

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: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S Parts I-III Date/Time Prepared: 2/28/2024 1:09 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	Date: 2/28/2024 Time: 1:09 pm
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL ( 15-0082 ) for the cost reporting period beginning 10/01/2022 and ending 09/30/2023 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	<b>Cheryl Wathen</b>	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	Cheryl Wathen		2
3	Signatory Title	SVP CFO		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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	1,728,968	-63,202	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	1,728,968	-63,202	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: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 1:09 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
1.00 Street: 600 MARY STREET		PO Box:		1.00	
2.00 City: EVANSVILLE		State: IN	Zip Code: 47747-	County: VANDERBURGH	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	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)					10/01/2022	09/30/2023	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082			Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 1:09 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,551	902	9,119	1,930	17,917	0		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			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	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	N	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
<b>Teaching Hospitals</b>									
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.	Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	2		60.02
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				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)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.30	16.16	0.124594	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)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.22	19.20	0.103641	67.00
67.01				0.00	0.00	0.000000	67.01

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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		
<b>Inpatient Psychiatric Facility PPS</b>							
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
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00
			1.00				
<b>Long Term Care Hospital PPS</b>							
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	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N		0	88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge		
			1.00	2.00	3.00		
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00		0	89.00
			V	XIX			
			1.00	2.00			
<b>Title V and XIX Services</b>							
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	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: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 1:09 pm	
		V	XIX				
		1.00	2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N			112.00	
<b>Miscellaneous Cost Reporting Information</b>							
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: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 1:09 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,494,497	645,002	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
<b>Certified Transplant Center Information</b>				
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
<b>All Providers</b>				
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	HB0778
		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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001
142.00	Street: 600 MARY STREET	PO Box:		
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710	
			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: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part I Date/Time Prepared: 2/28/2024 1:09 pm		
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)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet S-2 Part II Date/Time Prepared: 2/28/2024 1:09 pm	
		Y/N	Date				
		1.00	2.00				
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
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	
<b>Financial Data and Reports</b>							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	Y	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.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
		Y/N					
		1.00					
<b>Bad Debts</b>							
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
<b>Bed Complement</b>							
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		
<b>PS&amp;R Data</b>							
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	02/11/2024	Y	02/11/2024		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: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S-2 Part II Date/Time Prepared: 2/28/2024 1:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
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.	DANI ELLE		METZGER-CUNDI FF	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-7423		DANI ELLE.METZGER-CUNDI FF@DEA CONESS.C	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-2  
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Date/Time Prepared:  
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		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	SUPERVISOR 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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
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	441	160,416	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)		441	160,416	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	88	32,028	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)		545	198,284	0.00	0	14.00	
15.00 CAH visits					0	15.00	
15.10 REH hours and visits						15.10	
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00	
17.00 SUBPROVIDER - IRF						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)		545				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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
<b>PART I - STATISTICAL DATA</b>							
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)	40,353	3,046	127,903			1.00
2.00	HMO and other (see instructions)	40,850	29,868				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)	40,353	3,046	127,903			7.00
8.00	INTENSIVE CARE UNIT	8,445	378	25,016			8.00
9.00	CORONARY CARE UNIT	1,430	127	4,664			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	50,228	3,551	157,583	21.48	4,370.00	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	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)			42			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)				21.48	4,370.00	27.00
28.00	Observation Bed Days		4,051	15,006			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
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	11,109	2,140	33,127	1.00
2.00	HMO and other (see instructions)			7,676	4,060		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	11,109	2,140	33,127	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF						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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00 391,948,963	-1,357,604	390,591,359	9,136,293.76	42.75	1.00
2.00	Non-physician anesthetist Part A	0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	4,141,213	0	4,141,213	38,891.96	106.48	3.00
4.00	Physician-Part A - Administrative	7,085,280	0	7,085,280	37,281.14	190.05	4.00
4.01	Physicians - Part A - Teaching	1,657,351	0	1,657,351	11,881.09	139.49	4.01
5.00	Physician and Non-Physician-Part B	57,220,698	0	57,220,698	263,038.15	217.54	5.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services	0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00 0	1,805,082	1,805,082	49,547.06	36.43	7.00
7.01	Contracted interns and residents (in an approved programs)	0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel	104,665,175	0	104,665,175	2,453,690.00	42.66	8.00
9.00	SNF	44.00 0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	25,213,051	2,484,385	27,697,436	455,430.26	60.82	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care	20,128,208	0	20,128,208	191,466.02	105.13	11.00
12.00	Contract labor: Top level management and other management and administrative services	0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative	13,397,743	0	13,397,743	90,974.72	147.27	13.00
14.00	Home office and/or related organization salaries and wage-related costs	0	0	0	0.00	0.00	14.00
14.01	Home office salaries	61,596,328	0	61,596,328	1,488,869.00	41.37	14.01
14.02	Related organization salaries	1,131,868	0	1,131,868	4,772.00	237.19	14.02
15.00	Home office: Physician Part A - Administrative	247,677	0	247,677	1,122.00	220.75	15.00
16.00	Home office and Contract Physicians Part A - Teaching	0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching	0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching	0	0	0	0.00	0.00	16.02
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)	85,561,605	0	85,561,605			17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas	30,056,845	0	30,056,845			19.00
20.00	Non-physician anesthetist Part A	0	0	0			20.00
21.00	Non-physician anesthetist Part B	562,951	0	562,951			21.00
22.00	Physician Part A - Administrative	1,151,872	0	1,151,872			22.00
22.01	Physician Part A - Teaching	1,504,782	0	1,504,782			22.01
23.00	Physician Part B	4,680,239	0	4,680,239			23.00
24.00	Wage-related costs (RHC/FOHC)	0	0	0			24.00
25.00	Interns & residents (in an approved program)	1,855,993	0	1,855,993			25.00
25.50	Home office wage-related (core)	12,870,738	0	12,870,738			25.50
25.51	Related organization wage-related (core)	39,357	0	39,357			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)	43,708	0	43,708			25.52



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:  
From 10/01/2022  
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Worksheet S-3  
Part II  
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2/28/2024 1:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	3,378,897	61,917	3,440,814	104,735.34	32.85	26.00
27.00	Administrative & General	59,365,731	-6,751,460	52,614,271	1,137,155.91	46.27	27.00
28.00	Administrative & General under contract (see inst.)	5,830,640	0	5,830,640	29,983.80	194.46	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,948,259	237,917	4,186,176	139,534.44	30.00	30.00
31.00	Laundry & Linen Service	1,223,367	-6,482	1,216,885	69,362.30	17.54	31.00
32.00	Housekeeping	6,258,062	5,067	6,263,129	340,724.39	18.38	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,141,611	-1,059,432	1,082,179	60,237.62	17.97	34.00
35.00	Dietary under contract (see instructions)	2,699,881	0	2,699,881	143,864.87	18.77	35.00
36.00	Cafeteria	0	549,905	549,905	26,096.88	21.07	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,831,097	-52,201	6,778,896	225,943.70	30.00	38.00
39.00	Central Services and Supply	2,865,981	59,664	2,925,645	124,612.43	23.48	39.00
40.00	Pharmacy	10,489,964	269,987	10,759,951	273,248.44	39.38	40.00
41.00	Medical Records & Medical Records Library	8,958	-123	8,835	471.20	18.75	41.00
42.00	Social Service	8,099,003	90,861	8,189,864	214,217.00	38.23	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/28/2024 1:09 pm

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	232,795,047	-3,162,686	229,632,361	6,493,094.17	35.37	1.00
2.00	Excluded area salaries (see instructions)	25,213,051	2,484,385	27,697,436	455,430.26	60.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	207,581,996	-5,647,071	201,934,925	6,037,663.91	33.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	96,501,824	0	96,501,824	1,777,203.74	54.30	4.00
5.00	Subtotal wage-related costs (see inst.)	99,667,280	0	99,667,280	0.00	49.36	5.00
6.00	Total (sum of lines 3 thru 5)	403,751,100	-5,647,071	398,104,029	7,814,867.65	50.94	6.00
7.00	Total overhead cost (see instructions)	113,141,451	-6,594,380	106,547,071	2,890,188.32	36.87	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2024 1:09 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	13,241,914	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)	6,814,470	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	395,934	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
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)	70,944,866	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,861,503	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	505,602	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)	5,116,005	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,646,806	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	22,291,347	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	4,771	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	1,285,268	21.00
22.00	Day Care Cost and Allowances	522,121	22.00
23.00	Tuition Reimbursement	757,563	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	125,388,170	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet S-3  
Part V  
Date/Time Prepared:  
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF	0	0	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	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/28/2024 1:09 pm
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			1.00	
<b>PART I - HOSPITAL AND HOSPITAL COMPLEX DATA</b>				
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>				
1.00	Cost to charge ratio (see instructions)		0.207676	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		93,509,516	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?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		548,341,298	6.00
7.00	Medicaid cost (line 1 times line 6)		113,877,327	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		20,367,811	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
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)		20,367,811	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	48,853,797	16,643,335	65,497,132
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,145,761	8,173,323	18,319,084
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	10,145,761	8,173,323	18,319,084
			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)		10,690,087	25.01
26.00	Bad debt amount (see instructions)		15,678,935	26.00
27.00	Medicare reimbursable bad debts (see instructions)		1,735,496	27.00
27.01	Medicare allowable bad debts (see instructions)		2,669,995	27.01
28.00	Non-Medicare bad debt amount (see instructions)		13,008,940	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,636,144	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		21,955,228	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		42,323,039	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 2/28/2024 1:09 pm
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				1.00	
<b>PART II - HOSPITAL DATA</b>					
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>					
1.00	Cost to charge ratio (see instructions)			0.207676	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)	48,853,797	16,643,335	65,497,132	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,145,761	8,173,323	18,319,084	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	10,145,761	8,173,323	18,319,084	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)			10,690,087	25.01
26.00	Bad debt amount (see instructions)			15,678,935	26.00
27.00	Medicare reimbursable bad debts (see instructions)			1,735,496	27.00
27.01	Medicare allowable bad debts (see instructions)			2,669,995	27.01
28.00	Non-Medicare bad debt amount (see instructions)			13,008,940	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,636,144	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			21,955,228	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			21,955,228	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet A Date/Time Prepared: 2/28/2024 1:09 pm			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
				1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT		40,398,649		40,398,649	11,462,805	51,861,454	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0		0	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,518,756		9,518,756	25,114,756	34,633,512	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,378,897	60,523,270		63,902,167	2,004,508	65,906,675	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,365,731	148,218,854		207,584,585	-23,705,522	183,879,063	5.00
7.00	00700	OPERATION OF PLANT	3,948,259	25,566,113		29,514,372	-11,226,624	18,287,748	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,223,367	1,299,773		2,523,140	-119,496	2,403,644	8.00
9.00	00900	HOUSEKEEPING	6,258,062	2,446,771		8,704,833	-37,802	8,667,031	9.00
10.00	01000	DIETARY	2,141,611	12,275,268		14,416,879	-7,301,502	7,115,377	10.00
11.00	01100	CAFETERIA	0	0		0	3,607,533	3,607,533	11.00
13.00	01300	NURSING ADMINISTRATION	6,831,097	2,938,428		9,769,525	-1,448,475	8,321,050	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,865,981	2,413,774		5,279,755	-1,742,115	3,537,640	14.00
15.00	01500	PHARMACY	10,489,964	90,416,260		100,906,224	-88,267,171	12,639,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,958	-234,480		-225,522	1,239,195	1,013,673	16.00
17.00	01700	SOCIAL SERVICE	8,099,003	1,440,865		9,539,868	86,172	9,626,040	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	1,805,082	1,805,082	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	65,451	12,855		78,306	2,011,964	2,090,270	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	269,660	66,115		335,775	0	335,775	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0		0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0		0	1,263,573	1,263,573	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	78,943,709	27,734,201		106,677,910	1,109,399	107,787,309	30.00
31.00	03100	INTENSIVE CARE UNIT	19,720,624	7,172,985		26,893,609	39,961	26,933,570	31.00
32.00	03200	CORONARY CARE UNIT	3,752,874	1,604,663		5,357,537	76,246	5,433,783	32.00
40.00	04000	SUBPROVIDER - IPF	0	0		0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	39,702,444	117,848,273		157,550,717	-58,714,197	98,836,520	50.00
51.00	05100	RECOVERY ROOM	6,515,496	2,131,694		8,647,190	-151,760	8,495,430	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,009,456	9,285,277		17,294,733	-5,153,098	12,141,635	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,540,756	23,497,060		27,037,816	-2,566,106	24,471,710	55.00
56.00	05600	RADIOISOTOPE	653,002	1,017,259		1,670,261	1,667,015	3,337,276	56.00
57.00	05700	CT SCAN	3,101,532	2,435,515		5,537,047	495,853	6,032,900	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,000,816	1,521,707		3,522,523	9,977	3,532,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,540,314	35,581,784		42,122,098	-29,540,675	12,581,423	59.00
60.00	06000	LABORATORY	15,948,355	25,624,425		41,572,780	-568,217	41,004,563	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	917,521	3,564,777		4,482,298	1,948	4,484,246	63.00
64.00	06400	INTRAVENOUS THERAPY	1,827,424	1,392,596		3,220,020	-20,129	3,199,891	64.00
65.00	06500	RESPIRATORY THERAPY	4,653,161	3,195,018		7,848,179	-505,767	7,342,412	65.00
66.00	06600	PHYSICAL THERAPY	0	19,984,415		19,984,415	-87,515	19,896,900	66.00
69.00	06900	ELECTROCARDIOLOGY	2,918,995	3,837,400		6,756,395	-244,882	6,511,513	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	26,361,825	26,361,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	64,203,453	64,203,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	88,487,426	88,487,426	73.00
74.00	07400	RENAL DIALYSIS	1,325,992	2,129,469		3,455,461	-60,830	3,394,631	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0		0	0	0	76.00
76.01	03160	PULMONARY REHAB	181,805	105,687		287,492	-15,971	271,521	76.01
76.97	07697	CARDIAC REHABILITATION	529,823	239,411		769,234	12,100	781,334	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	2,641,301	754,038		3,395,339	60,812	3,456,151	90.00
90.01	09001	FAMILY PRACTICE	4,319,532	1,065,417		5,384,949	-3,723,512	1,661,437	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,495,955	520,415		2,016,370	44,167	2,060,537	90.02
90.03	09003	CHEMO	2,076,723	815,542		2,892,265	-46,478	2,845,787	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,296,623	442,553		1,739,176	70,052	1,809,228	90.04
90.05	09005	PAIN MANAGEMENT	3,096,049	875,237		3,971,286	29,756	4,001,042	90.05
90.06	09006	WOUND CARE	1,443,830	993,218		2,437,048	63,302	2,500,350	90.06
90.07	09007	SLEEP CENTER	3,430,600	868,204		4,298,804	30,608	4,329,412	90.07
90.08	09008	HEMATOLOGY	881,513	250,658		1,132,171	7,896	1,140,067	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,308,798	448,926		1,757,724	69,670	1,827,394	90.09
90.10	09010	DIABETES CENTER	4,265	1,256		5,521	-5,521	0	90.10
90.11	09011	DERMATOLOGY	1,451,378	1,617,649		3,069,027	-36,861	3,032,166	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	438,519	140,823		579,342	-30,107	549,235	90.12
90.13	09013	MOB6 GI	1,027,864	683,047		1,710,911	0	1,710,911	90.13
91.00	09100	EMERGENCY	27,362,078	21,188,892		48,550,970	-63,451	48,487,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,171,773	2,469,886		8,641,659	9,136	8,650,795	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	718,703	210,013		928,716	126,169	1,054,885	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,828,631	9,442,727		12,271,358	-256,787	12,014,571	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	367,724,275	729,993,388		1,097,717,663	-4,068,212	1,093,649,451	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,586,686	3,586,686	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	13,771,074	2,576,164	16,347,238	-217,065	16,130,173	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	2,974,084	-3,062,515	-88,431	28,433	-59,998	192.02
192.03 19203 FAMILY PHARMACY	2,129,615	43,790,410	45,920,025	-17,810	45,902,215	192.03
194.00 07950 MISC NONREIMBURSABLE	1,230,808	1,412,130	2,642,938	133,110	2,776,048	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	974	974	0	974	194.01
194.02 07952 OTHER FACILITIES	676,272	3,251,376	3,927,648	564,392	4,492,040	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	1,070,201	190,813	1,261,014	-27,518	1,233,496	194.04
194.05 07955 CHILD CARE CENTER	2,294,805	-492,696	1,802,109	7,499	1,809,608	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	5,720	5,720	9,868	15,588	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	77,829	-69,937	7,892	617	8,509	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	391,948,963	777,595,827	1,169,544,790	0	1,169,544,790	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,389,279	45,472,175	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	34,633,512	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-36,616,007	29,290,668	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-117,239,548	66,639,515	5.00
7.00	00700	OPERATION OF PLANT	-12,756,280	5,531,468	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-977,227	1,426,417	8.00
9.00	00900	HOUSEKEEPING	-3,096,164	5,570,867	9.00
10.00	01000	DIETARY	-1,670,610	5,444,767	10.00
11.00	01100	CAFETERIA	-1,555,625	2,051,908	11.00
13.00	01300	NURSING ADMINISTRATION	-479,763	7,841,287	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,231,927	2,305,713	14.00
15.00	01500	PHARMACY	-6,263,661	6,375,392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-96,878	916,795	16.00
17.00	01700	SOCIAL SERVICE	-2,430,773	7,195,267	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,805,082	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,090,270	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	335,775	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	0	23.01
23.03	02303	PARAMED PRGM-NURSING	0	1,263,573	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-28,297,281	79,490,028	30.00
31.00	03100	INTENSIVE CARE UNIT	-10,206	26,923,364	31.00
32.00	03200	CORONARY CARE UNIT	-5,130	5,428,653	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-40,188,157	58,648,363	50.00
51.00	05100	RECOVERY ROOM	0	8,495,430	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-265,175	11,876,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-13,484,110	10,987,600	55.00
56.00	05600	RADIOISOTOPE	0	3,337,276	56.00
57.00	05700	CT SCAN	-15,619	6,017,281	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,532,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	-639,217	11,942,206	59.00
60.00	06000	LABORATORY	-1,448,789	39,555,774	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,484,246	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,199,891	64.00
65.00	06500	RESPIRATORY THERAPY	-35,096	7,307,316	65.00
66.00	06600	PHYSICAL THERAPY	-6,149,333	13,747,567	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,511,513	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,361,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,203,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,487,426	73.00
74.00	07400	RENAL DIALYSIS	-904	3,393,727	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	76.00
76.01	03160	PULMONARY REHAB	-7,304	264,217	76.01
76.97	07697	CARDIAC REHABILITATION	-636	780,698	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-430,603	3,025,548	90.00
90.01	09001	FAMILY PRACTICE	155,918	1,817,355	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,060,537	90.02
90.03	09003	CHEMO	-37,752	2,808,035	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-863,319	945,909	90.04
90.05	09005	PAIN MANAGEMENT	-1,680,695	2,320,347	90.05
90.06	09006	WOUND CARE	-289,563	2,210,787	90.06
90.07	09007	SLEEP CENTER	-1,575,232	2,754,180	90.07
90.08	09008	HEMATOLOGY	-45,887	1,094,180	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	-457,816	1,369,578	90.09
90.10	09010	DIABETES CENTER	0	0	90.10
90.11	09011	DERMATOLOGY	0	3,032,166	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	549,235	90.12
90.13	09013	MOB6 GI	0	1,710,911	90.13
91.00	09100	EMERGENCY	-20,714,156	27,773,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-7,643	8,643,152	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-42,782	1,012,103	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-17,465	11,997,106	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-307,357,694	786,291,757	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,586,686	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,130,173	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	-59,998	192.02
192.03	19203	FAMILY PHARMACY	0	45,902,215	192.03
194.00	07950	MISC NONREIMBURSABLE	-1,497	2,774,551	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	974	194.01
194.02	07952	OTHER FACILITIES	-2,268,133	2,223,907	194.02
194.03	07953	THE HEART HOSPITAL	0	0	194.03
194.04	07954	PR	-427,631	805,865	194.04
194.05	07955	CHILD CARE CENTER	0	1,809,608	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	15,588	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	194.07
194.08	07958	HEALTHSOUTH	0	8,509	194.08
194.09	07959	HOME OFFICE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-310,054,955	859,489,835	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6

