364753	64.00
65.00	06500	RESPIRATORY THERAPY	9,585,691	47,314,885	0.202594	65.00
66.00	06600	PHYSICAL THERAPY	11,409,412	23,166,420	0.492498	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,403,319	7,992,694	0.425804	67.00
68.00	06800	SPEECH PATHOLOGY	1,743,858	3,626,628	0.480848	68.00
69.00	06900	ELECTROCARDIOLOGY	6,711,812	63,001,917	0.106533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,748,253	8,799,174	0.198684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,152,406	114,534,442	0.472805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,342,748	115,853,518	0.425906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	268,023,700	1,423,361,034	0.188303	73.00
73.01	07301	SPECIALTY PHARMACY	107,472,852	129,509,892	0.829843	73.01
73.02	07302	CONTRACTED PHARMACY	22,153,828	37,503,231	0.590718	73.02
74.00	07400	RENAL DIALYSIS	2,865,034	5,943,205	0.482069	74.00
76.00	03330	ENDOSCOPY	1,321,974	5,484,255	0.241049	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	48,883,000	20,834,767	2.346223	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	10,877,358	453,365	23.992496	76.03
76.04	03952	WOUND CARE CENTER	3,866,837	14,798,116	0.261306	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	67,886,845	318,020,426	0.213467	76.05
76.06	03953	IMAGING CENTERS	10,248,984	93,103,518	0.110082	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,667,960	6,872,156	0.533742	76.07
76.97	07697	CARDIAC REHABILITATION	2,278,854	5,302,636	0.429759	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	810,649	3,484,794	0.232625	76.98
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						
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	13,584	14,798	0.917962	90.01
90.02	04951	HEALTHY HEARTS CENTER	2,390,333	5,930,247	0.403075	90.02
90.03	09001	PALLIATIVE CARE	22,838	549,919	0.041530	90.03
90.04	04953	SPIRE CENTER	2	340	0.005882	90.04
90.05	04954	INFUSION CENTERS	1,007,249	2,652,590	0.379723	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	90.06
90.07	09003	KNEE CENTER	6,704,678	6,193,125	1.082600	90.07
91.00	09100	EMERGENCY	37,072,942	335,554,140	0.110483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,378,246	13,723,129	0.683390	92.00
200.00		Subtotal (sum of lines 50 thru 199)	857,074,657	3,872,530,387		200.00
201.00		Less Observation Beds	9,378,246	0		201.00
202.00		Total (line 200 minus line 201)	847,696,411	3,872,530,387		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,016,817	0	12,016,817	89,547	134.20	30.00
31.00	INTENSIVE CARE UNIT	3,357,785		3,357,785	15,234	220.41	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	303,484		303,484	3,009	100.86	35.00
43.00	NURSERY	137,033		137,033	1,592	86.08	43.00
200.00	Total (lines 30 through 199)	15,815,119		15,815,119	109,382		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	12,263	1,645,695				
31.00	INTENSIVE CARE UNIT	2,618	577,033				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	14,881	2,222,728				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0074

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital	PPS		
					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	5,397,065	242,173,608	0.022286	37,213,473	829,339	50.00
51.00	05100	RECOVERY ROOM	398,378	18,056,420	0.022063	1,437,595	31,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	612,915	12,116,677	0.050584	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,529,060	70,539,822	0.021677	2,920,526	63,308	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	113,695	36,998,096	0.003073	4,021,154	12,357	55.00
57.00	05700	CT SCAN	567,588	139,928,330	0.004056	7,455,063	30,238	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	414,197	21,879,801	0.018931	1,057,032	20,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,581,421	374,891,679	0.004218	38,729,246	163,360	59.00
60.00	06000	LABORATORY	396,495	132,281,086	0.002997	11,070,162	33,177	60.00
64.00	06400	INTRAVENOUS THERAPY	200,987	10,085,507	0.019928	382,652	7,625	64.00
65.00	06500	RESPIRATORY THERAPY	518,601	47,314,885	0.010961	7,518,469	82,410	65.00
66.00	06600	PHYSICAL THERAPY	1,160,065	23,166,420	0.050075	943,881	47,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	204,940	7,992,694	0.025641	849,413	21,780	67.00
68.00	06800	SPEECH PATHOLOGY	99,722	3,626,628	0.027497	248,435	6,831	68.00
69.00	06900	ELECTROCARDIOLOGY	778,627	63,001,917	0.012359	4,096,109	50,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,239	8,799,174	0.015824	250,610	3,966	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,137,443	114,534,442	0.009931	13,405,142	133,126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	352,932	115,853,518	0.003046	23,677,121	72,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,463,931	1,423,361,034	0.002434	12,488,628	30,397	73.00
73.01	07301	SPECIALTY PHARMACY	933,778	129,509,892	0.007210	0	0	73.01
73.02	07302	CONTRACTED PHARMACY	13,051	37,503,231	0.000348	0	0	73.02
74.00	07400	RENAL DIALYSIS	40,695	5,943,205	0.006847	1,373,579	9,405	74.00
76.00	03330	ENDOSCOPY	123,153	5,484,255	0.022456	71,967	1,616	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,250,159	20,834,767	0.155997	21,101	3,292	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	411,811	453,365	0.908343	0	0	76.03
76.04	03952	WOUND CARE CENTER	233,906	14,798,116	0.015806	229,830	3,633	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	5,358,059	318,020,426	0.016848	652,321	10,990	76.05
76.06	03953	IMAGING CENTERS	1,155,915	93,103,518	0.012415	47,833	594	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	240,169	6,872,156	0.034948	563	20	76.07
76.97	07697	CARDIAC REHABILITATION	354,414	5,302,636	0.066837	1,116	75	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	52,394	3,484,794	0.015035	0	0	76.98
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								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	8,052	14,798	0.544128	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	357,074	5,930,247	0.060212	0	0	90.02
90.03	09001	PALLIATIVE CARE	7,246	549,919	0.013176	0	0	90.03
90.04	04953	SPINE CENTER	0	340	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	143,533	2,652,590	0.054111	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	659,907	6,193,125	0.106555	0	0	90.07
91.00	09100	EMERGENCY	3,574,811	335,554,140	0.010653	13,645,054	145,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	950,504	13,723,129	0.069263	846,514	58,632	92.00
200.00		Total (lines 50 through 199)	36,935,932	3,872,530,387		184,654,589	1,873,271	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/24/2024 11:39 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	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	89,547	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	15,234	0.00	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,009	0.00	35.00
43.00	04300	NURSERY	0	0	1,592	0.00	43.00
200.00		Total (lines 30 through 199)	0	0	109,382	0.00	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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				35.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description	Title XVIII						Hospital	PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
73.01 07301 SPECIALTY PHARMACY	0	0	0	0	0	0	73.01	
73.02 07302 CONTRACTED PHARMACY	0	0	0	0	0	0	73.02	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01	
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	76.03	
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	0	76.04	
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	76.05	
76.06 03953 IMAGING CENTERS	0	0	0	0	0	0	76.06	
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00	
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 04950 MULTIDISCIPLINARY CLINIC	0	0	0	0	0	0	90.01	
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.02	
90.03 09001 PALLIATIVE CARE	0	0	0	0	0	0	90.03	
90.04 04953 SPINE CENTER	0	0	0	0	0	0	90.04	
90.05 04954 INFUSION CENTERS	0	0	0	0	0	0	90.05	
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	0	90.06	
90.07 09003 KNEE CENTER	0	0	0	0	0	0	90.07	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description	Title XVIII				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	242,173,608	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	18,056,420	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	12,116,677	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	70,539,822	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	36,998,096	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	139,928,330	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,879,801	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	374,891,679	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	132,281,086	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	10,085,507	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	47,314,885	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	23,166,420	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,992,694	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,626,628	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	63,001,917	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,799,174	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	114,534,442	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	115,853,518	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,423,361,034	0.000000	73.00
73.01 07301 SPECIALTY PHARMACY	0	0	0	129,509,892	0.000000	73.01
73.02 07302 CONTRACTED PHARMACY	0	0	0	37,503,231	0.000000	73.02
74.00 07400 RENAL DIALYSIS	0	0	0	5,943,205	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	5,484,255	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	20,834,767	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	453,365	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	14,798,116	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	318,020,426	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	93,103,518	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	6,872,156	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	5,302,636	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	3,484,794	0.000000	76.98
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						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 MULTIDISCIPLINARY CLINIC	0	0	0	14,798	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	5,930,247	0.000000	90.02
90.03 09001 PALLIATIVE CARE	0	0	0	549,919	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	340	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,652,590	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	6,193,125	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	335,554,140	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,723,129	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	3,872,530,387		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0074

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	37,213,473	0	14,762,895	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,437,595	0	4,849,894	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,920,526	0	9,279,358	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	4,021,154	0	4,638,268	0	55.00
57.00	05700 CT SCAN	0.000000	7,455,063	0	11,207,108	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,057,032	0	2,048,074	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	38,729,246	0	67,779,353	0	59.00
60.00	06000 LABORATORY	0.000000	11,070,162	0	12,128,370	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	382,652	0	1,974,357	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	7,518,469	0	323,926	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	943,881	0	81,842	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	849,413	0	11,010	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	248,435	0	1,435	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,096,109	0	10,786,452	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	250,610	0	911,995	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,405,142	0	14,707,618	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,677,121	0	9,516,919	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	12,488,628	0	393,283,349	0	73.00
73.01	07301 SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
73.02	07302 CONTRACTED PHARMACY	0.000000	0	0	0	0	73.02
74.00	07400 RENAL DIALYSIS	0.000000	1,373,579	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	71,967	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	21,101	0	665,702	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	229,830	0	2,842,357	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	652,321	0	73,983,143	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	47,833	0	18,151,883	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	563	0	137,161	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	1,116	0	1,543,029	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
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							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 MULTIDISCIPLINARY CLINIC	0.000000	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	0	0	1,518,886	0	90.02
90.03	09001 PALLIATIVE CARE	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	664,093	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	534,749	0	90.07
91.00	09100 EMERGENCY	0.000000	13,645,054	0	18,652,797	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	846,514	0	554,992	0	92.00
200.00	Total (lines 50 through 199)		184,654,589	0	677,541,015	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.164820	14,762,895	0	0	2,433,220	50.00
51.00	05100	RECOVERY ROOM	0.136859	4,849,894	0	0	663,752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526785	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139338	9,279,358	0	0	1,292,967	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.073702	4,638,268	0	0	341,850	55.00
57.00	05700	CT SCAN	0.052105	11,207,108	0	0	583,946	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108297	2,048,074	0	0	221,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.035056	67,779,353	0	0	2,376,073	59.00
60.00	06000	LABORATORY	0.159732	12,128,370	0	0	1,937,289	60.00
64.00	06400	INTRAVENOUS THERAPY	0.364753	1,974,357	0	0	720,153	64.00
65.00	06500	RESPIRATORY THERAPY	0.202594	323,926	0	0	65,625	65.00
66.00	06600	PHYSICAL THERAPY	0.443642	81,842	0	0	36,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425804	11,010	0	0	4,688	67.00