Date/Time Prepared:  
2/28/2024 1:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BUILDING DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,153,382	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,088	2.00
3.00		0.00	0	0	3.00
	0		0	11,162,470	
<b>B - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,363,912	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
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
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
	0		0	23,363,912	
<b>C - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,097,801	1.00
2.00	OTHER FACILITIES	194.02	0	120,119	2.00
3.00		0.00	0	0	3.00
	0		0	1,217,920	
<b>D - CAFETERIA</b>					
1.00	CAFETERIA	11.00	549,905	3,057,628	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	546,727	3,039,959	2.00
3.00		0.00	0	0	3.00
	0		1,096,632	6,097,587	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>E - INCENTIVE COMPENSATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	58,878	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	6,613,780	0	2.00	
3.00	OPERATION OF PLANT	7.00	230,673	0	3.00	
4.00	HOUSEKEEPING	9.00	26,199	0	4.00	
5.00	DIETARY	10.00	39,818	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	76,823	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	66,787	0	7.00	
8.00	PHARMACY	15.00	292,302	0	8.00	
9.00	SOCIAL SERVICE	17.00	123,336	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	500,964	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	83,755	0	11.00	
12.00	OPERATING ROOM	50.00	167,464	0	12.00	
13.00	RECOVERY ROOM	51.00	40,495	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	30,249	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	34,179	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	79,304	0	16.00	
17.00	LABORATORY	60.00	161,836	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	32,185	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	27,949	0	19.00	
20.00	RENAL DIALYSIS	74.00	32,726	0	20.00	
21.00	CARDIAC REHABILITATION	76.97	19,254	0	21.00	
22.00	CLINIC	90.00	40,411	0	22.00	
23.00	FAMILY PRACTICE	90.01	15,976	0	23.00	
24.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	36,565	0	24.00	
25.00	PRIMARY CARE FOR SENIORS	90.04	64,628	0	25.00	
26.00	PAIN MANAGEMENT	90.05	132,379	0	26.00	
27.00	WOUND CARE	90.06	63,597	0	27.00	
28.00	SLEEP CENTER	90.07	28,604	0	28.00	
29.00	HEMATOLOGY	90.08	4,305	0	29.00	
30.00	MULTI-SPECIALTY SERVICES	90.09	70,802	0	30.00	
31.00	EMERGENCY	91.00	91,974	0	31.00	
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	20,959	0	32.00	
33.00	AMBULANCE SERVICES	95.00	19,444	0	33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	72,115	0	34.00	
35.00	FAMILY PHARMACY	192.03	47,288	0	35.00	
36.00	MISC NONREIMBURSABLE	194.00	151,870	0	36.00	
37.00	PR	194.04	82,816	0	37.00	
38.00	CHILD CARE CENTER	194.05	4,912	0	38.00	
39.00		0.00	0	0	39.00	
0			9,687,601	0		
<b>F - LEASES</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	587,652	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	435,779	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	
0			0	1,023,431		
<b>G - DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	88,487,426	1.00	
2.00		0.00	0	0	2.00	
0			0	88,487,426		
<b>H - RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,805,082	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,657,351	0	2.00	
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	354,479	3.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
0			3,462,433	354,479		
<b>J - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	503,134	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,613	2.00	
3.00	MISC NONREIMBURSABLE	194.00	0	88	3.00	
4.00	OTHER FACILITIES	194.02	0	33,956	4.00	
5.00	CHILD CARE CENTER	194.05	0	1,586	5.00	
6.00		0.00	0	0	6.00	
0			0	543,377		

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>K - NURSING EDUCATION</b>						
1.00	PARAMED ED PRGM-NURSING	23.03	1,263,573	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
0			1,263,573	0		
<b>L - MEDICAL SUPPLIES CHARGED</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,361,825	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	64,203,453	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	
0			0	90,565,278		
<b>M - BENEFITS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,934,272	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
0			0	1,934,272		
<b>N - PROPERTY TAXES</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,031,721	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	217,264	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,658	3.00	
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	24,679	4.00	
5.00	PRIMARY CARE FOR SENIORS	90.04	0	4,916	5.00	
6.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	3,641	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,014	7.00	
8.00	OTHER FACILITIES	194.02	0	408,830	8.00	
9.00		0.00	0	0	9.00	
0			0	1,695,723		
<b>O - DISABILITY</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,941	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	146,952	2.00	
3.00	OPERATION OF PLANT	7.00	0	17,174	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	10,638	4.00	
5.00	HOUSEKEEPING	9.00	0	42,416	5.00	
6.00	DIETARY	10.00	0	15,976	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	35,591	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,593	8.00	
9.00	PHARMACY	15.00	0	91,857	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	123	10.00	
11.00	SOCIAL SERVICE	17.00	0	66,720	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	448,672	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	175,221	13.00	
14.00	CORONARY CARE UNIT	32.00	0	22,072	14.00	
15.00	OPERATING ROOM	50.00	0	157,587	15.00	
16.00	RECOVERY ROOM	51.00	0	76,521	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,158	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,980	18.00	
19.00	CT SCAN	57.00	0	18,202	19.00	

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,991	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	24,600	21.00	
22.00	LABORATORY	60.00	0	104,307	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	3,408	23.00	
24.00	INTRAVENOUS THERAPY	64.00	0	7,189	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	47,812	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	10,257	26.00	
27.00	PULMONARY REHAB	76.01	0	299	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	1,106	28.00	
29.00	CLINIC	90.00	0	17,220	29.00	
30.00	FAMILY PRACTICE	90.01	0	2,076	30.00	
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	7,144	31.00	
32.00	CHEMO	90.03	0	15,010	32.00	
33.00	PRIMARY CARE FOR SENIORS	90.04	0	1,935	33.00	
34.00	PAIN MANAGEMENT	90.05	0	14,682	34.00	
35.00	WOUND CARE	90.06	0	11,554	35.00	
36.00	SLEEP CENTER	90.07	0	17,746	36.00	
37.00	HEMATOLOGY	90.08	0	882	37.00	
38.00	MULTI-SPECIALTY SERVICES	90.09	0	2,452	38.00	
39.00	EMERGENCY	91.00	0	76,879	39.00	
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	59,448	40.00	
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	11,227	41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	40,490	42.00	
43.00	FAMILY PHARMACY	192.03	0	8,160	43.00	
44.00	MISC NONREIMBURSABLE	194.00	0	6,101	44.00	
45.00	PR	194.04	0	1,140	45.00	
46.00	CHILD CARE CENTER	194.05	0	11,484	46.00	
47.00	RENAL DIALYSIS	74.00	0	2,010	47.00	
48.00	DERMATOLOGY	90.11	0	10,515	48.00	
49.00	DH RHEUMATOLOGY 4TH STREET	90.12	0	6,738	49.00	
50.00	MOB& GI	90.13	0	4,781	50.00	
51.00	AMBULANCE SERVICES	95.00	0	1,479	51.00	
52.00	OTHER FACILITIES	194.02	0	741	52.00	
	O		0	1,985,257		
P - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	80	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	14,626	0	2.00	
3.00	OPERATION OF PLANT	7.00	1,730	0	3.00	
4.00	HOUSEKEEPING	9.00	2,300	0	4.00	
5.00	DIETARY	10.00	3,350	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	1,040	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,060	0	7.00	
8.00	PHARMACY	15.00	3,075	0	8.00	
9.00	SOCIAL SERVICE	17.00	1,550	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	65,408	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	2,540	0	11.00	
12.00	CORONARY CARE UNIT	32.00	180	0	12.00	
13.00	OPERATING ROOM	50.00	21,302	0	13.00	
14.00	RECOVERY ROOM	51.00	3,770	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	2,380	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	570	0	16.00	
17.00	RADIOISOTOPE	56.00	160	0	17.00	
18.00	CT SCAN	57.00	460	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	340	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	850	0	20.00	
21.00	LABORATORY	60.00	9,349	0	21.00	
22.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	50	0	22.00	
23.00	INTRAVENOUS THERAPY	64.00	830	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	640	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	860	0	25.00	
26.00	PULMONARY REHAB	76.01	50	0	26.00	
27.00	CLINIC	90.00	910	0	27.00	
28.00	FAMILY PRACTICE	90.01	6,300	0	28.00	
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	80	0	29.00	
30.00	CHEMO	90.03	1,120	0	30.00	
31.00	PRIMARY CARE FOR SENIORS	90.04	1,240	0	31.00	
32.00	PAIN MANAGEMENT	90.05	2,900	0	32.00	

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00	WOUND CARE	90.06	870	0		33.00
34.00	SLEEP CENTER	90.07	1,218	0		34.00
35.00	HEMATOLOGY	90.08	120	0		35.00
36.00	MULTI-SPECIALTY SERVICES	90.09	800	0		36.00
37.00	EMERGENCY	91.00	3,840	0		37.00
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	220	0		38.00
39.00	DURABLE MEDICAL EQUIP-RENTED	96.00	210	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	14,970	0		40.00
41.00	FAMILY PHARMACY	192.03	180	0		41.00
42.00	MISC NONREIMBURSABLE	194.00	260	0		42.00
43.00	PR	194.04	50	0		43.00
44.00	CHILD CARE CENTER	194.05	359,835	0		44.00
45.00	DERMATOLOGY	90.11	30	0		45.00
46.00	DH RHEUMATOLOGY 4TH STREET	90.12	30	0		46.00
47.00	MOB6 GI	90.13	1,860	0		47.00
48.00	OTHER FACILITIES	194.02	50	0		48.00
	0		536,643	0		
<b>Q - PART A PHYSICIAN</b>						
1.00	ADULTS & PEDIATRICS	30.00	574,456	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	327,726	0		2.00
3.00	CORONARY CARE UNIT	32.00	108,688	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		1,010,870	0		
<b>S - PTO ACCRUAL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,900	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	254,906	0		2.00
3.00	OPERATION OF PLANT	7.00	22,688	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	4,156	0		4.00
5.00	HOUSEKEEPING	9.00	18,984	0		5.00
6.00	DIETARY	10.00	10,008	0		6.00
7.00	NURSING ADMINISTRATION	13.00	22,468	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	11,410	0		8.00
9.00	PHARMACY	15.00	66,467	0		9.00
10.00	SOCIAL SERVICE	17.00	36,923	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	134	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	129,020	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	40,311	0		13.00
14.00	CORONARY CARE UNIT	32.00	6,008	0		14.00
15.00	OPERATING ROOM	50.00	68,728	0		15.00
16.00	RECOVERY ROOM	51.00	30,798	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	38,404	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	21,600	0		18.00
19.00	RADIOISOTOPE	56.00	3,263	0		19.00
20.00	CT SCAN	57.00	11,239	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	8,530	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	29,547	0		22.00
23.00	LABORATORY	60.00	70,385	0		23.00
24.00	BLOOD STORAGE, PROCESSING, & TRANS.	63.00	4,095	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	9,273	0		25.00
26.00	RESPIRATORY THERAPY	65.00	17,189	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	15,073	0		27.00
28.00	RENAL DIALYSIS	74.00	6,118	0		28.00
29.00	PULMONARY REHAB	76.01	890	0		29.00
30.00	CARDIAC REHABILITATION	76.97	3,307	0		30.00
31.00	CLINIC	90.00	16,397	0		31.00
32.00	FAMILY PRACTICE	90.01	12,438	0		32.00
33.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	8,530	0		33.00
34.00	CHEMO	90.03	8,195	0		34.00
35.00	PRIMARY CARE FOR SENIORS	90.04	7,000	0		35.00
36.00	PAIN MANAGEMENT	90.05	15,967	0		36.00
37.00	WOUND CARE	90.06	6,567	0		37.00
38.00	SLEEP CENTER	90.07	14,514	0		38.00
39.00	HEMATOLOGY	90.08	3,754	0		39.00
40.00	MULTI-SPECIALTY SERVICES	90.09	7,677	0		40.00
41.00	CLINIC	90.00	27	0		41.00
42.00	EMERGENCY	91.00	4,504	0		42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	95,583	0		43.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6

Date/Time Prepared:  
2/28/2024 1:09 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
44.00	DURABLE MEDICAL EQUIP-RENTED	96.00	1,300	0	44.00
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	20,072	0	45.00
46.00	HENDERSON ER PHYSICIANS	192.02	28,433	0	46.00
47.00	MISC NONREIMBURSABLE	194.00	10,476	0	47.00
48.00	OTHER FACILITIES	194.02	7,314	0	48.00
49.00	PR	194.04	3,722	0	49.00
50.00	CHILD CARE CENTER	194.05	6,227	0	50.00
51.00	DERMATOLOGY	90.11	6,963	0	51.00
52.00	DH RHEUMATOLOGY 4TH STREET	90.12	2,702	0	52.00
53.00	AMBULANCE SERVICES	95.00	10,296	0	53.00
54.00	CENTER OF LIFE BALANCE	194.06	9,868	0	54.00
55.00	HEALTHSOUTH	194.08	617	0	55.00
56.00		0.00	0	0	56.00
			1,288,965	0	
<b>T - A&amp;G</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	315,150	1.00
3.00		0.00	0	0	3.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
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
			0	315,150	
<b>U - RADIOLOGY</b>					
1.00	RADIOISOTOPE	56.00	63,244	0	1.00
2.00	CT SCAN	57.00	567,589	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	128,175	0	3.00
4.00		0.00	0	0	4.00
5.00	RADIOISOTOPE	56.00	0	1,602,985	5.00
6.00	CT SCAN	57.00	0	260,392	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	334,692	7.00
8.00		0.00	0	0	8.00
			759,008	2,198,069	
<b>V - ORTHO URO</b>					
1.00	ADULTS & PEDIATRICS	30.00	468,567	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	297,906	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	<b>TOTALS</b>		468,567	297,906	
<b>W - MEDICAL RECORDS</b>					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,239,195	1.00
2.00		0.00	0	0	2.00
	<b>TOTALS</b>		0	1,239,195	
<b>X - DIRECTOR SALARIES</b>					
1.00	NURSING ADMINISTRATION	13.00	361,622	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	130,853	0	2.00
3.00	OPERATING ROOM	50.00	589,076	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	118,872	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	59,890	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	158,316	0	6.00
7.00	EMERGENCY	91.00	173,722	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	124,162	0	8.00
9.00	AMBULANCE SERVICES	95.00	96,429	0	9.00
10.00		0.00	0	0	10.00
	<b>TOTALS</b>		1,812,942	0	
<b>Y - DIABETES</b>					
1.00	CLINIC	90.00	4,265	1,256	1.00
2.00		0.00	0	0	2.00
	<b>TOTALS</b>		4,265	1,256	
500.00	Grand Total: Increases		21,391,499	232,482,708	500.00



RECLASSIFICATIONS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6  
Date/Time Prepared:  
2/28/2024 1:09 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - BUILDING DEPRECIATION</b>						
1.00	0.00	0	0	9		1.00
2.00	0.00	0	0	0		2.00
3.00	OPERATION OF PLANT	7.00	11,162,470	0		3.00
	O		11,162,470			
<b>B - EQUIPMENT DEPRECIATION</b>						
1.00	0.00	0	0	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	599,777	9		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,542	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	11,800,376	0		4.00
5.00	OPERATION OF PLANT	7.00	251,625	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	123,652	0		6.00
7.00	HOUSEKEEPING	9.00	74,190	0		7.00
8.00	DIETARY	10.00	157,109	0		8.00
9.00	NURSING ADMINISTRATION	13.00	961,970	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	260,077	0		10.00
11.00	PHARMACY	15.00	90,511	0		11.00
12.00	SOCIAL SERVICE	17.00	69,208	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	233,536	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	191,945	0		14.00
15.00	CORONARY CARE UNIT	32.00	21,702	0		15.00
16.00	OPERATING ROOM	50.00	3,593,813	0		16.00
17.00	RECOVERY ROOM	51.00	198,017	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	1,133,736	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	17,707	0		19.00
20.00	RADIOISOTOPE	56.00	2,477	0		20.00
21.00	CT SCAN	57.00	25,698	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	319,126	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	826,094	0		23.00
24.00	LABORATORY	60.00	786,813	0		24.00
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	2,147	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	24,261	0		26.00
27.00	RESPIRATORY THERAPY	65.00	355,946	0		27.00
28.00	PHYSICAL THERAPY	66.00	87,515	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	287,904	0		29.00
30.00	RENAL DIALYSIS	74.00	35,416	0		30.00
31.00	PULMONARY REHAB	76.01	16,861	0		31.00
32.00	CARDIAC REHABILITATION	76.97	8,696	0		32.00
33.00	CLINIC	90.00	1,134	0		33.00
34.00	FAMILY PRACTICE	90.01	24,824	0		34.00
35.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	928	0		35.00
36.00	CHEMO	90.03	53,537	0		36.00
37.00	PRIMARY CARE FOR SENIORS	90.04	6,492	0		37.00
38.00	PAIN MANAGEMENT	90.05	30,094	0		38.00
39.00	WOUND CARE	90.06	4,890	0		39.00
40.00	SLEEP CENTER	90.07	12,510	0		40.00
41.00	HEMATOLOGY	90.08	163	0		41.00
42.00	MULTI-SPECIALTY SERVICES	90.09	8,809	0		42.00
43.00	CLINIC	90.00	410	0		43.00
44.00	DERMATOLOGY	90.11	42,519	0		44.00
45.00	DH RHEUMATOLOGY 4TH STREET	90.12	13,841	0		45.00
46.00	EMERGENCY	91.00	261,528	0		46.00
47.00	DURABLE MEDICAL EQUIP-RENTED	96.00	197,411	0		47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,102	0		48.00
49.00	FAMILY PHARMACY	192.03	65,098	0		49.00
50.00	MISC NONREIMBURSABLE	194.00	29,324	0		50.00
51.00	OTHER FACILITIES	194.02	2,701	0		51.00
52.00	PR	194.04	15,956	0		52.00
53.00	CHILD CARE CENTER	194.05	5,226	0		53.00
54.00	DH RHEUMATOLOGY 4TH STREET	90.12	18,968	0		54.00
	O		23,363,912			
<b>C - INTEREST EXPENSE</b>						
1.00	0.00	0	0	11		1.00
2.00	0.00	0	0	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	1,217,920	11		3.00
	O		1,217,920			
<b>D - CAFETERIA</b>						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	DIETARY	10.00	1,096,632	6,097,587	0	3.00
	O		1,096,632	6,097,587		

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>E - INCENTIVE COMPENSATION</b>						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	0.00	0	0	0	0	6.00
7.00	0.00	0	0	0	0	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
11.00	0.00	0	0	0	0	11.00
12.00	0.00	0	0	0	0	12.00
13.00	0.00	0	0	0	0	13.00
14.00	0.00	0	0	0	0	14.00
15.00	0.00	0	0	0	0	15.00
16.00	0.00	0	0	0	0	16.00
17.00	0.00	0	0	0	0	17.00
18.00	0.00	0	0	0	0	18.00
19.00	0.00	0	0	0	0	19.00
20.00	0.00	0	0	0	0	20.00
21.00	0.00	0	0	0	0	21.00
22.00	0.00	0	0	0	0	22.00
23.00	0.00	0	0	0	0	23.00
24.00	0.00	0	0	0	0	24.00
25.00	0.00	0	0	0	0	25.00
26.00	0.00	0	0	0	0	26.00
27.00	0.00	0	0	0	0	27.00
28.00	0.00	0	0	0	0	28.00
29.00	0.00	0	0	0	0	29.00
30.00	0.00	0	0	0	0	30.00
31.00	0.00	0	0	0	0	31.00
32.00	0.00	0	0	0	0	32.00
33.00	0.00	0	0	0	0	33.00
34.00	0.00	0	0	0	0	34.00
35.00	0.00	0	0	0	0	35.00
36.00	0.00	0	0	0	0	36.00
37.00	0.00	0	0	0	0	37.00
38.00	0.00	0	0	0	0	38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	9,687,601	0	0	39.00
	0		9,687,601	0		
<b>F - LEASES</b>						
1.00	0.00	0	0	0	10	1.00
2.00	0.00	0	0	0	10	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	112,178	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	741,336	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	64,317	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	105,600	0	6.00
	0		0	1,023,431		
<b>G - DRUGS</b>						
1.00	0.00	0	0	0	0	1.00
2.00	PHARMACY	15.00	0	88,487,426	0	2.00
	0		0	88,487,426		
<b>H - RESIDENTS</b>						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	0.00	0	0	0	0	3.00
5.00	FAMILY PRACTICE	90.01	3,371,423	0	0	5.00
6.00	FAMILY PRACTICE	90.01	0	354,479	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	91,010	0	7.00
	0		3,371,423	445,489		
<b>J - INSURANCE</b>						
1.00	0.00	0	0	0	12	1.00
2.00	0.00	0	0	0	12	2.00
3.00	0.00	0	0	0	0	3.00
4.00	0.00	0	0	0	0	4.00
5.00	0.00	0	0	0	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	543,377	0	6.00
	0		0	543,377		
<b>K - NURSING EDUCATION</b>						
1.00	0.00	0	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	15,168	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	9,996	0	0	3.00
4.00	SOCIAL SERVICE	17.00	4,228	0	0	4.00