68.00	06800	SPEECH PATHOLOGY	0.480848	1,435	0	0	690	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106533	10,786,452	0	0	1,149,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198684	911,995	0	0	181,199	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.472805	14,707,618	0	0	6,953,835	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425906	9,516,919	0	0	4,053,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188303	393,283,349	0	144,967	74,056,434	73.00
73.01	07301	SPECIALTY PHARMACY	0.829843	0	0	0	0	73.01
73.02	07302	CONTRACTED PHARMACY	0.590718	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.482069	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.241049	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.172388	665,702	0	0	1,446,163	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	23.992496	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0.246576	2,842,357	0	0	700,857	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.212755	73,983,143	0	8,085	15,740,284	76.05
76.06	03953	IMAGING CENTERS	0.110082	18,151,883	0	0	1,998,196	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.533742	137,161	0	0	73,209	76.07
76.97	07697	CARDIAC REHABILITATION	0.429759	1,543,029	0	0	663,131	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.232625	0	0	0	0	76.98
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								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0.917962	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.403075	1,518,886	0	0	612,225	90.02
90.03	09001	PALLIATIVE CARE	0.041530	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0.005882	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.379723	664,093	0	0	252,171	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1.082600	534,749	0	0	578,919	90.07
91.00	09100	EMERGENCY	0.107984	18,652,797	0	3,579	2,014,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.683390	554,992	0	0	379,276	92.00
200.00		Subtotal (see instructions)		677,541,015	0	156,631	121,530,891	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		677,541,015	0	156,631	121,530,891	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 11:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	27,298		73.00
73.01 07301 SPECIALTY PHARMACY	0	0		73.01
73.02 07302 CONTRACTED PHARMACY	0	0		73.02
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	0		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	1,720		76.05
76.06 03953 IMAGING CENTERS	0	0		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0		76.98
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				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 MULTIDISCIPLINARY CLINIC	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0		90.02
90.03 09001 PALLIATIVE CARE	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	0		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	0		90.07
91.00 09100 EMERGENCY	0	386		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Subtotal (see instructions)	0	29,404	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	29,404	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part I Date/Time Prepared: 5/24/2024 11:39 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,016,817	0	12,016,817	89,547	134.20	30.00
31.00	INTENSIVE CARE UNIT	3,357,785		3,357,785	15,234	220.41	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	303,484		303,484	3,009	100.86	35.00
43.00	NURSERY	137,033		137,033	1,592	86.08	43.00
200.00	Total (lines 30 through 199)	15,815,119		15,815,119	109,382		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,143	824,391				
31.00	INTENSIVE CARE UNIT	974	214,679				
35.00	NEONATAL INTENSIVE CARE UNIT	417	42,059				
43.00	NURSERY	1,345	115,778				
200.00	Total (lines 30 through 199)	8,879	1,196,907				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,397,065	242,173,608	0.022286	2,507,358	55,879	50.00
51.00	05100 RECOVERY ROOM	398,378	18,056,420	0.022063	411,858	9,087	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	612,915	12,116,677	0.050584	598,507	30,275	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,529,060	70,539,822	0.021677	753,224	16,328	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	113,695	36,998,096	0.003073	953,439	2,930	55.00
57.00	05700 CT SCAN	567,588	139,928,330	0.004056	2,162,578	8,771	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	414,197	21,879,801	0.018931	368,311	6,972	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,581,421	374,891,679	0.004218	1,942,260	8,192	59.00
60.00	06000 LABORATORY	396,495	132,281,086	0.002997	3,640,715	10,911	60.00
64.00	06400 INTRAVENOUS THERAPY	200,987	10,085,507	0.019928	183,394	3,655	64.00
65.00	06500 RESPIRATORY THERAPY	518,601	47,314,885	0.010961	2,415,359	26,475	65.00
66.00	06600 PHYSICAL THERAPY	1,160,065	23,166,420	0.050075	179,786	9,003	66.00
67.00	06700 OCCUPATIONAL THERAPY	204,940	7,992,694	0.025641	165,022	4,231	67.00
68.00	06800 SPEECH PATHOLOGY	99,722	3,626,628	0.027497	90,689	2,494	68.00
69.00	06900 ELECTROCARDIOLOGY	778,627	63,001,917	0.012359	638,742	7,894	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	139,239	8,799,174	0.015824	88,335	1,398	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,137,443	114,534,442	0.009931	1,326,750	13,176	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	352,932	115,853,518	0.003046	578,927	1,763	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,463,931	1,423,361,034	0.002434	4,440,657	10,809	73.00
73.01	07301 SPECIALTY PHARMACY	933,778	129,509,892	0.007210	0	0	73.01
73.02	07302 CONTRACTED PHARMACY	13,051	37,503,231	0.000348	0	0	73.02
74.00	07400 RENAL DIALYSIS	40,695	5,943,205	0.006847	271,796	1,861	74.00
76.00	03330 ENDOSCOPY	123,153	5,484,255	0.022456	136,174	3,058	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,250,159	20,834,767	0.155997	32,854	5,125	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	411,811	453,365	0.908343	0	0	76.03
76.04	03952 WOUND CARE CENTER	233,906	14,798,116	0.015806	63,357	1,001	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	5,358,059	318,020,426	0.016848	165,705	2,792	76.05
76.06	03953 IMAGING CENTERS	1,155,915	93,103,518	0.012415	5,882	73	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	240,169	6,872,156	0.034948	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	354,414	5,302,636	0.066837	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	52,394	3,484,794	0.015035	0	0	76.98
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							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 MULTIDISCIPLINARY CLINIC	8,052	14,798	0.544128	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	357,074	5,930,247	0.060212	270	16	90.02
90.03	09001 PALLIATIVE CARE	7,246	549,919	0.013176	0	0	90.03
90.04	04953 SPINE CENTER	0	340	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	143,533	2,652,590	0.054111	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	659,907	6,193,125	0.106555	0	0	90.07
91.00	09100 EMERGENCY	3,574,811	335,554,140	0.010653	4,366,807	46,520	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	950,504	13,723,129	0.069263	160,048	11,085	92.00
200.00	Total (lines 50 through 199)	36,935,932	3,872,530,387		28,648,804	301,774	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/24/2024 11:39 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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	89,547	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	15,234	0.00	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,009	0.00	35.00	
43.00	04300	NURSERY	0	0	1,592	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	109,382	0.00	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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 11:39 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	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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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 PATIENTS	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
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	73.01
73.02	07302	CONTRACTED PHARMACY	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
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							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03	09001	PALLIATIVE CARE	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description	Title XIX				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	242,173,608	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	18,056,420	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	12,116,677	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	70,539,822	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	36,998,096	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	139,928,330	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,879,801	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	374,891,679	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	132,281,086	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	10,085,507	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	47,314,885	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	23,166,420	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,992,694	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,626,628	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	63,001,917	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,799,174	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	114,534,442	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	115,853,518	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,423,361,034	0.000000	73.00
73.01 07301 SPECIALTY PHARMACY	0	0	0	129,509,892	0.000000	73.01
73.02 07302 CONTRACTED PHARMACY	0	0	0	37,503,231	0.000000	73.02
74.00 07400 RENAL DIALYSIS	0	0	0	5,943,205	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	5,484,255	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	20,834,767	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	453,365	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	14,798,116	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	318,020,426	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	93,103,518	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	6,872,156	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	5,302,636	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	3,484,794	0.000000	76.98
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						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 MULTIDISCIPLINARY CLINIC	0	0	0	14,798	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	5,930,247	0.000000	90.02
90.03 09001 PALLIATIVE CARE	0	0	0	549,919	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	340	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,652,590	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	6,193,125	0.000000	90.07
91.00 09100 EMERGENCY	0	0	0	335,554,140	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,723,129	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	3,872,530,387		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 11:39 am
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Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	2,507,358	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	411,858	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	598,507	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	753,224	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	953,439	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	2,162,578	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	368,311	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,942,260	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	3,640,715	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	183,394	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,415,359	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	179,786	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	165,022	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	90,689	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	638,742	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	88,335	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,326,750	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	578,927	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,440,657	0	0	0	0	73.00
73.01	07301 SPECIALTY PHARMACY	0.000000	0	0	0	0	0	73.01
73.02	07302 CONTRACTED PHARMACY	0.000000	0	0	0	0	0	73.02
74.00	07400 RENAL DIALYSIS	0.000000	271,796	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	136,174	0	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	32,854	0	0	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	63,357	0	0	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	165,705	0	0	0	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	5,882	0	0	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01	04950 MULTIDISCIPLINARY CLINIC	0.000000	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	270	0	0	0	0	90.02
90.03	09001 PALLIATIVE CARE	0.000000	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	0	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	4,366,807	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	160,048	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		28,648,804	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 11:39 am
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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	0.176833	0	0	1,827,720	0	50.00
51.00	05100	RECOVERY ROOM	0.136859	0	0	312,083	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526785	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139338	0	0	1,998,467	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.073702	0	0	506,966	0	55.00
57.00	05700	CT SCAN	0.052105	0	0	6,103,063	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108297	0	0	511,794	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.035548	0	0	1,628,405	0	59.00
60.00	06000	LABORATORY	0.159732	0	0	2,913,468	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.364753	0	0	211,748	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.202594	0	0	225,411	0	65.00