RECLASSIFICATIONS

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Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6  
Date/Time Prepared:  
2/28/2024 1:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	ADULTS & PEDIATRICS	30.00	758,831	0	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	219,886	0	0	6.00	
7.00	CORONARY CARE UNIT	32.00	16,748	0	0	7.00	
8.00	OPERATING ROOM	50.00	8,184	0	0	8.00	
9.00	RECOVERY ROOM	51.00	25,036	0	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	15,411	0	0	10.00	
11.00	INTRAVENOUS THERAPY	64.00	5,141	0	0	11.00	
12.00	RENAL DIALYSIS	74.00	542	0	0	12.00	
13.00	CARDIAC REHABILITATION	76.97	1,765	0	0	13.00	
14.00	CHEMO	90.03	1,136	0	0	14.00	
15.00	WOUND CARE	90.06	1,972	0	0	15.00	
16.00	EMERGENCY	91.00	72,123	0	0	16.00	
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	107,406	0	0	17.00	
0			1,263,573	0			
<b>L - MEDICAL SUPPLIES CHARGED</b>							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	170,949	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,560,235	0	4.00	
5.00	OPERATING ROOM	50.00	0	55,861,813	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	510,132	0	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,658,563	0	7.00	
8.00	CT SCAN	57.00	0	317,669	0	8.00	
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	166,973	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	28,966,337	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	199,195	0	11.00	
12.00	RENAL DIALYSIS	74.00	0	63,716	0	12.00	
13.00	FAMILY PRACTICE	90.01	0	1,200	0	13.00	
14.00	PAIN MANAGEMENT	90.05	0	88,496	0	14.00	
0			0	90,565,278			
<b>M - BENEFITS</b>							
1.00		0.00	0	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,928,767	0	2.00	
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,505	0	3.00	
0			0	1,934,272			
<b>N - PROPERTY TAXES</b>							
1.00		0.00	0	0	13	1.00	
2.00		0.00	0	0	13	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00	ADMINISTRATIVE & GENERAL	5.00	0	1,695,723	0	9.00	
0			0	1,695,723			
<b>O - DISABILITY</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,941	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	146,952	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	17,174	0	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	10,638	0	0	4.00	
5.00	HOUSEKEEPING	9.00	42,416	0	0	5.00	
6.00	DIETARY	10.00	15,976	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	35,591	0	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	20,593	0	0	8.00	
9.00	PHARMACY	15.00	91,857	0	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	123	0	0	10.00	
11.00	SOCIAL SERVICE	17.00	66,720	0	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	448,672	0	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	175,221	0	0	13.00	
14.00	CORONARY CARE UNIT	32.00	22,072	0	0	14.00	
15.00	OPERATING ROOM	50.00	157,587	0	0	15.00	
16.00	RECOVERY ROOM	51.00	76,521	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	66,158	0	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	11,980	0	0	18.00	
19.00	CT SCAN	57.00	18,202	0	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	14,991	0	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	24,600	0	0	21.00	
22.00	LABORATORY	60.00	104,307	0	0	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	3,408	0	0	23.00	

RECLASSIFICATIONS

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Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6  
Date/Time Prepared:  
2/28/2024 1:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
24.00	INTRAVENOUS THERAPY	64.00	7,189	0	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	47,812	0	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	10,257	0	0	26.00	
27.00	PULMONARY REHAB	76.01	299	0	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	1,106	0	0	28.00	
29.00	CLINIC	90.00	17,220	0	0	29.00	
30.00	FAMILY PRACTICE	90.01	2,076	0	0	30.00	
31.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	7,144	0	0	31.00	
32.00	CHEMO	90.03	15,010	0	0	32.00	
33.00	PRIMARY CARE FOR SENIORS	90.04	1,935	0	0	33.00	
34.00	PAIN MANAGEMENT	90.05	14,682	0	0	34.00	
35.00	WOUND CARE	90.06	11,554	0	0	35.00	
36.00	SLEEP CENTER	90.07	17,746	0	0	36.00	
37.00	HEMATOLOGY	90.08	882	0	0	37.00	
38.00	MULTI-SPECIALTY SERVICES	90.09	2,452	0	0	38.00	
39.00	EMERGENCY	91.00	76,879	0	0	39.00	
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	59,448	0	0	40.00	
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	11,227	0	0	41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	40,490	0	0	42.00	
43.00	FAMILY PHARMACY	192.03	8,160	0	0	43.00	
44.00	MISC NONREIMBURSABLE	194.00	6,101	0	0	44.00	
45.00	PR	194.04	1,140	0	0	45.00	
46.00	CHILD CARE CENTER	194.05	11,484	0	0	46.00	
47.00	RENAL DIALYSIS	74.00	2,010	0	0	47.00	
48.00	DERMATOLOGY	90.11	10,515	0	0	48.00	
49.00	DH RHEUMATOLOGY 4TH STREET	90.12	6,738	0	0	49.00	
50.00	MOB6 GI	90.13	4,781	0	0	50.00	
51.00	AMBULANCE SERVICES	95.00	1,479	0	0	51.00	
52.00	OTHER FACILITIES	194.02	741	0	0	52.00	
			1,985,257	0			
P - SALARY IN NON-SALARY ACCOUNTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	80	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	14,626	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	1,730	0	3.00	
4.00	HOUSEKEEPING	9.00	0	2,300	0	4.00	
5.00	DIETARY	10.00	0	3,350	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	1,040	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,060	0	7.00	
8.00	PHARMACY	15.00	0	3,075	0	8.00	
9.00	SOCIAL SERVICE	17.00	0	1,550	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	65,408	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	2,540	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	180	0	12.00	
13.00	OPERATING ROOM	50.00	0	21,302	0	13.00	
14.00	RECOVERY ROOM	51.00	0	3,770	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,380	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	570	0	16.00	
17.00	RADIOISOTOPE	56.00	0	160	0	17.00	
18.00	CT SCAN	57.00	0	460	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	340	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	850	0	20.00	
21.00	LABORATORY	60.00	0	9,349	0	21.00	
22.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	50	0	22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	830	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	640	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	860	0	25.00	
26.00	PULMONARY REHAB	76.01	0	50	0	26.00	
27.00	CLINIC	90.00	0	910	0	27.00	
28.00	FAMILY PRACTICE	90.01	0	6,300	0	28.00	
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	80	0	29.00	
30.00	CHEMO	90.03	0	1,120	0	30.00	
31.00	PRIMARY CARE FOR SENIORS	90.04	0	1,240	0	31.00	
32.00	PAIN MANAGEMENT	90.05	0	2,900	0	32.00	
33.00	WOUND CARE	90.06	0	870	0	33.00	
34.00	SLEEP CENTER	90.07	0	1,218	0	34.00	
35.00	HEMATOLOGY	90.08	0	120	0	35.00	
36.00	MULTI-SPECIALTY SERVICES	90.09	0	800	0	36.00	
37.00	EMERGENCY	91.00	0	3,840	0	37.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-6

Date/Time Prepared:  
2/28/2024 1:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	220	0	38.00	
39.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	210	0	39.00	
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,970	0	40.00	
41.00	FAMILY PHARMACY	192.03	0	180	0	41.00	
42.00	MISC NONREIMBURSABLE	194.00	0	260	0	42.00	
43.00	PR	194.04	0	50	0	43.00	
44.00	CHILD CARE CENTER	194.05	0	359,835	0	44.00	
45.00	DERMATOLOGY	90.11	0	30	0	45.00	
46.00	DH RHEUMATOLOGY 4TH STREET	90.12	0	30	0	46.00	
47.00	MOB6 GI	90.13	0	1,860	0	47.00	
48.00	OTHER FACILITIES	194.02	0	50	0	48.00	
			0	536,643			
<b>Q - PART A PHYSICIAN</b>							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	683,144	0	0	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	327,726	0	0	5.00	
			1,010,870	0			
<b>S - PTO ACCRUAL</b>							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
42.00		0.00	0	0	0	42.00	
43.00		0.00	0	0	0	43.00	
44.00		0.00	0	0	0	44.00	
45.00		0.00	0	0	0	45.00	
46.00		0.00	0	0	0	46.00	
47.00		0.00	0	0	0	47.00	
48.00		0.00	0	0	0	48.00	
49.00		0.00	0	0	0	49.00	
50.00		0.00	0	0	0	50.00	
51.00		0.00	0	0	0	51.00	
52.00		0.00	0	0	0	52.00	
53.00		0.00	0	0	0	53.00	

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00	ADMINISTRATIVE & GENERAL	5.00	1,288,965	0	0		56.00
	0		1,288,965	0			
<b>T - A&amp;G</b>							
1.00		0.00	0	0	0		1.00
3.00	OPERATION OF PLANT	7.00	0	65,890	0		3.00
6.00	PHARMACY	15.00	0	48,003	0		6.00
7.00	SOCIAL SERVICE	17.00	0	651	0		7.00
9.00	LABORATORY	60.00	0	13,625	0		9.00
14.00	OTHER FACILITIES	194.02	0	3,126	0		14.00
15.00	PR	194.04	0	98,100	0		15.00
16.00	HOUSEKEEPING	9.00	0	8,795	0		16.00
17.00	OPERATING ROOM	50.00	0	75,655	0		17.00
18.00	DERMATOLOGY	90.11	0	1,305	0		18.00
	0		0	315,150			
<b>U - RADIOLOGY</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	759,008	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,198,069	0		8.00
	0		759,008	2,198,069			
<b>V - ORTHO URO</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	468,567	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	297,906	0		4.00
	TOTALS		468,567	297,906			
<b>W - MEDICAL RECORDS</b>							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,239,195	0		2.00
	TOTALS		0	1,239,195			
<b>X - DIRECTOR SALARIES</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	1,812,942	0	0		10.00
	TOTALS		1,812,942	0			
<b>Y - DIABETES</b>							
1.00		0.00	0	0	0		1.00
2.00	DIABETES CENTER	90.10	4,265	1,256	0		2.00
	TOTALS		4,265	1,256			
500.00	Grand Total: Decreases		22,749,103	231,125,104			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	26,993,097	4,230,993	0	4,230,993	18,303	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	819,552,225	126,917,154	0	126,917,154	716,543	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	315,503,720	15,238,444	0	15,238,444	8,741	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,162,049,042	146,386,591	0	146,386,591	743,587	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,162,049,042	146,386,591	0	146,386,591	743,587	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	31,205,787	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	945,752,836	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	330,733,423	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,307,692,046	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,307,692,046	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	25,677,295	0	14,721,354	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,518,756	0	0	0	2.00
3.00	Total (sum of lines 1-2)	25,677,295	9,518,756	14,721,354	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	40,398,649				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,518,756				2.00
3.00	Total (sum of lines 1-2)	0	49,917,405				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	976,958,622	0	976,958,622	0.747086	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	330,733,424	0	330,733,424	0.252914	0	2.00
3.00	Total (sum of lines 1-2)	1,307,692,046	0	1,307,692,046	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	36,212,080	587,652	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,363,912	9,954,535	2.00
3.00	Total (sum of lines 1-2)	0	0	0	59,575,992	10,542,187	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 col. 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	7,132,975	507,747	1,031,721	0	45,472,175	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,097,801	0	217,264	0	34,633,512	2.00
3.00	Total (sum of lines 1-2)	8,230,776	507,747	1,248,985	0	80,105,687	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8

Date/Time Prepared:  
2/28/2024 1:09 pm

Line #	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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,370,459	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.01	0 1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)	B	-61,725	ADMINISTRATIVE & GENERAL		5.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00	Television and radio service (chapter 21)		0			0.00	0 8.00
9.00	Parking lot (chapter 21)	B	-18,820	CAP REL COSTS-BLDG & FIXT		1.00	9 9.00
10.00	Provider-based physician adjustment	A-8-2	-76,439,991				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	-169,994,686				0 12.00
13.00	Laundry and linen service		0			0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,555,625	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
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.01
20.00	Vending machines		0			0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-7,806	ADMINISTRATIVE & GENERAL		5.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.01	0 26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***		19.00	28.00
29.00	Physicians' assistant					0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00	30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8

Date/Time Prepared:  
2/28/2024 1:09 pm

30.99	Hospice (non-distinct) (see instructions)	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	30.99
				Cost Center	Line #		
				1.00	2.00		
				0ADULTS & PEDIATRICS	30.00		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CALL CENTER	B	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	MISC OPERATING INCOME	B	-625	PRIMARY CARE FOR SENIORS	90.04	0	33.01
33.02	MWISE NORTH - NON OP REVENUE	B	0	PRIMARY CARE FOR SENIORS	90.04	0	33.02
33.03	MWISE EAST NON OP REVENUE	B	0	PRIMARY CARE FOR SENIORS	90.04	0	33.03
33.04	GW CONFERENCE CENTER REVENUE	B	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05	WEIGHT LOSS PROGRAM	B	-11,106	CLINIC	90.00	0	33.05
33.06	AMENITY SUITE CHARGES	B	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.06
33.07	CHILD CARE TUITION	B	0	FAMILY PRACTICE	90.01	0	33.07
33.08	PROPERTY TAX - RENTAL PROPERTY	A	-29,901	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	FAMILY PRACTICE GRANT	A	155,918	FAMILY PRACTICE	90.01	0	33.09
33.10	PHYSICIAN RECRUITMENT	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	AMORTIZATION PHASE II	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	33.11
33.12	FEDERAL INCOME TAX	A	-225,970	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	STATE INCOME TAX	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	AHA/IHA DUES	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	FINANCE CHARGES	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	HAF	A	-52,048,100	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	PROFESSIONAL BILLING	A	-614,188	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	PENSION	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19	HOSPICE	B	-24,649	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	DEACONESS CLINIC AT WORK	B	-90,036	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	HME MISC OPERATING REVENUE	B	-17,465	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.21
33.22	OTHER FACILITIES RENT	A	-1,497	MISC NONREIMBURSABLE	194.00	9	33.22
33.23	OTHER FACILITIES RENT	A	-2,268,133	OTHER FACILITIES	194.02	9	33.23
43.01	ADVERTISEMENT	A	-2,460	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02	ADVERTISEMENT	A	0	OPERATING ROOM	50.00	0	43.02
43.03	ADVERTISEMENT	A	0	PAIN MANAGEMENT	90.05	0	43.03
43.04	ADVERTISEMENT	A	-427,631	PR	194.04	0	43.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-310,054,955				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 15-0082  
 Period: From 10/01/2022 To 09/30/2023  
 Worksheet A-8-1  
 Date/Time Prepared: 2/28/2024 1:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	2,637	0
2.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	135,556	151,909
3.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	19,544	4,674
4.00	50.00	OPERATING ROOM	FACILITY RENT	0	364
4.01	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	197,644	140,063
4.02	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	8,236	0
4.03	60.00	LABORATORY	FACILITY RENT	65,019	18,571
4.04	66.00	PHYSICAL THERAPY	FACILITY RENT	129,135	253,641
4.05	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	52,076	71,310
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	83,847	310,956
4.07	50.00	OPERATING ROOM	CONTRACT SERVICES	10,984,159	28,485,058
4.08	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	12,839,233	18,864,060
4.09	0.00			0	0
4.10	0.00			0	0
4.11	0.00			0	0
4.12	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	25,475	25,475
4.13	60.00	LABORATORY	FACILITY RENT	25,878	25,878
4.14	0.00			0	0
4.15	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	5,555,055	19,039,314
4.16	50.00	OPERATING ROOM	CONTRACT SERVICES	7,485,738	8,755,330
4.17	50.00	OPERATING ROOM	CONTRACT SERVICES	3,292,001	3,689,531
4.18	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	4,406,353	4,938,448
4.19	50.00	OPERATING ROOM	CONTRACT SERVICES	13,472,601	14,254,345
4.20	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	24,591,494	28,040,081
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	CONTRACT SERVICES	56,608	0
4.22	13.00	NURSING ADMINISTRATION	MANAGEMENT SERVICES	328,929	361,622
4.23	50.00	OPERATING ROOM	MANAGEMENT SERVICES	532,558	589,076
4.24	54.00	RADIOLOGY-DIAGNOSTIC	MANAGEMENT SERVICES	102,529	118,872
4.25	55.00	RADIOLOGY-THERAPEUTIC	MANAGEMENT SERVICES	51,803	59,890
4.26	59.00	CARDIAC CATHETERIZATION	MANAGEMENT SERVICES	51,194	158,316
4.27	91.00	EMERGENCY	MANAGEMENT SERVICES	138,339	173,722
4.28	192.00	PHYSICIANS' PRIVATE OFFICES	MANAGEMENT SERVICES	124,162	124,162
4.29	194.00	MISC NONREIMBURSABLE	MANAGEMENT SERVICES	96,429	96,429
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	36,150,992	72,825,694
4.31	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	66,299,766	126,737,425
4.32	7.00	OPERATION OF PLANT	HOME OFFICE	20,308,328	33,064,608
4.33	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	2,289,197	3,266,424
4.34	9.00	HOUSEKEEPING	HOME OFFICE	5,064,300	8,160,464
4.35	10.00	DIETARY	HOME OFFICE	2,903,343	4,573,953
4.36	13.00	NURSING ADMINISTRATION	HOME OFFICE	2,973,033	3,420,103
4.37	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	3,542,460	4,774,387
4.38	15.00	PHARMACY	HOME OFFICE	8,092,283	14,355,944
4.39	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	199,615	311,363
4.40	17.00	SOCIAL SERVICE	HOME OFFICE	6,993,791	9,424,564
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			239,671,340	409,666,026

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00

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

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8-1

Date/Time Prepared:  
2/28/2024 1:09 pm

	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	
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVANSVILLE SURG	50.00	10.05
10.06	C		0.00	PROGRESSIVE HEA	51.00	10.06
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TROC	51.00	10.15
10.16	C		0.00	MAINSPIRING MANA	51.00	10.16
10.17	C		0.00	VASC MED, LLC	51.00	10.17
10.18	C		0.00	VASC MED, LLC	51.00	10.18
10.19	C		0.00	ORTHOALIGN	51.00	10.19
10.20	B		100.00	DEACONESS HEALT	0.00	10.20
10.21	B		100.00	DEACONESS HEALT	0.00	10.21
10.22	B		100.00	DEACONESS HEALT	0.00	10.22
10.23	B		100.00	DEACONESS HEALT	0.00	10.23
10.24	B		100.00	DEACONESS HEALT	0.00	10.24
10.25	B		100.00	DEACONESS HEALT	0.00	10.25
10.26	B		100.00	DEACONESS HEALT	0.00	10.26
10.27	B		100.00	DEACONESS HEALT	0.00	10.27
10.28	B		100.00	DEACONESS HEALT	0.00	10.28
10.29	B		100.00	DEACONESS HEALT	0.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	C		0.00	HRS	95.00	10.32
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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8-1

Date/Time Prepared:  
2/28/2024 1:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	2,637	0	1.00
2.00	-16,353	0	2.00
3.00	14,870	0	3.00
4.00	-364	0	4.00
4.01	57,581	0	4.01
4.02	8,236	0	4.02
4.03	46,448	0	4.03
4.04	-124,506	0	4.04
4.05	-19,234	0	4.05
4.06	-227,109	0	4.06
4.07	-17,500,899	0	4.07
4.08	-6,024,827	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	-13,484,259	0	4.15
4.16	-1,269,592	0	4.16
4.17	-397,530	0	4.17
4.18	-532,095	0	4.18
4.19	-781,744	0	4.19
4.20	-3,448,587	0	4.20
4.21	56,608	0	4.21
4.22	-32,693	0	4.22
4.23	-56,518	0	4.23
4.24	-16,343	0	4.24
4.25	-8,087	0	4.25
4.26	-107,122	0	4.26
4.27	-35,383	0	4.27
4.28	0	0	4.28
4.29	0	0	4.29
4.30	-36,674,702	0	4.30
4.31	-60,437,659	0	4.31
4.32	-12,756,280	0	4.32
4.33	-977,227	0	4.33
4.34	-3,096,164	0	4.34
4.35	-1,670,610	0	4.35
4.36	-447,070	0	4.36
4.37	-1,231,927	0	4.37
4.38	-6,263,661	0	4.38
4.39	-111,748	0	4.39
4.40	-2,430,773	0	4.40
5.00	-169,994,686	0	5.00

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

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

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	HEALTH SYSTEM	6.00
7.00	HEALTH SYSTEM	7.00
8.00	HEALTH SYSTEM	8.00
9.00	HEALTH SYSTEM	9.00
10.00	HEALTH SYSTEM	10.00
10.01	HEALTH SYSTEM	10.01

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

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8-1

Date/Time Prepared:  
2/28/2024 1:09 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	SURGERY		10.05
10.06	THERAPY SERVICE		10.06
10.07	CLINIC		10.07
10.08	CLINIC		10.08
10.09	CLINIC		10.09
10.10	CLINIC		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	RADIATION THERA		10.15
10.16	SURGERY		10.16
10.17	SURGERY		10.17
10.18	SURGERY		10.18
10.19	SURGERY		10.19
10.20	HEALTH SYSTEM		10.20
10.21	HEALTH SYSTEM		10.21
10.22	HEALTH SYSTEM		10.22
10.23	HEALTH SYSTEM		10.23
10.24	HEALTH SYSTEM		10.24
10.25	HEALTH SYSTEM		10.25
10.26	HEALTH SYSTEM		10.26
10.27	HEALTH SYSTEM		10.27
10.28	HEALTH SYSTEM		10.28
10.29	HEALTH SYSTEM		10.29
10.30	HEALTH SYSTEM		10.30
10.31	HEALTH SYSTEM		10.31
10.32	REV CYCLE BILLI		10.32
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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8-2