66.00	06600	PHYSICAL THERAPY	0.492498	0	0	397,646	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425804	0	0	166,873	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.480848	0	0	122,749	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106533	0	0	494,925	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198684	0	0	215,155	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.472805	0	0	498,580	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425906	0	0	761,469	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188303	0	0	31,291,468	0	73.00
73.01	07301	SPECIALTY PHARMACY	0.829843	0	0	0	0	73.01
73.02	07302	CONTRACTED PHARMACY	0.590718	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.482069	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.241049	0	0	39,350	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.346223	0	0	628,561	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	23.992496	0	0	134,301	0	76.03
76.04	03952	WOUND CARE CENTER	0.261306	0	0	698,718	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.213467	0	0	8,235,811	0	76.05
76.06	03953	IMAGING CENTERS	0.110082	0	0	1,059,116	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.533742	0	0	102,419	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.429759	0	0	6,498	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.232625	0	0	0	0	76.98
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								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0.917962	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.403075	0	0	124,681	0	90.02
90.03	09001	PALLIATIVE CARE	0.041530	0	0	18,647	0	90.03
90.04	04953	SPINE CENTER	0.005882	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.379723	0	0	22,444	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1.082600	0	0	18,352	0	90.07
91.00	09100	EMERGENCY	0.110483	0	0	18,579,621	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.683390	0	0	684,077	0	92.00
200.00		Subtotal (see instructions)		0	0	80,540,586	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	80,540,586	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 11:39 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	323,201		50.00
51.00 05100 RECOVERY ROOM	0	42,711		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	278,462		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	37,364		55.00
57.00 05700 CT SCAN	0	318,000		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	55,426		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	57,887		59.00
60.00 06000 LABORATORY	0	465,374		60.00
64.00 06400 INTRAVENOUS THERAPY	0	77,236		64.00
65.00 06500 RESPIRATORY THERAPY	0	45,667		65.00
66.00 06600 PHYSICAL THERAPY	0	195,840		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	71,055		67.00
68.00 06800 SPEECH PATHOLOGY	0	59,024		68.00
69.00 06900 ELECTROCARDIOLOGY	0	52,726		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	42,748		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	235,731		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	324,314		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,892,277		73.00
73.01 07301 SPECIALTY PHARMACY	0	0		73.01
73.02 07302 CONTRACTED PHARMACY	0	0		73.02
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	9,485		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,474,744		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	3,222,216		76.03
76.04 03952 WOUND CARE CENTER	0	182,579		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	1,758,074		76.05
76.06 03953 IMAGING CENTERS	0	116,590		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	54,665		76.07
76.97 07697 CARDIAC REHABILITATION	0	2,793		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
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				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 MULTIDISCIPLINARY CLINIC	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	50,256		90.02
90.03 09001 PALLIATIVE CARE	0	774		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	8,523		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	19,868		90.07
91.00 09100 EMERGENCY	0	2,052,732		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	467,491		92.00
200.00	Subtotal (see instructions)	0	17,995,833	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	17,995,833	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2024 11:39 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,547	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)		82,464	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		12,263	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)		118,565,012	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)		118,565,012	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)		118,565,012	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)		1,324.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,236,825	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)		16,236,825	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 11:39 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	32,086,754	15,234	2,106.26	2,618	5,514,189	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,570,745	3,009	1,519.02	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				35,463,959		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)				57,214,973		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,222,728		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,873,271		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				4,095,999		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53,118,974		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)				7,083		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,324.05		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				9,378,246		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/24/2024 11:39 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,016,817	118,565,012	0.101352	9,378,246	950,504	90.00
91.00	Nursing Program cost	0	118,565,012	0.000000	9,378,246	0	91.00
92.00	Allied health cost	0	118,565,012	0.000000	9,378,246	0	92.00
93.00	All other Medical Education	0	118,565,012	0.000000	9,378,246	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2024 11:39 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,547	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)		82,464	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)		6,143	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)		1,592	15.00
16.00	Nursery days (title V or XIX only)		1,345	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)		129,681,906	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)		129,681,906	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)		129,681,906	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)		1,448.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,896,293	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)		8,896,293	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1		