Date/Time Prepared:  
2/28/2024 1:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTMENT	550	550	0	179,000	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	793,763	13,270	780,493	179,000	6,240	2.00
3.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	179,000	0	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	179,000	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	30,382,955	27,140,928	3,242,027	211,500	20,754	5.00
6.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	10,206	10,206	0	211,500	2,700	6.00
7.00	32.00	AGGREGATE-CORONARY CARE UNIT	5,130	5,130	0	211,500	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	21,585,161	18,561,394	3,023,767	246,400	11,849	8.00
9.00	51.00	AGGREGATE-RECOVERY ROOM	419	0	419	246,400	9	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	640,536	1,411	639,125	271,900	2,556	10.00
11.00	57.00	AGGREGATE-CT SCAN	15,619	15,619	0	271,900	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	1,820,737	1,188,679	632,058	260,300	2,601	12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	35,096	35,096	0	211,500	0	13.00
14.00	74.00	AGGREGATE-RENAL DIALYSIS	2,938	0	2,938	211,500	20	14.00
15.00	76.01	AGGREGATE-PULMONARY REHAB	48,180	0	48,180	211,500	402	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	4,500	0	4,500	211,500	38	16.00
17.00	90.00	AGGREGATE-CLINIC	457,104	372,134	84,970	179,000	437	17.00
18.00	90.01	AGGREGATE-FAMILY PRACTICE	1,667	0	1,667	179,000	20	18.00
19.00	90.03	AGGREGATE-CHEMO	38,677	37,752	925	211,500	23	19.00
20.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	885,740	843,460	42,280	211,500	529	20.00
21.00	90.05	AGGREGATE-PAIN MANAGEMENT	1,480,125	1,450,066	30,059	211,500	261	21.00
22.00	90.06	AGGREGATE-WOUND CARE	290,580	289,555	1,025	211,500	10	22.00
23.00	90.07	AGGREGATE-SLEEP CENTER	1,622,037	1,575,232	46,805	211,500	514	23.00
24.00	90.08	AGGREGATE-HEMATOLOGY	45,887	45,887	0	211,500	0	24.00
25.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	461,782	457,547	4,235	211,500	39	25.00
26.00	91.00	AGGREGATE-EMERGENCY	28,697,470	17,206,754	11,490,716	211,500	78,860	26.00
27.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	7,743	7,643	100	211,500	1	27.00
28.00	95.00	AGGREGATE-AMBULANCE SERVICES	82,743	3,734	79,009	211,500	393	28.00
200.00			89,417,345	69,262,047	20,155,298		128,256	200.00



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8-2

Date/Time Prepared:  
2/28/2024 1:09 pm

	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	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	537,000	26,850	0	0	0	2.00
3.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,110,323	105,516	0	0	0	5.00
6.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	274,543	13,727	0	0	0	6.00
7.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	0	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	1,403,651	70,183	0	0	0	8.00
9.00	51.00	AGGREGATE-RECOVERY ROOM	1,066	53	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	334,123	16,706	0	0	0	10.00
11.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	325,500	16,275	0	0	0	12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	13.00
14.00	74.00	AGGREGATE-RENAL DIALYSIS	2,034	102	0	0	0	14.00
15.00	76.01	AGGREGATE-PULMONARY REHAB	40,876	2,044	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	3,864	193	0	0	0	16.00
17.00	90.00	AGGREGATE-CLINIC	37,607	1,880	0	0	0	17.00
18.00	90.01	AGGREGATE-FAMILY PRACTICE	1,721	86	0	0	0	18.00
19.00	90.03	AGGREGATE-CHEMO	2,339	117	0	0	0	19.00
20.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	53,790	2,690	0	0	0	20.00
21.00	90.05	AGGREGATE-PAIN MANAGEMENT	26,539	1,327	0	0	0	21.00
22.00	90.06	AGGREGATE-WOUND CARE	1,017	51	0	0	0	22.00
23.00	90.07	AGGREGATE-SLEEP CENTER	52,265	2,613	0	0	0	23.00
24.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	0	0	24.00
25.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	3,966	198	0	0	0	25.00
26.00	91.00	AGGREGATE-EMERGENCY	8,018,697	400,935	0	0	0	26.00
27.00	92.01	AGGREGATE-OBSERVATION BEDS (DI STINCT)	102	5	0	0	0	27.00
28.00	95.00	AGGREGATE-AMBULANCE SERVICES	39,961	1,998	0	0	0	28.00
200.00			13,270,984	663,549	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet A-8-2

Date/Time Prepared:  
2/28/2024 1:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	550		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	537,000	243,493	256,763		2.00
3.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0		3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	2,110,323	1,131,704	28,272,632		5.00
6.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	274,543	0	10,206		6.00
7.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	0	0	5,130		7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	1,403,651	1,620,116	20,181,510		8.00
9.00	51.00	AGGREGATE-RECOVERY ROOM	0	1,066	0	0		9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	334,123	305,002	306,413		10.00
11.00	57.00	AGGREGATE-CT SCAN	0	0	0	15,619		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	325,500	306,558	1,495,237		12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	35,096		13.00
14.00	74.00	AGGREGATE-RENAL DIALYSIS	0	2,034	904	904		14.00
15.00	76.01	AGGREGATE-PULMONARY REHAB	0	40,876	7,304	7,304		15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	3,864	636	636		16.00
17.00	90.00	AGGREGATE-CLINIC	0	37,607	47,363	419,497		17.00
18.00	90.01	AGGREGATE-FAMILY PRACTICE	0	1,721	0	0		18.00
19.00	90.03	AGGREGATE-CHEMO	0	2,339	0	37,752		19.00
20.00	90.04	AGGREGATE-PRIMARY CARE FOR SENIORS	0	53,790	0	843,460		20.00
21.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	26,539	3,520	1,453,586		21.00
22.00	90.06	AGGREGATE-WOUND CARE	0	1,017	8	289,563		22.00
23.00	90.07	AGGREGATE-SLEEP CENTER	0	52,265	0	1,575,232		23.00
24.00	90.08	AGGREGATE-HEMATOLOGY	0	0	0	45,887		24.00
25.00	90.09	AGGREGATE-MULTI-SPECIALTY SERVICES	0	3,966	269	457,816		25.00
26.00	91.00	AGGREGATE-EMERGENCY	0	8,018,697	3,472,019	20,678,773		26.00
27.00	92.01	AGGREGATE-OBSERVATION BEDS (DISTINCT)	0	102	0	7,643		27.00
28.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	39,961	39,048	42,782		28.00
200.00			0	13,270,984	7,177,944	76,439,991		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	45,472,175	45,472,175				1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT	0	0	0			1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP	34,633,512			34,633,512		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	29,290,668		0	7,084	29,504,832	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	66,639,515	1,269,118	0	12,831,675	4,009,734	5.00
7.00 00700 OPERATION OF PLANT	5,531,468	0	0	272,453	319,028	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,426,417	0	0	133,887	92,739	8.00
9.00 00900 HOUSEKEEPING	5,570,867	0	0	80,331	477,313	9.00
10.00 01000 DIETARY	5,444,767	84,951	0	170,113	82,473	10.00
11.00 01100 CAFETERIA	2,051,908	552,153	0	0	41,908	11.00
13.00 01300 NURSING ADMINISTRATION	7,841,287	0	0	1,041,595	516,620	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,305,713	11,943	0	281,604	222,963	14.00
15.00 01500 PHARMACY	6,375,392	0	0	901,962	820,016	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	916,795	13,293	0	0	673	16.00
17.00 01700 SOCIAL SERVICE	7,195,267	0	0	74,937	624,150	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,805,082	139,343	0	0	137,565	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,090,270	36,348	0	0	131,305	22.00
23.00 02300 PARAMED ED PRGM-PHARMACY	335,775	10,515	0	26,147	20,551	23.00
23.01 02301 PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03 02303 PARAMED ED PRGM-NURSING	1,263,573	74,695	0	7,469	96,297	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	79,490,028	8,720,388	0	778,307	6,066,826	30.00
31.00 03100 INTENSIVE CARE UNIT	26,923,364	1,955,187	0	206,668	1,507,422	31.00
32.00 03200 CORONARY CARE UNIT	5,428,653	223,514	0	23,442	291,803	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	58,648,363	3,642,878	0	8,087,624	3,077,607	50.00
51.00 05100 RECOVERY ROOM	8,495,430	1,253,436	0	214,407	494,527	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,876,460	1,299,053	0	2,329,467	561,987	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	10,987,600	433,191	0	50,357	277,787	55.00
56.00 05600 RADIOISOTOPE	3,337,276	101,307	0	13,599	54,846	56.00
57.00 05700 CT SCAN	6,017,281	107,798	0	918,364	279,128	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,532,500	175,873	0	1,626,813	161,784	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,942,206	1,634,935	0	1,583,270	515,814	59.00
60.00 06000 LABORATORY	39,555,774	1,049,679	0	851,940	1,225,885	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	4,484,246	15,344	0	2,325	69,980	63.00
64.00 06400 INTRAVENOUS THERAPY	3,199,891	33,103	0	26,269	139,098	64.00
65.00 06500 RESPIRATORY THERAPY	7,307,316	198,071	0	385,409	354,785	65.00
66.00 06600 PHYSICAL THERAPY	13,747,567	200,901	0	94,759	0	66.00
69.00 06900 ELECTROCARDIOLOGY	6,511,513	485,792	0	311,735	225,019	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,361,825	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	64,203,453	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	88,487,426	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	3,393,727	15,266	0	292,250	103,820	74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01 03160 PULMONARY REHAB	264,217	0	0	18,257	13,904	76.01
76.97 07697 CARDIAC REHABILITATION	780,698	0	0	9,416	41,878	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	3,025,548	580,141	0	1,228	204,707	90.00
90.01 09001 FAMILY PRACTICE	1,817,355	96,582	0	26,879	74,743	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	2,060,537	0	0	1,005	116,905	90.02
90.03 09003 CHEMO	2,808,035	240,987	0	57,968	157,746	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	945,909	0	0	7,029	104,221	90.04
90.05 09005 PAIN MANAGEMENT	2,320,347	232,705	0	32,585	246,357	90.05
90.06 09006 WOUND CARE	2,210,787	93,311	0	5,295	114,417	90.06
90.07 09007 SLEEP CENTER	2,754,180	327,574	0	13,545	263,472	90.07
90.08 09008 HEMATOLOGY	1,094,180	216,349	0	176	67,736	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	1,369,578	186,336	0	9,538	105,598	90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0	90.10
90.11 09011 DERMATOLOGY	3,032,166	368,855	0	46,038	110,341	90.11
90.12 09012 DH RHEUMATOLOGY 4TH STREET	549,235	258,512	0	14,987	33,114	90.12
90.13 09013 MOB6 GI	1,710,911	0	0	0	78,111	90.13
91.00 09100 EMERGENCY	27,773,363	1,237,028	0	283,175	2,094,793	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	8,643,152	755,338	0	0	466,533	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	1,012,103	0	0	0	64,275	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	11,997,106	128,438	0	217,109	214,829	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
102.00 10200 OPIOID TREATMENT PROGRAM	0	1.00	1.01	2.00	4.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	786,291,757	28,667,311	0	34,370,492	27,575,133
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,586,686	380,927	0	0	41,666	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	16,130,173	1,811,145	0	184,827	1,039,061	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	-59,998	0	0	0	228,822	192.02
192.03 19203 FAMILY PHARMACY	45,902,215	94,583	0	31,751	165,294	192.03
194.00 07950 MISC NONREIMBURSABLE	2,774,551	1,149,351	0	2,925	105,727	194.00
194.01 07951 OCCUPATIONAL HEALTH	974	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	2,223,907	1,347,733	0	17,277	52,043	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	805,865	74,747	0	5,702	88,072	194.04
194.05 07955 CHILD CARE CENTER	1,809,608	0	0	20,538	202,284	194.05
194.06 07956 CENTER OF LIFE BALANCE	15,588	0	0	0	752	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	9,087	0	0	0	194.07
194.08 07958 HEALTHSOUTH	8,509	341,282	0	0	5,978	194.08
194.09 07959 HOME OFFICE	0	11,596,009	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	859,489,835	45,472,175	0	34,633,512	29,504,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
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Worksheet B  
Part I  
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2/28/2024 1:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	84,750,042				5.00
7.00	00700	OPERATION OF PLANT	2,297,792	8,420,741			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	310,183	168,435	2,131,661		8.00
9.00	00900	HOUSEKEEPING	932,482	108,963	0	7,169,956	9.00
10.00	01000	DIETARY	723,748	124,131	16,248	109,294	6,755,725
11.00	01100	CAFETERIA	245,254	139,463	0	122,793	0
13.00	01300	NURSING ADMINISTRATION	969,733	47,091	0	41,462	0
14.00	01400	CENTRAL SERVICES & SUPPLY	446,419	149,464	21,421	131,598	0
15.00	01500	PHARMACY	1,436,105	93,251	0	82,104	0
16.00	01600	MEDICAL RECORDS & LIBRARY	113,757	55,924	0	49,240	0
17.00	01700	SOCIAL SERVICE	1,021,669	34,769	0	30,613	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	204,800	28,461	0	25,059	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	220,086	9,181	0	8,083	0
23.00	02300	PARAMED PRGM-PHARMACY	38,045	2,656	0	2,338	0
23.01	02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	0
23.03	02303	PARAMED PRGM-NURSING	141,964	18,867	0	16,611	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,896,029	2,181,065	1,263,745	1,920,361	4,691,509
31.00	03100	INTENSIVE CARE UNIT	2,952,171	493,823	100,742	434,795	937,387
32.00	03200	CORONARY CARE UNIT	575,886	56,455	49,358	49,707	171,075
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	8,866,464	788,940	225,286	694,637	0
51.00	05100	RECOVERY ROOM	960,129	316,594	63,405	278,751	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,356,563	309,872	63,648	272,833	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,312,178	109,416	0	96,337	0
56.00	05600	RADIOISOTOPE	324,992	25,588	2,498	22,530	0
57.00	05700	CT SCAN	712,292	19,601	24,987	17,258	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,422	40,742	39,112	0
59.00	05900	CARDIAC CATHETERIZATION	4,098,257	251,653	61,311	221,572	0
60.00	06000	LABORATORY	4,155,660	252,813	426	222,594	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	423,502	10,525	350	9,267	0
64.00	06400	INTRAVENOUS THERAPY	324,635	8,361	0	7,362	0
65.00	06500	RESPIRATORY THERAPY	805,132	50,029	0	44,049	0
66.00	06600	PHYSICAL THERAPY	1,276,555	50,744	34,906	44,678	0
69.00	06900	ELECTROCARDIOLOGY	710,282	137,201	14,894	120,801	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,396,343	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,836,222	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,043,684	0	0	0	0
74.00	07400	RENAL DIALYSIS	363,383	3,856	0	3,395	0
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	29,176	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	80,420	32,998	0	29,054	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	407,209	118,249	0	104,114	0
90.01	09001	FAMILY PRACTICE	183,727	24,395	690	21,479	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	211,235	0	0	0	0
90.03	09003	CHEMO	318,025	59,079	116	52,017	0
90.04	09004	PRIMARY CARE FOR SENIORS	184,546	0	367	0	0
90.05	09005	PAIN MANAGEMENT	425,447	58,777	2,477	51,751	0
90.06	09006	WOUND CARE	259,578	23,568	3,952	20,751	0
90.07	09007	SLEEP CENTER	478,278	22,408	0	19,729	0
90.08	09008	HEMATOLOGY	137,126	54,646	0	48,114	0
90.09	09009	MULTI-SPECIALTY SERVICES	205,448	47,065	0	41,439	0
90.10	09010	DIABETES CENTER	0	0	0	0	0
90.11	09011	DERMATOLOGY	335,958	0	0	0	0
90.12	09012	DH RHEUMATOLOGY 4TH STREET	81,538	0	0	0	0
90.13	09013	MOB6 GI	171,452	0	0	0	0
91.00	09100	EMERGENCY	4,969,693	312,449	131,954	275,102	116,551
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	950,153	260,597	1,357	229,448	610,268
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	108,996	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,165,773	32,441	0	28,563	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,196,174	7,138,286	2,124,880	6,040,795	6,526,790
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	369,156	96,215	0	84,714	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

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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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,859,546	461,093	0	405,978	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	41,202	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	4,217,789	23,890	0	21,034	0	192.03
194.00	07950	MISC NONREIMBURSABLE	378,503	290,304	478	255,603	228,935	194.00
194.01	07951	OCCUPATIONAL HEALTH	89	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	337,123	303,577	0	267,290	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	107,442	18,880	0	16,623	0	194.04
194.05	07955	CHILD CARE CENTER	207,609	0	6,303	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	1,570	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	826	2,295	0	2,021	0	194.07
194.08	07958	HEALTHSOUTH	33,013	86,201	0	75,898	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	84,750,042	8,420,741	2,131,661	7,169,956	6,755,725	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:  
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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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,153,479					11.00
13.00	01300	98,165	10,555,953				13.00
14.00	01400	54,144	0	3,625,269			14.00
15.00	01500	118,684	0	32,467	9,859,981		15.00
16.00	01600	181	0	7	0	1,149,870	16.00
17.00	01700	93,103	0	136	0	0	17.00
21.00	02100	21,513	0	0	0	0	21.00
22.00	02200	7,231	0	0	0	0	22.00
23.00	02300	2,712	0	3	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.03	02303	14,282	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	712,101	3,972,478	90,035	63	71,393	30.00
31.00	03100	203,109	1,133,048	70,685	14	31,174	31.00
32.00	03200	37,151	207,246	15,092	0	6,474	32.00
40.00	04000	0	0	0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	247,582	1,381,139	506,361	2,817	198,816	50.00
51.00	05100	70,776	394,827	24,966	49	14,495	51.00
54.00	05400	94,820	528,957	66,213	332	55,854	54.00
55.00	05500	42,032	0	53,466	1,502	40,488	55.00
56.00	05600	7,051	0	16,987	0	6,834	56.00
57.00	05700	44,382	0	14,331	0	56,618	57.00
58.00	05800	26,304	0	8,280	0	19,177	58.00
59.00	05900	61,737	0	212,904	1,569	69,221	59.00
60.00	06000	284,009	0	278,471	73	88,642	60.00
63.00	06300	11,299	0	75,451	0	7,858	63.00
64.00	06400	17,536	0	19,671	7	4,134	64.00
65.00	06500	55,771	311,122	25,421	161	29,182	65.00
66.00	06600	0	0	8,346	10	29,408	66.00
69.00	06900	31,908	0	23,674	222	27,364	69.00
71.00	07100	0	0	586,366	0	40,928	71.00
72.00	07200	0	0	1,428,078	0	38,758	72.00
73.00	07300	0	0	0	7,362,878	156,820	73.00
74.00	07400	13,468	0	18,683	0	4,216	74.00
76.00	03030	0	0	0	0	0	76.00
76.01	03160	3,073	17,144	17	0	147	76.01
76.97	07697	8,678	0	107	1	1,332	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	28,202	0	2,288	0	1,458	90.00
90.01	09001	14,463	0	1,606	6,998	1,063	90.01
90.02	09002	26,575	148,249	29	0	3,103	90.02
90.03	09003	24,044	134,130	9,148	0	11,741	90.03
90.04	09004	11,751	65,552	457	0	334	90.04
90.05	09005	26,213	146,232	1,031	2,084	3,342	90.05
90.06	09006	18,801	104,884	1,413	0	5,475	90.06
90.07	09007	33,535	187,076	1,454	0	3,326	90.07
90.08	09008	15,457	86,227	368	0	880	90.08
90.09	09009	16,722	93,286	275	0	1,342	90.09
90.10	09010	0	0	0	0	0	90.10
90.11	09011	25,400	141,694	11,519	0	0	90.11
90.12	09012	7,322	40,844	85	6	0	90.12
90.13	09013	20,157	112,448	1,548	100	97,444	90.13
91.00	09100	160,716	896,555	8,362	585	0	91.00
92.00	09200						92.00
92.01	09201	67,613	377,178	9,467	0	7,704	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	13,559	75,637	0	0	0	95.00
96.00	09600	53,602	0	0	42	13,325	96.00
102.00	10200	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		2,946,934	10,555,953	3,625,268	7,379,513	1,149,870	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,299	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,974	0	0	6,121	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	6,237	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	23,411	0	0	2,474,347	192.03
194.00	07950	MISC NONREIMBURSABLE	21,875	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	4,972	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	194.03
194.04	07954	PR	14,011	0	1	0	194.04
194.05	07955	CHILD CARE CENTER	56,314	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	452	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,153,479	10,555,953	3,625,269	9,859,981	1,149,870



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-CHAPLAIN
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-PHARMACY	
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
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	9,074,644				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,361,823			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,502,504		22.00
23.00 02300	PARAMED PRGM-PHARMACY	0			438,742	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0				0 23.01
23.03 02303	PARAMED PRGM-NURSING	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,365,467	1,396,245	1,479,413	262,603	0 30.00
31.00 03100	INTENSIVE CARE UNIT	1,440,592	36,471	38,643	84,641	0 31.00
32.00 03200	CORONARY CARE UNIT	268,585	0	0	6,773	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	45,610	48,327	2,954	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	8,504	0 51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIO SOTOP	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	53,543	56,732	5,427	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	1,745	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	206	0 74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0 76.00
76.01 03160	PULMONARY REHAB	0	0	0	0	0 76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	866	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	FAMILY PRACTICE	0	674,887	715,086	0	0 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0 90.02
90.03 09003	CHEMO	0	0	0	481	0 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	40,049	42,435	0	0 90.04
90.05 09005	PAIN MANAGEMENT	0	9,657	10,232	0	0 90.05
90.06 09006	WOUND CARE	0	4,915	5,207	769	0 90.06
90.07 09007	SLEEP CENTER	0	0	0	0	0 90.07
90.08 09008	HEMATOLOGY	0	1,552	1,644	0	0 90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0 90.09
90.10 09010	DIABETES CENTER	0	0	0	0	0 90.10
90.11 09011	DERMATOLOGY	0	15,476	16,398	0	0 90.11
90.12 09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	0 90.12
90.13 09013	MOB6 GI	0	0	0	0	0 90.13
91.00 09100	EMERGENCY	0	83,418	88,387	24,454	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	39,319	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,074,644	2,361,823	2,502,504	438,742	0 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN			
		SERVICES-SALAR	SERVICES-OTHER					
		Y & FRINGES	PRGM COSTS					
	17.00	21.00	22.00	23.00	23.01			
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	0	0	0	0	192.03
194.00	07950	MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	0	0	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,074,644	2,361,823	2,502,504	438,742	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01
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
23.00	02300	PARAMED PRGM-PHARMACY				23.00
23.01	02301	PARAMED PRGM-CHAPLAIN				23.01
23.03	02303	PARAMED PRGM-NURSING	1,633,758			23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	977,870	133,335,926	-2,875,658	130,460,268
31.00	03100	INTENSIVE CARE UNIT	315,180	38,865,116	-75,114	38,790,002
32.00	03200	CORONARY CARE UNIT	25,221	7,436,435	0	7,436,435
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	10,999	86,476,404	-93,937	86,382,467
51.00	05100	RECOVERY ROOM	31,666	12,621,962	0	12,621,962
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,816,059	0	18,816,059
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,404,354	0	13,404,354
56.00	05600	RADIOISOTOPE	0	3,913,508	0	3,913,508
57.00	05700	CT SCAN	0	8,212,040	0	8,212,040
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,675,007	0	5,675,007
59.00	05900	CARDIAC CATHETERIZATION	20,207	20,790,358	-110,275	20,680,083
60.00	06000	LABORATORY	0	47,965,966	0	47,965,966
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,110,147	0	5,110,147
64.00	06400	INTRAVENOUS THERAPY	6,497	3,788,309	0	3,788,309
65.00	06500	RESPIRATORY THERAPY	0	9,566,448	0	9,566,448
66.00	06600	PHYSICAL THERAPY	0	15,487,874	0	15,487,874
69.00	06900	ELECTROCARDIOLOGY	0	8,600,405	0	8,600,405
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,385,462	0	29,385,462
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	71,506,511	0	71,506,511
73.00	07300	DRUGS CHARGED TO PATIENTS	0	104,050,808	0	104,050,808
74.00	07400	RENAL DIALYSIS	767	4,213,037	0	4,213,037
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0
76.01	03160	PULMONARY REHAB	0	345,935	0	345,935
76.97	07697	CARDIAC REHABILITATION	3,223	988,671	0	988,671
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	4,473,144	0	4,473,144
90.01	09001	FAMILY PRACTICE	0	3,659,953	-1,389,973	2,269,980
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,567,638	0	2,567,638
90.03	09003	CHEMO	1,791	3,875,308	0	3,875,308
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,402,650	-82,484	1,320,166
90.05	09005	PAIN MANAGEMENT	0	3,569,237	-19,889	3,549,348
90.06	09006	WOUND CARE	2,865	2,875,988	-10,122	2,865,866
90.07	09007	SLEEP CENTER	0	4,104,577	0	4,104,577
90.08	09008	HEMATOLOGY	0	1,724,455	-3,196	1,721,259
90.09	09009	MULTI-SPECIALTY SERVICES	0	2,076,627	0	2,076,627
90.10	09010	DIABETES CENTER	0	0	0	0
90.11	09011	DERMATOLOGY	0	4,103,845	-31,874	4,071,971
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	985,643	0	985,643
90.13	09013	MOB6 GI	0	2,192,171	0	2,192,171
91.00	09100	EMERGENCY	91,060	38,547,645	-171,805	38,375,840
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	146,412	12,564,539	0	12,564,539
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	1,274,570	0	1,274,570
96.00	09600	DURABLE MEDICAL EQUIP-P-RENTED	0	13,851,228	0	13,851,228
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,633,758	754,405,960	-4,864,327	749,541,633	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,570,663	0	4,570,663	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	21,965,918	0	21,965,918	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	0	216,263	0	216,263	192.02
192.03	19203 FAMILY PHARMACY	0	52,954,314	0	52,954,314	192.03
194.00	07950 MISC NONREIMBURSABLE	0	5,208,252	0	5,208,252	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	1,063	0	1,063	194.01
194.02	07952 OTHER FACILITIES	0	4,553,922	0	4,553,922	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	194.03
194.04	07954 PR	0	1,131,343	0	1,131,343	194.04
194.05	07955 CHILD CARE CENTER	0	2,302,656	0	2,302,656	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	17,910	0	17,910	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	14,229	0	14,229	194.07
194.08	07958 HEALTHSOUTH	0	551,333	0	551,333	194.08
194.09	07959 HOME OFFICE	0	11,596,009	0	11,596,009	194.09
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,633,758	859,489,835	-4,864,327	854,625,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1. 00	2. 00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	207,080	0	7,084	214,164 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,269,118	0	12,831,675	14,100,793 5.00
7.00 00700	OPERATION OF PLANT	0	0	0	272,453	272,453 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	133,887	133,887 8.00
9.00 00900	HOUSEKEEPING	0	0	0	80,331	80,331 9.00
10.00 01000	DIETARY	0	84,951	0	170,113	255,064 10.00
11.00 01100	CAFETERIA	0	552,153	0	0	552,153 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	1,041,595	1,041,595 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	11,943	0	281,604	293,547 14.00
15.00 01500	PHARMACY	0	0	0	901,962	901,962 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	13,293	0	0	13,293 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	74,937	74,937 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	139,343	0	0	139,343 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	36,348	0	0	36,348 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	10,515	0	26,147	36,662 23.00
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0 23.01
23.03 02303	PARAMED ED PRGM-NURSING	0	74,695	0	7,469	82,164 23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	8,720,388	0	778,307	9,498,695 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,955,187	0	206,668	2,161,855 31.00
32.00 03200	CORONARY CARE UNIT	0	223,514	0	23,442	246,956 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	3,642,878	0	8,087,624	11,730,502 50.00
51.00 05100	RECOVERY ROOM	0	1,253,436	0	214,407	1,467,843 51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,299,053	0	2,329,467	3,628,520 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	433,191	0	50,357	483,548 55.00
56.00 05600	RADIOISOTOPE	0	101,307	0	13,599	114,906 56.00
57.00 05700	CT SCAN	0	107,798	0	918,364	1,026,162 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	175,873	0	1,626,813	1,802,686 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	1,634,935	0	1,583,270	3,218,205 59.00
60.00 06000	LABORATORY	0	1,049,679	0	851,940	1,901,619 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	15,344	0	2,325	17,669 63.00
64.00 06400	INTRAVENOUS THERAPY	0	33,103	0	26,269	59,372 64.00
65.00 06500	RESPIRATORY THERAPY	0	198,071	0	385,409	583,480 65.00
66.00 06600	PHYSICAL THERAPY	0	200,901	0	94,759	295,660 66.00
69.00 06900	ELECTROCARDIOLOGY	0	485,792	0	311,735	797,527 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	15,266	0	292,250	307,516 74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0 76.00
76.01 03160	PULMONARY REHAB	0	0	0	18,257	18,257 76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	9,416	9,416 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	580,141	0	1,228	581,369 90.00
90.01 09001	FAMILY PRACTICE	0	96,582	0	26,879	123,461 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	1,005	1,005 90.02
90.03 09003	CHEMO	0	240,987	0	57,968	298,955 90.03
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	0	7,029	7,029 90.04
90.05 09005	PAIN MANAGEMENT	0	232,705	0	32,585	265,290 90.05
90.06 09006	WOUND CARE	0	93,311	0	5,295	98,606 90.06
90.07 09007	SLEEP CENTER	0	327,574	0	13,545	341,119 90.07
90.08 09008	HEMATOLOGY	0	216,349	0	176	216,525 90.08
90.09 09009	MULTI-SPECIALTY SERVICES	0	186,336	0	9,538	195,874 90.09
90.10 09010	DIABETES CENTER	0	0	0	0	0 90.10
90.11 09011	DERMATOLOGY	0	368,855	0	46,038	414,893 90.11
90.12 09012	DH RHEUMATOLOGY 4TH STREET	0	258,512	0	14,987	273,499 90.12
90.13 09013	MOB6 GI	0	0	0	0	0 90.13
91.00 09100	EMERGENCY	0	1,237,028	0	283,175	1,520,203 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	755,338	0	0	755,338 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	128,438	0	217,109	345,547 96.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	28,667,311	0	34,370,492	63,037,803 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	380,927	0	0	380,927 190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,811,145	0	184,827	1,995,972 192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02	19202 HENDERSON ER PHYSICIANS	0	0	0	0	0 192.02
192.03	19203 FAMILY PHARMACY	0	94,583	0	31,751	126,334 192.03
194.00	07950 MISC NONREIMBURSABLE	0	1,149,351	0	2,925	1,152,276 194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0 194.01
194.02	07952 OTHER FACILITIES	0	1,347,733	0	17,277	1,365,010 194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0 194.03
194.04	07954 PR	0	74,747	0	5,702	80,449 194.04
194.05	07955 CHILD CARE CENTER	0	0	0	20,538	20,538 194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0 194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	9,087	0	0	9,087 194.07
194.08	07958 HEALTHSOUTH	0	341,282	0	0	341,282 194.08
194.09	07959 HOME OFFICE	0	11,596,009	0	0	11,596,009 194.09
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	45,472,175	0	34,633,512	80,105,687 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	214,164				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,096	14,129,889			5.00
7.00	00700	OPERATION OF PLANT	2,315	383,109	657,877		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	673	51,717	13,159	199,436	8.00
9.00	00900	HOUSEKEEPING	3,464	155,472	8,513	0	247,780
10.00	01000	DIETARY	598	120,670	9,698	1,520	3,777
11.00	01100	CAFETERIA	304	40,891	10,896	0	4,243
13.00	01300	NURSING ADMINISTRATION	3,749	161,683	3,679	0	1,433
14.00	01400	CENTRAL SERVICES & SUPPLY	1,618	74,431	11,677	2,004	4,548
15.00	01500	PHARMACY	5,950	239,440	7,285	0	2,837
16.00	01600	MEDICAL RECORDS & LIBRARY	5	18,967	4,369	0	1,702
17.00	01700	SOCIAL SERVICE	4,529	170,342	2,716	0	1,058
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	998	34,146	2,223	0	866
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	953	36,695	717	0	279
23.00	02300	PARAMED ED PRGM-PHARMACY	149	6,343	207	0	81
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0
23.03	02303	PARAMED ED PRGM-NURSING	699	23,670	1,474	0	574
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	44,095	1,983,008	170,401	118,232	66,365
31.00	03100	INTENSIVE CARE UNIT	10,938	492,212	38,580	9,425	15,026
32.00	03200	CORONARY CARE UNIT	2,117	96,017	4,411	4,618	1,718
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	22,332	1,478,297	61,637	21,078	24,005
51.00	05100	RECOVERY ROOM	3,588	160,081	24,734	5,932	9,633
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,078	226,178	24,209	5,955	9,429
55.00	05500	RADIOLOGY-THERAPEUTIC	2,016	218,778	8,548	0	3,329
56.00	05600	RADIOISOTOPE	398	54,186	1,999	234	779
57.00	05700	CT SCAN	2,025	118,760	1,531	2,338	596
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,174	0	3,471	3,812	1,352
59.00	05900	CARDIAC CATHETERIZATION	3,743	683,298	19,661	5,736	7,657
60.00	06000	LABORATORY	8,895	692,869	19,751	40	7,692
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	508	70,610	822	33	320
64.00	06400	INTRAVENOUS THERAPY	1,009	54,126	653	0	254
65.00	06500	RESPIRATORY THERAPY	2,574	134,239	3,909	0	1,522
66.00	06600	PHYSICAL THERAPY	0	212,839	3,964	3,266	1,544
69.00	06900	ELECTROCARDIOLOGY	1,633	118,425	10,719	1,393	4,175
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	399,540	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	973,068	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,341,115	0	0	0
74.00	07400	RENAL DIALYSIS	753	60,587	301	0	117
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	101	4,865	0	0	0
76.97	07697	CARDIAC REHABILITATION	304	13,408	2,578	0	1,004
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,485	67,894	9,238	0	3,598
90.01	09001	FAMILY PRACTICE	542	30,633	1,906	65	742
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	848	35,219	0	0	0
90.03	09003	CHEMO	1,145	53,024	4,616	11	1,798
90.04	09004	PRIMARY CARE FOR SENIORS	756	30,769	0	34	0
90.05	09005	PAIN MANAGEMENT	1,788	70,934	4,592	232	1,788
90.06	09006	WOUND CARE	830	43,279	1,841	370	717
90.07	09007	SLEEP CENTER	1,912	79,743	1,751	0	682
90.08	09008	HEMATOLOGY	492	22,863	4,269	0	1,663
90.09	09009	MULTI-SPECIALTY SERVICES	766	34,254	3,677	0	1,432
90.10	09010	DIABETES CENTER	0	0	0	0	0
90.11	09011	DERMATOLOGY	801	56,014	0	0	0
90.12	09012	DH RHEUMATOLOGY 4TH STREET	240	13,595	0	0	0
90.13	09013	MOB6 GI	567	28,586	0	0	0
91.00	09100	EMERGENCY	15,200	828,592	24,410	12,346	9,507
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,385	158,418	20,359	127	7,929
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	466	18,173	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,559	194,368	2,534	0	987
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	200,163	12,870,440	557,685	198,801	208,758