		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)	1,381,539	1,592	867.80	1,345	1,167,191	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	32,598,165	15,234	2,139.83	974	2,084,194	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	4,922,864	3,009	1,636.05	417	682,233	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						5,233,158	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)						18,063,069	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)						1,196,907	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						301,774	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,498,681	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						16,564,388	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)						7,083	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,448.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						10,257,601	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/24/2024 11:39 am	
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	12,016,817	129,681,906	0.092664	10,257,601	950,510	90.00
91.00	Nursing Program cost	0	129,681,906	0.000000	10,257,601	0	91.00
92.00	Allied health cost	0	129,681,906	0.000000	10,257,601	0	92.00
93.00	All other Medical Education	0	129,681,906	0.000000	10,257,601	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Title XVIII		Hospital	
				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		32,736,545	30.00
31.00	03100	INTENSIVE CARE UNIT		14,587,128	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.164820	37,213,473	50.00
51.00	05100	RECOVERY ROOM	0.136859	1,437,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526785	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139338	2,920,526	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.073702	4,021,154	55.00
57.00	05700	CT SCAN	0.052105	7,455,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108297	1,057,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.035056	38,729,246	59.00
60.00	06000	LABORATORY	0.159732	11,070,162	60.00
64.00	06400	INTRAVENOUS THERAPY	0.364753	382,652	64.00
65.00	06500	RESPIRATORY THERAPY	0.202594	7,518,469	65.00
66.00	06600	PHYSICAL THERAPY	0.443642	943,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425804	849,413	67.00
68.00	06800	SPEECH PATHOLOGY	0.480848	248,435	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106533	4,096,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198684	250,610	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.472805	13,405,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425906	23,677,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188303	12,488,628	73.00
73.01	07301	SPECIALTY PHARMACY	0.829843	0	73.01
73.02	07302	CONTRACTED PHARMACY	0.590718	0	73.02
74.00	07400	RENAL DIALYSIS	0.482069	1,373,579	74.00
76.00	03330	ENDOSCOPY	0.241049	71,967	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.172388	21,101	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	23.992496	0	76.03
76.04	03952	WOUND CARE CENTER	0.246576	229,830	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.212755	652,321	76.05
76.06	03953	IMAGING CENTERS	0.110082	47,833	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.533742	563	76.07
76.97	07697	CARDIAC REHABILITATION	0.429759	1,116	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.232625	0	76.98
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					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0.917962	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.403075	0	90.02
90.03	09001	PALLIATIVE CARE	0.041530	0	90.03
90.04	04953	SPINE CENTER	0.005882	0	90.04
90.05	04954	INFUSION CENTERS	0.379723	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.082600	0	90.07
91.00	09100	EMERGENCY	0.107984	13,645,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.683390	846,514	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		184,654,589	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)		184,654,589	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 11:39 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		17,344,921	30.00
31.00	03100	INTENSIVE CARE UNIT		4,636,769	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,541,351	35.00
43.00	04300	NURSERY		1,936,241	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176833	2,507,358	50.00
51.00	05100	RECOVERY ROOM	0.136859	411,858	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526785	598,507	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139338	753,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.073702	953,439	55.00
57.00	05700	CT SCAN	0.052105	2,162,578	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108297	368,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.035548	1,942,260	59.00
60.00	06000	LABORATORY	0.159732	3,640,715	60.00
64.00	06400	INTRAVENOUS THERAPY	0.364753	183,394	64.00
65.00	06500	RESPIRATORY THERAPY	0.202594	2,415,359	65.00
66.00	06600	PHYSICAL THERAPY	0.492498	179,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425804	165,022	67.00
68.00	06800	SPEECH PATHOLOGY	0.480848	90,689	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106533	638,742	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198684	88,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.472805	1,326,750	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.425906	578,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188303	4,440,657	73.00
73.01	07301	SPECIALTY PHARMACY	0.829843	0	73.01
73.02	07302	CONTRACTED PHARMACY	0.590718	0	73.02
74.00	07400	RENAL DIALYSIS	0.482069	271,796	74.00
76.00	03330	ENDOSCOPY	0.241049	136,174	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.346223	32,854	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	23.992496	0	76.03
76.04	03952	WOUND CARE CENTER	0.261306	63,357	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.213467	165,705	76.05
76.06	03953	IMAGING CENTERS	0.110082	5,882	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.533742	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.429759	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.232625	0	76.98
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					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	MULTIDISCIPLINARY CLINIC	0.917962	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.403075	270	90.02
90.03	09001	PALLIATIVE CARE	0.041530	0	90.03
90.04	04953	SPINE CENTER	0.005882	0	90.04
90.05	04954	INFUSION CENTERS	0.379723	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.082600	0	90.07
91.00	09100	EMERGENCY	0.110483	4,366,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.683390	160,048	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,648,804	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)		28,648,804	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 11:39 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)		30,925,473	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,457,186	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)		319,898	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		39,564	2.04
3.00	Managed Care Simulated Payments		61,931,064	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		365.25	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)		32.51	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)		2.69	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).		-9.27	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.		12.01	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)		32.56	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		48.94	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.08	11.00
12.00	Current year allowable FTE (see instructions)		35.64	12.00
13.00	Total allowable FTE count for the prior year.		32.95	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.		31.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		33.47	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		33.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.091636	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.089567	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.089567	21.00
22.00	IME payment adjustment (see instructions)		1,974,987	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,955,660	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)		16.38	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)		1,974,987	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,955,660	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		42.41	31.00
32.00	Sum of lines 30 and 31		52.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		32.14	33.00
34.00	Disproportionate share adjustment (see instructions)		3,325,097	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 11:39 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000611991	0.000620341	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	4,207,070	3,683,591	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	3,146,657	925,930	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	4,072,587		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)	51,114,792		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)		54,070,452	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,380,026	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).		340,854	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		37,864	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		57,829,196	59.00
60.00	Primary payer payments		12,086	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,817,110	61.00
62.00	Deductibles billed to program beneficiaries		3,690,012	62.00
63.00	Coinurance billed to program beneficiaries		68,400	63.00
64.00	Allowable bad debts (see instructions)		899,901	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		584,936	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		180,769	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,643,634	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)		28,216	70.93
70.94	HRR adjustment amount (see instructions)		-390,670	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 11:39 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)			54,281,180	71.00
71.01	Sequestration adjustment (see instructions)			1,085,624	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			52,001,182	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,194,374	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,257,575	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 11:39 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,404	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		121,530,891	2.00
3.00	OPPS or REH payments		113,825,144	3.00
4.00	Outlier payment (see instructions)		350,799	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,404	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		156,631	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)		156,631	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)		156,631	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		127,227	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)		29,404	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)		114,175,943	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)		16,943,898	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)		97,261,449	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		724,142	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)		97,985,591	30.00
31.00	Primary payer payments		33,110	31.00
32.00	Subtotal (line 30 minus line 31)		97,952,481	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)		1,203,774	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		782,453	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		270,350	36.00
37.00	Subtotal (see instructions)		98,734,934	37.00
38.00	MSP-LCC reconciliation amount from PS&R		305	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)		98,734,629	40.00
40.01	Sequestration adjustment (see instructions)		1,974,693	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		96,241,101	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)		518,835	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 11:39 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: 15-0074		Period: From 01/01/2023 To 12/31/2023		Worksheet E-1 Part I Date/Time Prepared: 5/24/2024 11:39 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		52,001,182		96,241,101	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)		52,001,182		96,241,101	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		1,194,374		518,835	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		53,195,556		96,759,936	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: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/24/2024 11:39 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 IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/24/2024 11:39 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			26.92	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.82	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-9.27	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			10.93	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			25.76	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			48.94	6.00
7.00	Enter the lesser of line 5 or line 6			25.76	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	35.59	12.10	47.69	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	19.22	6.54	25.76	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.08		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.08		10.01
11.00	Total weighted FTE count	19.22	9.62		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.01	8.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.39	8.40		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.54	8.89		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	17.54	8.89		17.00
18.00	Per resident amount	103,813.10	104,794.97		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	1,820,882	931,627	2,752,509	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			23.18	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,752,509	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/24/2024 11:39 am
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	14,881	25,111		26.00
27.00	Total Inpatient Days (see instructions)	101,238	101,238		27.00
28.00	Ratio of inpatient days to total inpatient days	0.146990	0.248039		28.00
29.00	Program direct GME amount	404,591	682,730	1,087,321	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		22,325	22,325	30.00
31.00	Net Program direct GME amount			1,064,996	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			5,943,205	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			57,214,973	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			12,086	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			57,202,887	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			121,560,295	42.00