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4.00	5.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	302	61,549	7,517	0	2,928	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,540	310,040	36,023	0	14,030	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	1,660	6,870	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	1,199	703,228	1,866	0	727	192.03
194.00	07950	MISC NONREIMBURSABLE	767	63,107	22,680	45	8,833	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	15	0	0	0	194.01
194.02	07952	OTHER FACILITIES	378	56,208	23,717	0	9,237	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	639	17,914	1,475	0	574	194.04
194.05	07955	CHILD CARE CENTER	1,468	34,614	0	590	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	5	262	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	138	179	0	70	194.07
194.08	07958	HEALTHSOUTH	43	5,504	6,735	0	2,623	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	214,164	14,129,889	657,877	199,436	247,780	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet B Part II Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center	Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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	391,327					10.00
11.00	01100	CAFETERIA	0	608,487				11.00
13.00	01300	NURSING ADMINISTRATION	0	18,942	1,231,081			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,448	0	398,273		14.00
15.00	01500	PHARMACY	0	22,901	0	3,567	1,183,942	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	35	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	17,965	0	15	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,151	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,395	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	523	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	2,756	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	271,757	137,406	463,291	9,893	8	30.00
31.00	03100	INTENSIVE CARE UNIT	54,298	39,191	132,141	7,767	2	31.00
32.00	03200	CORONARY CARE UNIT	9,910	7,169	24,170	1,658	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	47,773	161,074	55,638	338	50.00
51.00	05100	RECOVERY ROOM	0	13,657	46,046	2,743	6	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,296	61,689	7,275	40	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,110	0	5,875	180	55.00
56.00	05600	RADIOISOTOPE	0	1,360	0	1,867	0	56.00
57.00	05700	CT SCAN	0	8,564	0	1,575	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,076	0	910	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,913	0	23,393	188	59.00
60.00	06000	LABORATORY	0	54,802	0	30,598	9	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,180	0	8,290	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,384	0	2,161	1	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,762	36,284	2,793	19	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	917	1	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,157	0	2,601	27	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	64,428	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	156,854	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	884,099	73.00
74.00	07400	RENAL DIALYSIS	0	2,599	0	2,053	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	593	1,999	2	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,674	0	12	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	5,442	0	251	0	90.00
90.01	09001	FAMILY PRACTICE	0	2,791	0	176	840	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	5,128	17,289	3	0	90.02
90.03	09003	CHEMO	0	4,639	15,643	1,005	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	2,267	7,645	50	0	90.04
90.05	09005	PAIN MANAGEMENT	0	5,058	17,054	113	250	90.05
90.06	09006	WOUND CARE	0	3,628	12,232	155	0	90.06
90.07	09007	SLEEP CENTER	0	6,471	21,818	160	0	90.07
90.08	09008	HEMATOLOGY	0	2,983	10,056	40	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	3,227	10,879	30	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0	4,901	16,525	1,266	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	1,413	4,763	9	1	90.12
90.13	09013	MOB6 GI	0	3,889	13,114	170	12	90.13
91.00	09100	EMERGENCY	6,751	31,011	104,560	919	70	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	35,350	13,046	43,988	1,040	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	2,616	8,821	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	10,343	0	0	5	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	378,066	568,635	1,231,081	398,273	886,096	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,180	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,116	0	0	735	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	1,203	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	4,517	0	0	297,111	192.03
194.00	07950	MISC NONREIMBURSABLE	13,261	4,221	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	959	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	0	2,703	0	0	0	194.04
194.05	07955	CHILD CARE CENTER	0	10,866	0	0	0	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	0	87	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	391,327	608,487	1,231,081	398,273	1,183,942	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet B Part II Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
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	38,372				16.00
17.00 01700	SOCIAL SERVICE	0	271,562			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	181,727		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	76,387	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	0	0	43,965	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	2,372	220,415			30.00
31.00 03100	INTENSIVE CARE UNIT	1,036	43,110			31.00
32.00 03200	CORONARY CARE UNIT	215	8,037			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,775	0			50.00
51.00 05100	RECOVERY ROOM	482	0			51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,856	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,345	0			55.00
56.00 05600	RADIOISOTOPE	227	0			56.00
57.00 05700	CT SCAN	1,881	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	637	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	2,300	0			59.00
60.00 06000	LABORATORY	2,945	0			60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	261	0			63.00
64.00 06400	INTRAVENOUS THERAPY	137	0			64.00
65.00 06500	RESPIRATORY THERAPY	970	0			65.00
66.00 06600	PHYSICAL THERAPY	977	0			66.00
69.00 06900	ELECTROCARDIOLOGY	909	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,360	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,288	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,210	0			73.00
74.00 07400	RENAL DIALYSIS	140	0			74.00
76.00 03030	ANGIOCARDIOGRAPHY	0	0			76.00
76.01 03160	PULMONARY REHAB	5	0			76.01
76.97 07697	CARDIAC REHABILITATION	44	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	48	0			90.00
90.01 09001	FAMILY PRACTICE	35	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	103	0			90.02
90.03 09003	CHEMO	390	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	11	0			90.04
90.05 09005	PAIN MANAGEMENT	111	0			90.05
90.06 09006	WOUND CARE	182	0			90.06
90.07 09007	SLEEP CENTER	110	0			90.07
90.08 09008	HEMATOLOGY	29	0			90.08
90.09 09009	MULTI-SPECIALTY SERVICES	45	0			90.09
90.10 09010	DIABETES CENTER	0	0			90.10
90.11 09011	DERMATOLOGY	0	0			90.11
90.12 09012	DH RHEUMATOLOGY 4TH STREET	0	0			90.12
90.13 09013	MOB6 GI	3,237	0			90.13
91.00 09100	EMERGENCY	0	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	256	0			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	443	0			96.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0			102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
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2/28/2024 1:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00		21.00	22.00	23.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					118.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00		
192.01	19201	DEACONESS URGENT CARE	0	0		192.01		
192.02	19202	HENDERSON ER PHYSICIANS	0	0		192.02		
192.03	19203	FAMILY PHARMACY	0	0		192.03		
194.00	07950	MISC NONREIMBURSABLE	0	0		194.00		
194.01	07951	OCCUPATIONAL HEALTH	0	0		194.01		
194.02	07952	OTHER FACILITIES	0	0		194.02		
194.03	07953	THE HEART HOSPITAL	0	0		194.03		
194.04	07954	PR	0	0		194.04		
194.05	07955	CHILD CARE CENTER	0	0		194.05		
194.06	07956	CENTER OF LIFE BALANCE	0	0		194.06		
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0		194.07		
194.08	07958	HEALTHSOUTH	0	0		194.08		
194.09	07959	HOME OFFICE	0	0		194.09		
200.00		Cross Foot Adjustments			181,727	76,387	43,965	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	38,372	271,562	181,727	76,387	43,965	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet B Part II Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
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
23.00	02300	PARAMED ED PRGM-PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0				23.01
23.03	02303	PARAMED ED PRGM-NURSING		111,337			23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		12,985,938	0	12,985,938	30.00
31.00	03100	INTENSIVE CARE UNIT		3,005,581	0	3,005,581	31.00
32.00	03200	CORONARY CARE UNIT		406,996	0	406,996	32.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		13,609,449	0	13,609,449	50.00
51.00	05100	RECOVERY ROOM		1,734,745	0	1,734,745	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		3,987,525	0	3,987,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		731,729	0	731,729	55.00
56.00	05600	RADIOISOTOPE		175,956	0	175,956	56.00
57.00	05700	CT SCAN		1,163,432	0	1,163,432	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,819,118	0	1,819,118	58.00
59.00	05900	CARDIAC CATHETERIZATION		3,976,094	0	3,976,094	59.00
60.00	06000	LABORATORY		2,719,220	0	2,719,220	60.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.		100,693	0	100,693	63.00
64.00	06400	INTRAVENOUS THERAPY		121,097	0	121,097	64.00
65.00	06500	RESPIRATORY THERAPY		776,552	0	776,552	65.00
66.00	06600	PHYSICAL THERAPY		519,168	0	519,168	66.00
69.00	06900	ELECTROCARDIOLOGY		943,566	0	943,566	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		465,328	0	465,328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,131,210	0	1,131,210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,230,424	0	2,230,424	73.00
74.00	07400	RENAL DIALYSIS		374,066	0	374,066	74.00
76.00	03030	ANGIOCARDIOGRAPHY		0	0	0	76.00
76.01	03160	PULMONARY REHAB		25,822	0	25,822	76.01
76.97	07697	CARDIAC REHABILITATION		28,440	0	28,440	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		669,325	0	669,325	90.00
90.01	09001	FAMILY PRACTICE		161,191	0	161,191	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES		59,595	0	59,595	90.02
90.03	09003	CHEMO		381,226	0	381,226	90.03
90.04	09004	PRIMARY CARE FOR SENIORS		48,561	0	48,561	90.04
90.05	09005	PAIN MANAGEMENT		367,210	0	367,210	90.05
90.06	09006	WOUND CARE		161,840	0	161,840	90.06
90.07	09007	SLEEP CENTER		453,766	0	453,766	90.07
90.08	09008	HEMATOLOGY		258,920	0	258,920	90.08
90.09	09009	MULTI-SPECIALTY SERVICES		250,184	0	250,184	90.09
90.10	09010	DIABETES CENTER		0	0	0	90.10
90.11	09011	DERMATOLOGY		494,400	0	494,400	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET		293,520	0	293,520	90.12
90.13	09013	MOB6 GI		49,575	0	49,575	90.13
91.00	09100	EMERGENCY		2,553,569	0	2,553,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		1,039,236	0	1,039,236	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES		30,076	0	30,076	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		555,786	0	555,786	96.00
102.00	10200	OPIOID TREATMENT PROGRAM		0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	60,860,129	0	60,860,129 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		455,403	0	455,403	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		2,377,456	0	2,377,456	192.00
192.01	19201	DEACONESS URGENT CARE		0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS		9,733	0	9,733	192.02
192.03	19203	FAMILY PHARMACY		1,134,982	0	1,134,982	192.03
194.00	07950	MISC NONREIMBURSABLE		1,265,190	0	1,265,190	194.00
194.01	07951	OCCUPATIONAL HEALTH		15	0	15	194.01
194.02	07952	OTHER FACILITIES		1,455,509	0	1,455,509	194.02
194.03	07953	THE HEART HOSPITAL		0	0	0	194.03
194.04	07954	PR		103,754	0	103,754	194.04
194.05	07955	CHILD CARE CENTER		68,076	0	68,076	194.05
194.06	07956	CENTER OF LIFE BALANCE		267	0	267	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA		9,474	0	9,474	194.07
194.08	07958	HEALTHSOUTH		356,274	0	356,274	194.08
194.09	07959	HOME OFFICE		11,596,009	0	11,596,009	194.09
200.00		Cross Foot Adjustments	0	111,337	0	413,416	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	111,337	0	80,105,687	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,751,430				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	0			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			31,985,929		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,976	0	6,542	387,150,545	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,882	0	11,850,744	52,614,271	5.00
7.00	00700	OPERATION OF PLANT	0	0	251,625	4,186,176	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	123,652	1,216,885	8.00
9.00	00900	HOUSEKEEPING	0	0	74,190	6,263,129	9.00
10.00	01000	DIETARY	3,272	0	157,109	1,082,179	10.00
11.00	01100	CAFETERIA	21,267	0	0	549,905	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	961,970	6,778,896	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	460	0	260,077	2,925,645	14.00
15.00	01500	PHARMACY	0	0	833,011	10,759,951	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	512	0	0	8,835	16.00
17.00	01700	SOCIAL SERVICE	0	0	69,208	8,189,864	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,367	0	0	1,805,082	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	0	1,722,936	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	405	0	24,148	269,660	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	2,877	0	6,898	1,263,573	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	335,879	0	718,809	79,605,474	30.00
31.00	03100	INTENSIVE CARE UNIT	75,307	0	190,869	19,779,849	31.00
32.00	03200	CORONARY CARE UNIT	8,609	0	21,650	3,828,930	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	140,311	0	7,469,362	40,383,243	50.00
51.00	05100	RECOVERY ROOM	48,278	0	198,017	6,489,002	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,035	0	2,151,390	7,374,195	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,685	0	46,507	3,645,015	55.00
56.00	05600	RADIOISOTOPE	3,902	0	12,559	719,669	56.00
57.00	05700	CT SCAN	4,152	0	848,159	3,662,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	0	1,502,451	2,122,870	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,972	0	1,462,236	6,768,320	59.00
60.00	06000	LABORATORY	40,430	0	786,813	16,085,618	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	591	0	2,147	918,258	63.00
64.00	06400	INTRAVENOUS THERAPY	1,275	0	24,261	1,825,197	64.00
65.00	06500	RESPIRATORY THERAPY	7,629	0	355,946	4,655,363	65.00
66.00	06600	PHYSICAL THERAPY	7,738	0	87,515	0	66.00
69.00	06900	ELECTROCARDIOLOGY	18,711	0	287,904	2,952,620	69.00
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
74.00	07400	RENAL DIALYSIS	588	0	269,909	1,362,284	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0	0	16,861	182,446	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	8,696	549,513	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	22,345	0	1,134	2,686,091	90.00
90.01	09001	FAMILY PRACTICE	3,720	0	24,824	980,747	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	928	1,533,986	90.02
90.03	09003	CHEMO	9,282	0	53,537	2,069,892	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	6,492	1,367,556	90.04
90.05	09005	PAIN MANAGEMENT	8,963	0	30,094	3,232,613	90.05
90.06	09006	WOUND CARE	3,594	0	4,890	1,501,338	90.06
90.07	09007	SLEEP CENTER	12,617	0	12,510	3,457,190	90.07
90.08	09008	HEMATOLOGY	8,333	0	163	888,810	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	8,809	1,385,625	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	14,207	0	42,519	1,447,856	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	9,957	0	13,841	434,513	90.12
90.13	09013	MOB6 GI	0	0	0	1,024,943	90.13
91.00	09100	EMERGENCY	47,646	0	261,528	27,487,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	29,093	0	0	6,121,681	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	843,393	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	200,512	2,818,914	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1

Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,104,165	0	31,743,016	361,829,735	849,226,099 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	0	546,727	4,061,033	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	69,759	0	170,698	13,634,177	20,456,599	192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02 19202 HENDERSON ER PHYSICIANS	0	0	0	3,002,517	453,255	192.02
192.03 19203 FAMILY PHARMACY	3,643	0	29,324	2,168,923	46,399,297	192.03
194.00 07950 MISC NONREIMBURSABLE	44,269	0	2,701	1,387,313	4,163,859	194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0	974	194.01
194.02 07952 OTHER FACILITIES	51,910	0	15,956	682,895	3,708,642	194.02
194.03 07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954 PR	2,879	0	5,266	1,155,649	1,181,955	194.04
194.05 07955 CHILD CARE CENTER	0	0	18,968	2,654,295	2,283,874	194.05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	9,868	17,275	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	350	0	0	0	9,086	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	78,446	363,166	194.08
194.09 07959 HOME OFFICE	446,638	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	45,472,175	0	34,633,512	29,504,832	84,750,042 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.962885	0.000000	1.082773	0.076210	0.090902 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				214,164	14,129,889 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000553	0.015156 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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1

Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
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	1,284,095				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,685	4,977,727			8.00
9.00	00900	HOUSEKEEPING	16,616	0	1,241,794		9.00
10.00	01000	DIETARY	18,929	37,941	18,929	479,999	10.00
11.00	01100	CAFETERIA	21,267	0	21,267	0	34,887
13.00	01300	NURSING ADMINISTRATION	7,181	0	7,181	0	1,086
14.00	01400	CENTRAL SERVICES & SUPPLY	22,792	50,020	22,792	0	599
15.00	01500	PHARMACY	14,220	0	14,220	0	1,313
16.00	01600	MEDICAL RECORDS & LIBRARY	8,528	0	8,528	0	2
17.00	01700	SOCIAL SERVICE	5,302	0	5,302	0	1,030
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,340	0	4,340	0	238
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,400	0	1,400	0	80
23.00	02300	PARAMED ED PRGM-PHARMACY	405	0	405	0	30
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0
23.03	02303	PARAMED ED PRGM-NURSING	2,877	0	2,877	0	158
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	332,595	2,951,018	332,595	333,335	7,878
31.00	03100	INTENSIVE CARE UNIT	75,304	235,247	75,304	66,602	2,247
32.00	03200	CORONARY CARE UNIT	8,609	115,258	8,609	12,155	411
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	120,307	526,075	120,307	0	2,739
51.00	05100	RECOVERY ROOM	48,278	148,060	48,278	0	783
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,253	148,626	47,253	0	1,049
55.00	05500	RADIOLOGY-THERAPEUTIC	16,685	0	16,685	0	465
56.00	05600	RADIOISOTOPE	3,902	5,834	3,902	0	78
57.00	05700	CT SCAN	2,989	58,348	2,989	0	491
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,774	95,139	6,774	0	291
59.00	05900	CARDIAC CATHETERIZATION	38,375	143,170	38,375	0	683
60.00	06000	LABORATORY	38,552	995	38,552	0	3,142
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,605	818	1,605	0	125
64.00	06400	INTRAVENOUS THERAPY	1,275	0	1,275	0	194
65.00	06500	RESPIRATORY THERAPY	7,629	0	7,629	0	617
66.00	06600	PHYSICAL THERAPY	7,738	81,510	7,738	0	0
69.00	06900	ELECTROCARDIOLOGY	20,922	34,780	20,922	0	353
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
74.00	07400	RENAL DIALYSIS	588	0	588	0	149
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01	03160	PULMONARY REHAB	0	0	0	0	34
76.97	07697	CARDIAC REHABILITATION	5,032	0	5,032	0	96
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	18,032	0	18,032	0	312
90.01	09001	FAMILY PRACTICE	3,720	1,612	3,720	0	160
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	294
90.03	09003	CHEMO	9,009	272	9,009	0	266
90.04	09004	PRIMARY CARE FOR SENIORS	0	858	0	0	130
90.05	09005	PAIN MANAGEMENT	8,963	5,783	8,963	0	290
90.06	09006	WOUND CARE	3,594	9,228	3,594	0	208
90.07	09007	SLEEP CENTER	3,417	0	3,417	0	371
90.08	09008	HEMATOLOGY	8,333	0	8,333	0	171
90.09	09009	MULTI-SPECIALTY SERVICES	7,177	0	7,177	0	185
90.10	09010	DIABETES CENTER	0	0	0	0	0
90.11	09011	DERMATOLOGY	0	0	0	0	281
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	81
90.13	09013	MOB6 GI	0	0	0	0	223
91.00	09100	EMERGENCY	47,646	308,131	47,646	8,281	1,778
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,739	3,169	39,739	43,360	748
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	150
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,947	0	4,947	0	593
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,088,531	4,961,892	1,046,230	463,733	32,602

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1

Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)		
		7.00	8.00	9.00	10.00	11.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,672	0	14,672	0	125	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,313	0	70,313	0	752	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	69	192.02
192.03	19203	FAMILY PHARMACY	3,643	0	3,643	0	259	192.03
194.00	07950	MISC NONREIMBURSABLE	44,269	1,116	44,269	16,266	242	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	46,293	0	46,293	0	55	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PR	2,879	0	2,879	0	155	194.04
194.05	07955	CHILD CARE CENTER	0	14,719	0	0	623	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	350	0	350	0	0	194.07
194.08	07958	HEALTHSOUTH	13,145	0	13,145	0	5	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,420,741	2,131,661	7,169,956	6,755,725	3,153,479	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.557724	0.428240	5.773869	14.074456	90.391235	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	657,877	199,436	247,780	391,327	608,487	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.512327	0.040066	0.199534	0.815266	17.441654	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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description			NURSING ADMINISTRATION  (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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	20,934					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	162,984,812				14.00
15.00	01500	PHARMACY	0	1,459,642	164,141,358			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	309	0	3,826,276,159		16.00
17.00	01700	SOCIAL SERVICE	0	6,118	0	0	157,582	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	156	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,878	4,047,779	1,055	237,186,270	127,902	30.00
31.00	03100	INTENSIVE CARE UNIT	2,247	3,177,869	236	103,567,612	25,016	31.00
32.00	03200	CORONARY CARE UNIT	411	678,508	0	21,508,470	4,664	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,739	22,764,967	46,903	666,630,316	0	50.00
51.00	05100	RECOVERY ROOM	783	1,122,429	809	48,155,903	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049	2,976,824	5,535	185,559,903	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,403,742	25,000	134,513,008	0	55.00
56.00	05600	RADIOISOTOPE	0	763,709	0	22,702,916	0	56.00
57.00	05700	CT SCAN	0	644,310	0	188,100,300	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	372,234	0	63,709,871	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,571,726	26,125	229,968,763	0	59.00
60.00	06000	LABORATORY	0	12,519,499	1,219	294,491,422	0	60.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	3,392,115	0	26,106,971	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	884,386	118	13,735,713	0	64.00
65.00	06500	RESPIRATORY THERAPY	617	1,142,881	2,686	96,951,149	0	65.00
66.00	06600	PHYSICAL THERAPY	0	375,224	168	97,700,868	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,064,324	3,699	90,911,347	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,361,825	0	135,972,166	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,203,455	0	128,763,384	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	122,571,419	520,996,298	0	73.00
74.00	07400	RENAL DIALYSIS	0	839,937	0	14,008,201	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	34	763	0	487,052	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,809	17	4,426,692	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	102,845	0	4,842,310	0	90.00
90.01	09001	FAMILY PRACTICE	0	72,193	116,499	3,531,340	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	294	1,308	0	10,310,520	0	90.02
90.03	09003	CHEMO	266	411,294	0	39,006,633	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	130	20,536	0	1,108,509	0	90.04
90.05	09005	PAIN MANAGEMENT	290	46,345	34,694	11,103,729	0	90.05
90.06	09006	WOUND CARE	208	63,529	0	18,188,854	0	90.06
90.07	09007	SLEEP CENTER	371	65,375	0	11,048,644	0	90.07
90.08	09008	HEMATOLOGY	171	16,546	0	2,924,451	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	185	12,385	0	4,458,580	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	281	517,875	0	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	81	3,803	100	0	0	90.12
90.13	09013	MOB6 GI	223	69,603	1,672	323,733,486	0	90.13
91.00	09100	EMERGENCY	1,778	375,937	9,731	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	748	425,639	0	25,594,509	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	150	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	706	44,269,999	0	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1

Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		NURSING ADMINISTRATION  (FTE'S NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,934	162,984,753	122,848,391	3,826,276,159	157,582	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	101,897	0	0	192.00
192.01	19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202 HENDERSON ER PHYSICIANS	0	0	0	0	0	192.02
192.03	19203 FAMILY PHARMACY	0	0	41,191,065	0	0	192.03
194.00	07950 MISC NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952 OTHER FACILITIES	0	5	5	0	0	194.02
194.03	07953 THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954 PR	0	54	0	0	0	194.04
194.05	07955 CHILD CARE CENTER	0	0	0	0	0	194.05
194.06	07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194.07
194.08	07958 HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,555,953	3,625,269	9,859,981	1,149,870	9,074,644	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	504.249212	0.022243	0.060070	0.000301	57.586806	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,231,081	398,273	1,183,942	38,372	271,562	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	58.807729	0.002444	0.007213	0.000010	1.723306	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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1

Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
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	54,786				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		54,786			22.00
23.00 02300	PARAMED PRGM-PHARMACY			31,936		23.00
23.01 02301	PARAMED PRGM-CHAPLAIN				0	23.01
23.03 02303	PARAMED PRGM-NURSING					31,936
23.03 02303	PARAMED PRGM-NURSING					23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	32,388	32,388	19,115	0	19,115
31.00 03100	INTENSIVE CARE UNIT	846	846	6,161	0	6,161
32.00 03200	CORONARY CARE UNIT	0	0	493	0	493
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,058	1,058	215	0	215
51.00 05100	RECOVERY ROOM	0	0	619	0	619
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,242	1,242	395	0	395
60.00 06000	LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	127	0	127
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
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
74.00 07400	RENAL DIALYSIS	0	0	15	0	15
76.00 03030	ANGIOCARDIOGRAPHY	0	0	0	0	0
76.01 03160	PULMONARY REHAB	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	63	0	63
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	FAMILY PRACTICE	15,655	15,655	0	0	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0
90.03 09003	CHEMO	0	0	35	0	35
90.04 09004	PRIMARY CARE FOR SENIORS	929	929	0	0	0
90.05 09005	PAIN MANAGEMENT	224	224	0	0	0
90.06 09006	WOUND CARE	114	114	56	0	56
90.07 09007	SLEEP CENTER	0	0	0	0	0
90.08 09008	HEMATOLOGY	36	36	0	0	0
90.09 09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0
90.10 09010	DIABETES CENTER	0	0	0	0	0
90.11 09011	DERMATOLOGY	359	359	0	0	0
90.12 09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	0
90.13 09013	MOB6 GI	0	0	0	0	0
91.00 09100	EMERGENCY	1,935	1,935	1,780	0	1,780
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	2,862	0	2,862
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet B-1

Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	INTERNS & RESIDENTS										
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED PRGM-NURSING (ASSIGNED TIME)						
	21.00	22.00	23.00	23.01	23.03						
<b>SPECIAL PURPOSE COST CENTERS</b>											
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					54,786	54,786	31,936	0	31,936	118.00
<b>NONREIMBURSABLE COST CENTERS</b>											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	192.00	
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	0	0	192.01	
192.02	19202	HENDERSON ER PHYSICIANS	0	0	0	0	0	0	0	192.02	
192.03	19203	FAMILY PHARMACY	0	0	0	0	0	0	0	192.03	
194.00	07950	MISC NONREIMBURSABLE	0	0	0	0	0	0	0	194.00	
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	0	0	194.01	
194.02	07952	OTHER FACILITIES	0	0	0	0	0	0	0	194.02	
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	0	0	194.03	
194.04	07954	PR	0	0	0	0	0	0	0	194.04	
194.05	07955	CHILD CARE CENTER	0	0	0	0	0	0	0	194.05	
194.06	07956	CENTER OF LIFE BALANCE	0	0	0	0	0	0	0	194.06	
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0	0	194.07	
194.08	07958	HEALTHSOUTH	0	0	0	0	0	0	0	194.08	
194.09	07959	HOME OFFICE	0	0	0	0	0	0	0	194.09	
200.00		Cross Foot Adjustments								200.00	
201.00		Negative Cost Centers								201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,361,823	2,502,504	438,742		0		1,633,758	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	43.109973	45.677801	13.738164		0.000000		51.157252	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	181,727	76,387	43,965		0		111,337	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	3.317034	1.394280	1.376660		0.000000		3.486254	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0		0		0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		0.000000		0.000000	207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	130,460,268		130,460,268	1,131,704	131,591,972	30.00
31.00	03100 INTENSIVE CARE UNIT	38,790,002		38,790,002	0	38,790,002	31.00
32.00	03200 CORONARY CARE UNIT	7,436,435		7,436,435	0	7,436,435	32.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	86,382,467		86,382,467	1,620,116	88,002,583	50.00
51.00	05100 RECOVERY ROOM	12,621,962		12,621,962	0	12,621,962	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,816,059		18,816,059	305,002	19,121,061	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,404,354		13,404,354	0	13,404,354	55.00
56.00	05600 RADIOISOTOPE	3,913,508		3,913,508	0	3,913,508	56.00
57.00	05700 CT SCAN	8,212,040		8,212,040	0	8,212,040	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,675,007		5,675,007	0	5,675,007	58.00
59.00	05900 CARDIAC CATHETERIZATION	20,680,083		20,680,083	0	20,680,083	59.00
60.00	06000 LABORATORY	47,965,966		47,965,966	306,558	48,272,524	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5,110,147		5,110,147	0	5,110,147	63.00
64.00	06400 INTRAVENOUS THERAPY	3,788,309		3,788,309	0	3,788,309	64.00
65.00	06500 RESPIRATORY THERAPY	9,566,448	0	9,566,448	0	9,566,448	65.00
66.00	06600 PHYSICAL THERAPY	15,487,874	0	15,487,874	0	15,487,874	66.00
69.00	06900 ELECTROCARDIOLOGY	8,600,405		8,600,405	0	8,600,405	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,385,462		29,385,462	0	29,385,462	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	71,506,511		71,506,511	0	71,506,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	104,050,808		104,050,808	0	104,050,808	73.00
74.00	07400 RENAL DIALYSIS	4,213,037		4,213,037	904	4,213,941	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0		0	0	0	76.00
76.01	03160 PULMONARY REHAB	345,935		345,935	7,304	353,239	76.01
76.97	07697 CARDIAC REHABILITATION	988,671		988,671	636	989,307	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	4,473,144		4,473,144	47,363	4,520,507	90.00
90.01	09001 FAMILY PRACTICE	2,269,980		2,269,980	0	2,269,980	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	2,567,638		2,567,638	0	2,567,638	90.02
90.03	09003 CHEMO	3,875,308		3,875,308	0	3,875,308	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,320,166		1,320,166	0	1,320,166	90.04
90.05	09005 PAIN MANAGEMENT	3,549,348		3,549,348	3,520	3,552,868	90.05
90.06	09006 WOUND CARE	2,865,866		2,865,866	8	2,865,874	90.06
90.07	09007 SLEEP CENTER	4,104,577		4,104,577	0	4,104,577	90.07
90.08	09008 HEMATOLOGY	1,721,259		1,721,259	0	1,721,259	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	2,076,627		2,076,627	269	2,076,896	90.09
90.10	09010 DIABETES CENTER	0		0	0	0	90.10
90.11	09011 DERMATOLOGY	4,071,971		4,071,971	0	4,071,971	90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	985,643		985,643	0	985,643	90.12
90.13	09013 MOB6 GI	2,192,171		2,192,171	0	2,192,171	90.13
91.00	09100 EMERGENCY	38,375,840		38,375,840	3,472,019	41,847,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,817,675		13,817,675	0	13,817,675	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	12,564,539		12,564,539	0	12,564,539	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	1,274,570		1,274,570	39,048	1,313,618	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	13,851,228		13,851,228	0	13,851,228	96.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00	Subtotal (see instructions)	763,359,308	0	763,359,308	6,934,451	770,293,759	200.00
201.00	Less Observation Beds	13,817,675		13,817,675	0	13,817,675	201.00
202.00	Total (see instructions)	749,541,633	0	749,541,633	6,934,451	756,476,084	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	213,059,641		213,059,641		30.00
31.00	03100	INTENSIVE CARE UNIT	100,659,801		100,659,801		31.00
32.00	03200	CORONARY CARE UNIT	21,003,152		21,003,152		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	212,511,846	353,002,192	565,514,038	0.152750	50.00
51.00	05100	RECOVERY ROOM	14,405,388	17,874,660	32,280,048	0.391014	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,472,139	162,362,159	195,834,298	0.096082	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,549,726	110,768,870	128,318,596	0.104462	55.00
56.00	05600	RADIOISOTOPE	4,642,951	18,059,965	22,702,916	0.172379	56.00
57.00	05700	CT SCAN	72,190,941	126,972,633	199,163,574	0.041233	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,676,888	47,673,863	63,350,751	0.089581	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,779,408	82,585,101	172,364,509	0.119979	59.00
60.00	06000	LABORATORY	92,211,478	202,282,347	294,493,825	0.162876	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	20,767,714	5,339,257	26,106,971	0.195739	63.00
64.00	06400	INTRAVENOUS THERAPY	10,595,037	814,468	11,409,505	0.332031	64.00
65.00	06500	RESPIRATORY THERAPY	87,356,050	9,596,573	96,952,623	0.098671	65.00
66.00	06600	PHYSICAL THERAPY	56,044,016	41,656,852	97,700,868	0.158523	66.00
69.00	06900	ELECTROCARDIOLOGY	36,147,109	54,764,238	90,911,347	0.094602	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,188,556	27,452,772	59,641,328	0.492703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,068,417	51,505,928	125,574,345	0.569436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,807,979	334,150,557	520,958,536	0.199730	73.00
74.00	07400	RENAL DIALYSIS	13,111,690	752,420	13,864,110	0.303881	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	76.00
76.01	03160	PULMONARY REHAB	288	486,764	487,052	0.710263	76.01
76.97	07697	CARDIAC REHABILITATION	507	4,426,185	4,426,692	0.223343	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,507	4,960,659	4,970,166	0.899999	90.00
90.01	09001	FAMILY PRACTICE	4,633	3,516,602	3,521,235	0.644655	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	192	10,310,520	10,310,712	0.249026	90.02
90.03	09003	CHEMO	226,439	38,780,194	39,006,633	0.099350	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	7,185	1,101,324	1,108,509	1.190938	90.04
90.05	09005	PAIN MANAGEMENT	1,017	11,100,810	11,101,827	0.319708	90.05
90.06	09006	WOUND CARE	408,077	17,780,776	18,188,853	0.157562	90.06
90.07	09007	SLEEP CENTER	12,897	11,035,747	11,048,644	0.371501	90.07
90.08	09008	HEMATOLOGY	18,308	2,906,143	2,924,451	0.588575	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,583,512	2,875,068	4,458,580	0.465760	90.09
90.10	09010	DIABETES CENTER	0	0	0	0.000000	90.10
90.11	09011	DERMATOLOGY	1,444	21,111,406	21,112,850	0.192867	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	417	1,093,625	1,094,042	0.900919	90.12
90.13	09013	MOB6 GI	6,417	2,411,040	2,417,457	0.906809	90.13
91.00	09100	EMERGENCY	120,878,364	202,855,122	323,733,486	0.118541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,172,909	20,366,849	27,539,758	0.501736	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	17,312,716	8,281,793	25,594,509	0.490908	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	44,269,999	44,269,999	0.312881	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	1,551,894,756	2,057,285,481	3,609,180,237		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,551,894,756	2,057,285,481	3,609,180,237		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet C Part I Date/Time Prepared: 2/28/2024 1:09 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.155615		50.00
51.00	05100	RECOVERY ROOM	0.391014		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097639		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104462		55.00
56.00	05600	RADIOISOTOPE	0.172379		56.00
57.00	05700	CT SCAN	0.041233		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089581		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119979		59.00
60.00	06000	LABORATORY	0.163917		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.195739		63.00
64.00	06400	INTRAVENOUS THERAPY	0.332031		64.00
65.00	06500	RESPIRATORY THERAPY	0.098671		65.00
66.00	06600	PHYSICAL THERAPY	0.158523		66.00
69.00	06900	ELECTROCARDIOLOGY	0.094602		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.492703		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569436		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199730		73.00
74.00	07400	RENAL DIALYSIS	0.303946		74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000		76.00
76.01	03160	PULMONARY REHAB	0.725259		76.01
76.97	07697	CARDIAC REHABILITATION	0.223487		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.909528		90.00
90.01	09001	FAMILY PRACTICE	0.644655		90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.249026		90.02
90.03	09003	CHEMO	0.099350		90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.190938		90.04
90.05	09005	PAIN MANAGEMENT	0.320026		90.05
90.06	09006	WOUND CARE	0.157562		90.06
90.07	09007	SLEEP CENTER	0.371501		90.07
90.08	09008	HEMATOLOGY	0.588575		90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.465820		90.09
90.10	09010	DIABETES CENTER	0.000000		90.10
90.11	09011	DERMATOLOGY	0.192867		90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0.900919		90.12
90.13	09013	MOB6 GI	0.906809		90.13
91.00	09100	EMERGENCY	0.129266		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.501736		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.490908		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.312881		96.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	130,460,268	130,460,268	1,131,704	131,591,972	30.00
31.00	03100 INTENSIVE CARE UNIT	38,790,002	38,790,002	0	38,790,002	31.00
32.00	03200 CORONARY CARE UNIT	7,436,435	7,436,435	0	7,436,435	32.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	86,382,467	86,382,467	1,620,116	88,002,583	50.00
51.00	05100 RECOVERY ROOM	12,621,962	12,621,962	0	12,621,962	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,816,059	18,816,059	305,002	19,121,061	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,404,354	13,404,354	0	13,404,354	55.00
56.00	05600 RADIOISOTOPE	3,913,508	3,913,508	0	3,913,508	56.00
57.00	05700 CT SCAN	8,212,040	8,212,040	0	8,212,040	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,675,007	5,675,007	0	5,675,007	58.00
59.00	05900 CARDIAC CATHETERIZATION	20,680,083	20,680,083	0	20,680,083	59.00
60.00	06000 LABORATORY	47,965,966	47,965,966	306,558	48,272,524	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5,110,147	5,110,147	0	5,110,147	63.00
64.00	06400 INTRAVENOUS THERAPY	3,788,309	3,788,309	0	3,788,309	64.00
65.00	06500 RESPIRATORY THERAPY	9,566,448	9,566,448	0	9,566,448	65.00
66.00	06600 PHYSICAL THERAPY	15,487,874	15,487,874	0	15,487,874	66.00
69.00	06900 ELECTROCARDIOLOGY	8,600,405	8,600,405	0	8,600,405	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,385,462	29,385,462	0	29,385,462	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	71,506,511	71,506,511	0	71,506,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	104,050,808	104,050,808	0	104,050,808	73.00
74.00	07400 RENAL DIALYSIS	4,213,037	4,213,037	904	4,213,941	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	0	0	76.00
76.01	03160 PULMONARY REHAB	345,935	345,935	7,304	353,239	76.01
76.97	07697 CARDIAC REHABILITATION	988,671	988,671	636	989,307	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	4,473,144	4,473,144	47,363	4,520,507	90.00
90.01	09001 FAMILY PRACTICE	2,269,980	2,269,980	0	2,269,980	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	2,567,638	2,567,638	0	2,567,638	90.02
90.03	09003 CHEMO	3,875,308	3,875,308	0	3,875,308	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,320,166	1,320,166	0	1,320,166	90.04
90.05	09005 PAIN MANAGEMENT	3,549,348	3,549,348	3,520	3,552,868	90.05
90.06	09006 WOUND CARE	2,865,866	2,865,866	8	2,865,874	90.06
90.07	09007 SLEEP CENTER	4,104,577	4,104,577	0	4,104,577	90.07
90.08	09008 HEMATOLOGY	1,721,259	1,721,259	0	1,721,259	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	2,076,627	2,076,627	269	2,076,896	90.09
90.10	09010 DIABETES CENTER	0	0	0	0	90.10
90.11	09011 DERMATOLOGY	4,071,971	4,071,971	0	4,071,971	90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	985,643	985,643	0	985,643	90.12
90.13	09013 MOB6 GI	2,192,171	2,192,171	0	2,192,171	90.13
91.00	09100 EMERGENCY	38,375,840	38,375,840	3,472,019	41,847,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,817,675	13,817,675	0	13,817,675	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	12,564,539	12,564,539	0	12,564,539	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	1,274,570	1,274,570	39,048	1,313,618	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	13,851,228	13,851,228	0	13,851,228	96.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
200.00	Subtotal (see instructions)	763,359,308	763,359,308	6,934,451	770,293,759	200.00
201.00	Less Observation Beds	13,817,675	13,817,675	0	13,817,675	201.00
202.00	Total (see instructions)	749,541,633	749,541,633	6,934,451	756,476,084	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		Title XIX			Hospital	PPS	TEFRA Inpatient Ratio	
		Charges			Cost or Other Ratio	10.00		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	213,059,641		213,059,641			30.00
31.00	03100	INTENSIVE CARE UNIT	100,659,801		100,659,801			31.00
32.00	03200	CORONARY CARE UNIT	21,003,152		21,003,152			32.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	212,511,846	353,002,192	565,514,038	0.152750	0.000000	50.00
51.00	05100	RECOVERY ROOM	14,405,388	17,874,660	32,280,048	0.391014	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,472,139	162,362,159	195,834,298	0.096082	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,549,726	110,768,870	128,318,596	0.104462	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,642,951	18,059,965	22,702,916	0.172379	0.000000	56.00
57.00	05700	CT SCAN	72,190,941	126,972,633	199,163,574	0.041233	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,676,888	47,673,863	63,350,751	0.089581	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	89,779,408	82,585,101	172,364,509	0.119979	0.000000	59.00
60.00	06000	LABORATORY	92,211,478	202,282,347	294,493,825	0.162876	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	20,767,714	5,339,257	26,106,971	0.195739	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	10,595,037	814,468	11,409,505	0.332031	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	87,356,050	9,596,573	96,952,623	0.098671	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	56,044,016	41,656,852	97,700,868	0.158523	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	36,147,109	54,764,238	90,911,347	0.094602	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,188,556	27,452,772	59,641,328	0.492703	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,068,417	51,505,928	125,574,345	0.569436	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,807,979	334,150,557	520,958,536	0.199730	0.000000	73.00
74.00	07400	RENAL DIALYSIS	13,111,690	752,420	13,864,110	0.303881	0.000000	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	0.000000	76.00
76.01	03160	PULMONARY REHAB	288	486,764	487,052	0.710263	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	507	4,426,185	4,426,692	0.223343	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	9,507	4,960,659	4,970,166	0.899999	0.000000	90.00
90.01	09001	FAMILY PRACTICE	4,633	3,516,602	3,521,235	0.644655	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	192	10,310,520	10,310,712	0.249026	0.000000	90.02
90.03	09003	CHEMO	226,439	38,780,194	39,006,633	0.099350	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	7,185	1,101,324	1,108,509	1.190938	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	1,017	11,100,810	11,101,827	0.319708	0.000000	90.05
90.06	09006	WOUND CARE	408,077	17,780,776	18,188,853	0.157562	0.000000	90.06
90.07	09007	SLEEP CENTER	12,897	11,035,747	11,048,644	0.371501	0.000000	90.07
90.08	09008	HEMATOLOGY	18,308	2,906,143	2,924,451	0.588575	0.000000	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	1,583,512	2,875,068	4,458,580	0.465760	0.000000	90.09
90.10	09010	DIABETES CENTER	0	0	0	0.000000	0.000000	90.10
90.11	09011	DERMATOLOGY	1,444	21,111,406	21,112,850	0.192867	0.000000	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	417	1,093,625	1,094,042	0.900919	0.000000	90.12
90.13	09013	MOB6 GI	6,417	2,411,040	2,417,457	0.906809	0.000000	90.13
91.00	09100	EMERGENCY	120,878,364	202,855,122	323,733,486	0.118541	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,172,909	20,366,849	27,539,758	0.501736	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	17,312,716	8,281,793	25,594,509	0.490908	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	44,269,999	44,269,999	0.312881	0.000000	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	1,551,894,756	2,057,285,481	3,609,180,237			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,551,894,756	2,057,285,481	3,609,180,237			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I/PF				40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.155615			50.00
51.00	05100 RECOVERY ROOM	0.391014			51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.097639			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.104462			55.00
56.00	05600 RADIOISOTOPE	0.172379			56.00
57.00	05700 CT SCAN	0.041233			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.089581			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119979			59.00
60.00	06000 LABORATORY	0.163917			60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.195739			63.00
64.00	06400 INTRAVENOUS THERAPY	0.332031			64.00
65.00	06500 RESPIRATORY THERAPY	0.098671			65.00
66.00	06600 PHYSICAL THERAPY	0.158523			66.00
69.00	06900 ELECTROCARDIOLOGY	0.094602			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.492703			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.569436			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199730			73.00
74.00	07400 RENAL DIALYSIS	0.303946			74.00
76.00	03030 ANGIOCARDIOGRAPHY	0.000000			76.00
76.01	03160 PULMONARY REHAB	0.725259			76.01
76.97	07697 CARDIAC REHABILITATION	0.223487			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.909528			90.00
90.01	09001 FAMILY PRACTICE	0.644655			90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.249026			90.02
90.03	09003 CHEMO	0.099350			90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.190938			90.04
90.05	09005 PAIN MANAGEMENT	0.320026			90.05
90.06	09006 WOUND CARE	0.157562			90.06
90.07	09007 SLEEP CENTER	0.371501			90.07
90.08	09008 HEMATOLOGY	0.588575			90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.465820			90.09
90.10	09010 DIABETES CENTER	0.000000			90.10
90.11	09011 DERMATOLOGY	0.192867			90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	0.900919			90.12
90.13	09013 MOB6 GI	0.906809			90.13
91.00	09100 EMERGENCY	0.129266			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.501736			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.490908			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.312881			96.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 15-0082

Period: From 10/01/2022 To 09/30/2023

Worksheet C Part II Date/Time Prepared: 2/28/2024 1:09 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	86,382,467	13,609,449	72,773,018	0	0	50.00
51.00	05100	RECOVERY ROOM	12,621,962	1,734,745	10,887,217	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,816,059	3,987,525	14,828,534	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,404,354	731,729	12,672,625	0	0	55.00
56.00	05600	RADIOISOTOPE	3,913,508	175,956	3,737,552	0	0	56.00
57.00	05700	CT SCAN	8,212,040	1,163,432	7,048,608	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,675,007	1,819,118	3,855,889	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,680,083	3,976,094	16,703,989	0	0	59.00
60.00	06000	LABORATORY	47,965,966	2,719,220	45,246,746	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,110,147	100,693	5,009,454	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,788,309	121,097	3,667,212	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,566,448	776,552	8,789,896	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,487,874	519,168	14,968,706	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,600,405	943,566	7,656,839	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,385,462	465,328	28,920,134	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,506,511	1,131,210	70,375,301	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,050,808	2,230,424	101,820,384	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,213,037	374,066	3,838,971	0	0	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	345,935	25,822	320,113	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	988,671	28,440	960,231	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	4,473,144	669,325	3,803,819	0	0	90.00
90.01	09001	FAMILY PRACTICE	2,269,980	161,191	2,108,789	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	2,567,638	59,595	2,508,043	0	0	90.02
90.03	09003	CHEMO	3,875,308	381,226	3,494,082	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,320,166	48,561	1,271,605	0	0	90.04
90.05	09005	PAIN MANAGEMENT	3,549,348	367,210	3,182,138	0	0	90.05
90.06	09006	WOUND CARE	2,865,866	161,840	2,704,026	0	0	90.06
90.07	09007	SLEEP CENTER	4,104,577	453,766	3,650,811	0	0	90.07
90.08	09008	HEMATOLOGY	1,721,259	258,920	1,462,339	0	0	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	2,076,627	250,184	1,826,443	0	0	90.09
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	4,071,971	494,400	3,577,571	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	985,643	293,520	692,123	0	0	90.12
90.13	09013	MOB6 GI	2,192,171	49,575	2,142,596	0	0	90.13
91.00	09100	EMERGENCY	38,375,840	2,553,569	35,822,271	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,817,675	1,363,570	12,454,105	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	12,564,539	1,039,236	11,525,303	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,274,570	30,076	1,244,494	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	13,851,228	555,786	13,295,442	0	0	96.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
200.00		Subtotal (sum of lines 50 thru 199)	586,672,603	45,825,184	540,847,419	0	0	200.00
201.00		Less Observation Beds	13,817,675	1,363,570	12,454,105	0	0	201.00
202.00		Total (Line 200 minus Line 201)	572,854,928	44,461,614	528,393,314	0	0	202.00