43.00	Primary payer payments (see instructions)			33,110	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			121,527,185	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			178,730,072	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.320052	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.679948	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			1,064,996	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			340,854	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			724,142	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/24/2024 11:39 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. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0074

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

Worksheet G

Date/Time Prepared:
5/24/2024 11:39 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	10,520	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	134,699	0	0	0	3.00
4.00	Accounts receivable	556,397,547	0	0	0	4.00
5.00	Other receivable	-6,316,605	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	45,091,626	0	0	0	6.00
7.00	Inventory	25,385,739	0	0	0	7.00
8.00	Prepaid expenses	13,163,115	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	633,866,641	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,974,162	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	556,853,858	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	13,834,278	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	238,057,986	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	534,183	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-460,116,306	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	58,900	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	356,940,110	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	278,862,031	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	278,862,031	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,269,668,782	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,159,272	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	20,835,880	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,995,152	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,870,728	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,870,728	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	31,865,880	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,237,802,902	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,237,802,902	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,269,668,782	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

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

Worksheet G-1

Date/Time Prepared:
5/24/2024 11:39 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		906,694,263		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		331,108,639			2.00
3.00	Total (sum of line 1 and line 2)		1,237,802,902		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,237,802,902		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,237,802,902		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0074

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2024 11:39 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	232,385,580		232,385,580	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	232,385,580		232,385,580	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	82,619,360		82,619,360	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	28,782,798		28,782,798	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	111,402,158		111,402,158	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	343,787,738		343,787,738	17.00
18.00	Ancillary services	783,277,411	3,251,049,867	4,034,327,278	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES OP	0	29,492,166	29,492,166	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,127,065,149	3,280,542,033	4,407,607,182	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,147,687,657		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,147,687,657		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0074

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

Worksheet G-3

Date/Time Prepared:
5/24/2024 11:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,407,607,182	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,953,574,207	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,454,032,975	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,147,687,657	4.00
5.00	Net income from service to patients (line 3 minus line 4)	306,345,318	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,293,652	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,679,374	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	34,800	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	628,932	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC: ALL OTHER REVENUE	17,126,563	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	24,763,321	25.00
26.00	Total (line 5 plus line 25)	331,108,639	26.00
27.00	OTHER EXPENSE	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	331,108,639	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/24/2024 11:39 am
		Title XVIII	Hospital	PPS
			Urban Post 10/1	Rural Pre 10/1
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		808,071	2,340,286
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		33,509	
2.01	Model 4 BPCI Capital DRG outlier payments		0	
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		279.48	
4.00	Number of interns & residents (see instructions)		33.47	
5.00	Indirect medical education percentage (see instructions)		3.44	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) (see instructions)		108,303	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.62	
8.00	Percentage of Medicaid patient days to total days (see instructions)		42.41	
9.00	Sum of lines 7 and 8		52.03	
10.00	Allowable disproportionate share percentage (see instructions)		11.12	
11.00	Disproportionate share adjustment (see instructions)		89,857	
12.00	Total prospective capital payments (see instructions)		3,380,026	
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0
2.00	Program inpatient ancillary capital cost (see instructions)			0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0
4.00	Capital cost payment factor (see instructions)			0
5.00	Total inpatient program capital cost (line 3 x line 4)			0
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0
3.00	Net program inpatient capital costs (line 1 minus line 2)			0
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
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
8.00	Capital minimum payment level (line 5 plus line 7)			0
9.00	Current year capital payments (from Part I, line 12, as applicable)			0
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0
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
15.00	Current year allowable operating and capital payment (see instructions)			0
16.00	Current year operating and capital costs (see instructions)			0
17.00	Current year exception offset amount (see instructions)			0