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

Provider CCN: 15-0082

Period: From 10/01/2022 To 09/30/2023

Worksheet C Part II Date/Time Prepared: 2/28/2024 1:09 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	86,382,467	565,514,038	0.152750		50.00
51.00	05100 RECOVERY ROOM	12,621,962	32,280,048	0.391014		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,816,059	195,834,298	0.096082		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,404,354	128,318,596	0.104462		55.00
56.00	05600 RADIOISOTOPE	3,913,508	22,702,916	0.172379		56.00
57.00	05700 CT SCAN	8,212,040	199,163,574	0.041233		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,675,007	63,350,751	0.089581		58.00
59.00	05900 CARDIAC CATHETERIZATION	20,680,083	172,364,509	0.119979		59.00
60.00	06000 LABORATORY	47,965,966	294,493,825	0.162876		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	5,110,147	26,106,971	0.195739		63.00
64.00	06400 INTRAVENOUS THERAPY	3,788,309	11,409,505	0.332031		64.00
65.00	06500 RESPIRATORY THERAPY	9,566,448	96,952,623	0.098671		65.00
66.00	06600 PHYSICAL THERAPY	15,487,874	97,700,868	0.158523		66.00
69.00	06900 ELECTROCARDIOLOGY	8,600,405	90,911,347	0.094602		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,385,462	59,641,328	0.492703		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	71,506,511	125,574,345	0.569436		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	104,050,808	520,958,536	0.199730		73.00
74.00	07400 RENAL DIALYSIS	4,213,037	13,864,110	0.303881		74.00
76.00	03030 ANGIOCARDIOGRAPHY	0	0	0.000000		76.00
76.01	03160 PULMONARY REHAB	345,935	487,052	0.710263		76.01
76.97	07697 CARDIAC REHABILITATION	988,671	4,426,692	0.223343		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	4,473,144	4,970,166	0.899999		90.00
90.01	09001 FAMILY PRACTICE	2,269,980	3,521,235	0.644655		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	2,567,638	10,310,712	0.249026		90.02
90.03	09003 CHEMO	3,875,308	39,006,633	0.099350		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,320,166	1,108,509	1.190938		90.04
90.05	09005 PAIN MANAGEMENT	3,549,348	11,101,827	0.319708		90.05
90.06	09006 WOUND CARE	2,865,866	18,188,853	0.157562		90.06
90.07	09007 SLEEP CENTER	4,104,577	11,048,644	0.371501		90.07
90.08	09008 HEMATOLOGY	1,721,259	2,924,451	0.588575		90.08
90.09	09009 MULTI-SPECIALTY SERVICES	2,076,627	4,458,580	0.465760		90.09
90.10	09010 DIABETES CENTER	0	0	0.000000		90.10
90.11	09011 DERMATOLOGY	4,071,971	21,112,850	0.192867		90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	985,643	1,094,042	0.900919		90.12
90.13	09013 MOB6 GI	2,192,171	2,417,457	0.906809		90.13
91.00	09100 EMERGENCY	38,375,840	323,733,486	0.118541		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,817,675	27,539,758	0.501736		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	12,564,539	25,594,509	0.490908		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	1,274,570	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	13,851,228	44,269,999	0.312881		96.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
200.00	Subtotal (sum of lines 50 thru 199)	586,672,603	3,274,457,643			200.00
201.00	Less Observation Beds	13,817,675	0			201.00
202.00	Total (Line 200 minus Line 201)	572,854,928	3,274,457,643			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part I Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	12,985,938	0	12,985,938	142,909	90.87	30.00	
31.00	INTENSIVE CARE UNIT	3,005,581		3,005,581	25,016	120.15	31.00	
32.00	CORONARY CARE UNIT	406,996		406,996	4,664	87.26	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
200.00	Total (lines 30 through 199)	16,398,515		16,398,515	172,589		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	40,353	3,666,877					30.00
31.00	INTENSIVE CARE UNIT	8,445	1,014,667					31.00
32.00	CORONARY CARE UNIT	1,430	124,782					32.00
40.00	SUBPROVIDER - IPF	0	0					40.00
200.00	Total (lines 30 through 199)	50,228	4,806,326					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part II Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,609,449	565,514,038	0.024066	68,370,720	1,645,410	50.00
51.00	05100	RECOVERY ROOM	1,734,745	32,280,048	0.053740	4,730,447	254,214	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,987,525	195,834,298	0.020362	11,952,726	243,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	731,729	128,318,596	0.005702	8,155,240	46,501	55.00
56.00	05600	RADIOISOTOPE	175,956	22,702,916	0.007750	2,986,774	23,147	56.00
57.00	05700	CT SCAN	1,163,432	199,163,574	0.005842	22,592,218	131,984	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,819,118	63,350,751	0.028715	4,822,237	138,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,976,094	172,364,509	0.023068	35,297,420	814,241	59.00
60.00	06000	LABORATORY	2,719,220	294,493,825	0.009234	30,616,086	282,709	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	100,693	26,106,971	0.003857	7,198,377	27,764	63.00
64.00	06400	INTRAVENOUS THERAPY	121,097	11,409,505	0.010614	385,086	4,087	64.00
65.00	06500	RESPIRATORY THERAPY	776,552	96,952,623	0.008010	30,692,322	245,845	65.00
66.00	06600	PHYSICAL THERAPY	519,168	97,700,868	0.005314	21,530,421	114,413	66.00
69.00	06900	ELECTROCARDIOLOGY	943,566	90,911,347	0.010379	10,947,765	113,627	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	465,328	59,641,328	0.007802	9,870,580	77,010	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,131,210	125,574,345	0.009008	32,653,634	294,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,230,424	520,958,536	0.004281	61,285,865	262,365	73.00
74.00	07400	RENAL DIALYSIS	374,066	13,864,110	0.026981	4,762,916	128,508	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160	PULMONARY REHAB	25,822	487,052	0.053017	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	28,440	4,426,692	0.006425	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	669,325	4,970,166	0.134669	2,478	334	90.00
90.01	09001	FAMILY PRACTICE	161,191	3,521,235	0.045777	267	12	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	59,595	10,310,712	0.005780	192	1	90.02
90.03	09003	CHEMO	381,226	39,006,633	0.009773	79,202	774	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	48,561	1,108,509	0.043807	1,854	81	90.04
90.05	09005	PAIN MANAGEMENT	367,210	11,101,827	0.033077	392	13	90.05
90.06	09006	WOUND CARE	161,840	18,188,853	0.008898	97,721	870	90.06
90.07	09007	SLEEP CENTER	453,766	11,048,644	0.041070	125	5	90.07
90.08	09008	HEMATOLOGY	258,920	2,924,451	0.088536	6,809	603	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	250,184	4,458,580	0.056113	533,670	29,946	90.09
90.10	09010	DIABETES CENTER	0	0	0.000000	0	0	90.10
90.11	09011	DERMATOLOGY	494,400	21,112,850	0.023417	392	9	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	293,520	1,094,042	0.268290	267	72	90.12
90.13	09013	MOB6 GI	49,575	2,417,457	0.020507	0	0	90.13
91.00	09100	EMERGENCY	2,553,569	323,733,486	0.007888	39,030,457	307,872	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,363,570	27,539,758	0.049513	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,039,236	25,594,509	0.040604	6,668,291	270,759	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	555,786	44,269,999	0.012554	0	0	96.00
200.00		Total (lines 50 through 199)	45,795,108	3,274,457,643		415,272,951	5,459,172	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part III Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,240,473	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	399,821	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	31,994	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	1,672,288	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	1,240,473	142,909	8.68	30.00	
31.00	03100	INTENSIVE CARE UNIT		399,821	25,016	15.98	31.00	
32.00	03200	CORONARY CARE UNIT		31,994	4,664	6.86	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00	
200.00		Total (lines 30 through 199)		1,672,288	172,589		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	350,264					30.00
31.00	03100	INTENSIVE CARE UNIT	134,951					31.00
32.00	03200	CORONARY CARE UNIT	9,810					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
200.00		Total (lines 30 through 199)	495,025					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		Title XVIII					Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health				
		1.00	2A	2.00	3A	3.00				
<b>ANCILLARY SERVICE COST CENTERS</b>										
50.00	05000	OPERATING ROOM	0	0	0	0	13,953	50.00		
51.00	05100	RECOVERY ROOM	0	0	0	0	40,170	51.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00		
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00		
57.00	05700	CT SCAN	0	0	0	0	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	25,634	59.00		
60.00	06000	LABORATORY	0	0	0	0	0	60.00		
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00		
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	8,242	64.00		
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	0	973	74.00		
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00		
76.01	03160	PULMONARY REHAB	0	0	0	0	0	76.01		
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	4,089	76.97		
<b>OUTPATIENT SERVICE COST CENTERS</b>										
90.00	09000	CLINIC	0	0	0	0	0	90.00		
90.01	09001	FAMILY PRACTICE	0	0	0	0	0	90.01		
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02		
90.03	09003	CHEMO	0	0	0	0	2,272	90.03		
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04		
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05		
90.06	09006	WOUND CARE	0	0	0	0	3,634	90.06		
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07		
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08		
90.09	09009	MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09		
90.10	09010	DIABETES CENTER	0	0	0	0	0	90.10		
90.11	09011	DERMATOLOGY	0	0	0	0	0	90.11		
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0	0	0	0	90.12		
90.13	09013	MOB6 GI	0	0	0	0	0	90.13		
91.00	09100	EMERGENCY	0	0	0	0	115,514	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	130,259	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	185,731	92.01		
<b>OTHER REIMBURSABLE COST CENTERS</b>										
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00		
200.00		Total (lines 50 through 199)	0	0	0	0	530,471	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	13,953	13,953	565,514,038	0.000025		50.00
51.00 05100 RECOVERY ROOM	0	40,170	40,170	32,280,048	0.001244		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	195,834,298	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	128,318,596	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	22,702,916	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	199,163,574	0.000000		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	63,350,751	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	25,634	25,634	172,364,509	0.000149		59.00
60.00 06000 LABORATORY	0	0	0	294,493,825	0.000000		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	26,106,971	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	8,242	8,242	11,409,505	0.000722		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	96,952,623	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	97,700,868	0.000000		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	90,911,347	0.000000		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	59,641,328	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	125,574,345	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	520,958,536	0.000000		73.00
74.00 07400 RENAL DIALYSIS	0	973	973	13,864,110	0.000070		74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0.000000		76.00
76.01 03160 PULMONARY REHAB	0	0	0	487,052	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0	4,089	4,089	4,426,692	0.000924		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	4,970,166	0.000000		90.00
90.01 09001 FAMILY PRACTICE	0	0	0	3,521,235	0.000000		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	10,310,712	0.000000		90.02
90.03 09003 CHEMO	0	2,272	2,272	39,006,633	0.000058		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	1,108,509	0.000000		90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	11,101,827	0.000000		90.05
90.06 09006 WOUND CARE	0	3,634	3,634	18,188,853	0.000200		90.06
90.07 09007 SLEEP CENTER	0	0	0	11,048,644	0.000000		90.07
90.08 09008 HEMATOLOGY	0	0	0	2,924,451	0.000000		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	4,458,580	0.000000		90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0.000000		90.10
90.11 09011 DERMATOLOGY	0	0	0	21,112,850	0.000000		90.11
90.12 09012 DH RHEUMATOLOGY 4TH STREET	0	0	0	1,094,042	0.000000		90.12
90.13 09013 MOB6 GI	0	0	0	2,417,457	0.000000		90.13
91.00 09100 EMERGENCY	0	115,514	115,514	323,733,486	0.000357		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	130,259	130,259	27,539,758	0.004730		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	185,731	185,731	25,594,509	0.007257		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	44,269,999	0.000000		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	44,269,999	0.000000		96.00
200.00 Total (lines 50 through 199)	0	530,471	530,471	3,274,457,643			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000025	68,370,720	1,709	61,224,740	1,531	50.00	
51.00	05100 RECOVERY ROOM	0.001244	4,730,447	5,885	3,686,247	4,586	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	11,952,726	0	25,715,699	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	8,155,240	0	38,024,739	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	2,986,774	0	10,354,380	0	56.00	
57.00	05700 CT SCAN	0.000000	22,592,218	0	35,303,367	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,822,237	0	11,684,401	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000149	35,297,420	5,259	29,587,590	4,409	59.00	
60.00	06000 LABORATORY	0.000000	30,616,086	0	15,923,050	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	7,198,377	0	558,752	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000722	385,086	278	128,368	93	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	30,692,322	0	1,857,611	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	21,530,421	0	310,355	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,947,765	0	11,565,025	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,870,580	0	5,647,509	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,653,634	0	16,863,175	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	61,285,865	0	110,780,152	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000070	4,762,916	333	1,661	0	74.00	
76.00	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00	
76.01	03160 PULMONARY REHAB	0.000000	0	0	196,391	0	76.01	
76.97	07697 CARDIAC REHABILITATION	0.000924	0	0	1,730,205	1,599	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	2,478	0	1,144,655	0	90.00	
90.01	09001 FAMILY PRACTICE	0.000000	267	0	227,701	0	90.01	
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	192	0	252,558	0	90.02	
90.03	09003 CHEMO	0.000058	79,202	5	11,352,828	658	90.03	
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	1,854	0	471,315	0	90.04	
90.05	09005 PAIN MANAGEMENT	0.000000	392	0	3,164,988	0	90.05	
90.06	09006 WOUND CARE	0.000200	97,721	20	4,461,127	892	90.06	
90.07	09007 SLEEP CENTER	0.000000	125	0	2,340,178	0	90.07	
90.08	09008 HEMATOLOGY	0.000000	6,809	0	704,427	0	90.08	
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	533,670	0	464,193	0	90.09	
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10	
90.11	09011 DERMATOLOGY	0.000000	392	0	5,122,123	0	90.11	
90.12	09012 DH RHEUMATOLOGY 4TH STREET	0.000000	267	0	225,381	0	90.12	
90.13	09013 MOB6 GI	0.000000	0	0	0	0	90.13	
91.00	09100 EMERGENCY	0.000357	39,030,457	13,934	29,592,544	10,565	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004730	0	0	2,480,135	11,731	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.007257	6,668,291	48,392	1,209,690	8,779	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
200.00	Total (lines 50 through 199)		415,272,951	75,815	444,357,260	44,843	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part V Date/Time Prepared: 2/28/2024 1:09 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.152750	61,224,740	0	218	9,352,079	50.00
51.00	05100	RECOVERY ROOM	0.391014	3,686,247	0	6	1,441,374	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096082	25,715,699	0	1,957	2,470,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104462	38,024,739	0	217	3,972,140	55.00
56.00	05600	RADIOISOTOPE	0.172379	10,354,380	0	217	1,784,878	56.00
57.00	05700	CT SCAN	0.041233	35,303,367	0	2,609	1,455,664	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089581	11,684,401	10,651	652	1,046,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119979	29,587,590	0	234	3,549,889	59.00
60.00	06000	LABORATORY	0.162876	15,923,050	352	1	2,593,483	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.195739	558,752	0	0	109,370	63.00
64.00	06400	INTRAVENOUS THERAPY	0.332031	128,368	0	0	42,622	64.00
65.00	06500	RESPIRATORY THERAPY	0.098671	1,857,611	0	0	183,292	65.00
66.00	06600	PHYSICAL THERAPY	0.158523	310,355	0	0	49,198	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094602	11,565,025	0	1,523	1,094,074	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.492703	5,647,509	0	0	2,782,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569436	16,863,175	0	0	9,602,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199730	110,780,152	0	206,972	22,126,120	73.00
74.00	07400	RENAL DIALYSIS	0.303881	1,661	0	0	505	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160	PULMONARY REHAB	0.710263	196,391	0	0	139,489	76.01
76.97	07697	CARDIAC REHABILITATION	0.223343	1,730,205	0	0	386,429	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.899999	1,144,655	0	0	1,030,188	90.00
90.01	09001	FAMILY PRACTICE	0.644655	227,701	0	313	146,789	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.249026	252,558	0	0	62,894	90.02
90.03	09003	CHEMO	0.099350	11,352,828	0	237	1,127,903	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.190938	471,315	0	477	561,307	90.04
90.05	09005	PAIN MANAGEMENT	0.319708	3,164,988	0	0	1,011,872	90.05
90.06	09006	WOUND CARE	0.157562	4,461,127	0	2,174	702,904	90.06
90.07	09007	SLEEP CENTER	0.371501	2,340,178	0	0	869,378	90.07
90.08	09008	HEMATOLOGY	0.588575	704,427	0	0	414,608	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.465760	464,193	0	0	216,203	90.09
90.10	09010	DIABETES CENTER	0.000000	0	0	0	0	90.10
90.11	09011	DERMATOLOGY	0.192867	5,122,123	0	217	987,888	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0.900919	225,381	0	0	203,050	90.12
90.13	09013	MOB6 GI	0.906809	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.118541	29,592,544	0	190	3,507,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.501736	2,480,135	0	27	1,244,373	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.490908	1,209,690	0	22	593,846	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.312881	0	0	0	0	96.00
200.00		Subtotal (see instructions)		444,357,260	11,003	218,263	76,864,299	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		444,357,260	11,003	218,263	76,864,299	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part V Date/Time Prepared: 2/28/2024 1:09 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	33			50.00
51.00	05100	RECOVERY ROOM	0	2			51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	188			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23			55.00
56.00	05600	RADIOISOTOPE	0	37			56.00
57.00	05700	CT SCAN	0	108			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	954	58			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28			59.00
60.00	06000	LABORATORY	57	0			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	144			69.00
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	41,339			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0			76.00
76.01	03160	PULMONARY REHAB	0	0			76.01
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0			90.00
90.01	09001	FAMILY PRACTICE	0	202			90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0			90.02
90.03	09003	CHEMO	0	24			90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	568			90.04
90.05	09005	PAIN MANAGEMENT	0	0			90.05
90.06	09006	WOUND CARE	0	343			90.06
90.07	09007	SLEEP CENTER	0	0			90.07
90.08	09008	HEMATOLOGY	0	0			90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0	0			90.09
90.10	09010	DIABETES CENTER	0	0			90.10
90.11	09011	DERMATOLOGY	0	42			90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0	0			90.12
90.13	09013	MOB6 GI	0	0			90.13
91.00	09100	EMERGENCY	0	23			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
200.00		Subtotal (see instructions)	1,011	43,187			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	1,011	43,187			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part I Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,985,938	0	12,985,938	142,909	90.87	30.00
31.00	INTENSIVE CARE UNIT	3,005,581		3,005,581	25,016	120.15	31.00
32.00	CORONARY CARE UNIT	406,996		406,996	4,664	87.26	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
200.00	Total (lines 30 through 199)	16,398,515		16,398,515	172,589		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,046	276,790				
31.00	INTENSIVE CARE UNIT	378	45,417				
32.00	CORONARY CARE UNIT	127	11,082				
40.00	SUBPROVIDER - IPF	0	0				
200.00	Total (lines 30 through 199)	3,551	333,289				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082		Period: From 10/01/2022 To 09/30/2023		Worksheet D Part II Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,609,449	565,514,038	0.024066	3,006,579	72,356	50.00
51.00	05100	RECOVERY ROOM	1,734,745	32,280,048	0.053740	212,877	11,440	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,987,525	195,834,298	0.020362	788,428	16,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	731,729	128,318,596	0.005702	678,466	3,869	55.00
56.00	05600	RADIOISOTOPE	175,956	22,702,916	0.007750	68,342	530	56.00
57.00	05700	CT SCAN	1,163,432	199,163,574	0.005842	1,445,996	8,448	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,819,118	63,350,751	0.028715	305,662	8,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,976,094	172,364,509	0.023068	563,269	12,993	59.00
60.00	06000	LABORATORY	2,719,220	294,493,825	0.009234	2,175,344	20,087	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	100,693	26,106,971	0.003857	462,192	1,783	63.00
64.00	06400	INTRAVENOUS THERAPY	121,097	11,409,505	0.010614	320,664	3,404	64.00
65.00	06500	RESPIRATORY THERAPY	776,552	96,952,623	0.008010	2,809,036	22,500	65.00
66.00	06600	PHYSICAL THERAPY	519,168	97,700,868	0.005314	1,012,242	5,379	66.00
69.00	06900	ELECTROCARDIOLOGY	943,566	90,911,347	0.010379	492,760	5,114	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	465,328	59,641,328	0.007802	401,820	3,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,131,210	125,574,345	0.009008	695,981	6,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,230,424	520,958,536	0.004281	5,115,684	21,900	73.00
74.00	07400	RENAL DIALYSIS	374,066	13,864,110	0.026981	647,377	17,467	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.00
76.01	03160	PULMONARY REHAB	25,822	487,052	0.053017	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	28,440	4,426,692	0.006425	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	669,325	4,970,166	0.134669	0	0	90.00
90.01	09001	FAMILY PRACTICE	161,191	3,521,235	0.045777	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	59,595	10,310,712	0.005780	0	0	90.02
90.03	09003	CHEMO	381,226	39,006,633	0.009773	3,451	34	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	48,561	1,108,509	0.043807	0	0	90.04
90.05	09005	PAIN MANAGEMENT	367,210	11,101,827	0.033077	0	0	90.05
90.06	09006	WOUND CARE	161,840	18,188,853	0.008898	32,857	292	90.06
90.07	09007	SLEEP CENTER	453,766	11,048,644	0.041070	0	0	90.07
90.08	09008	HEMATOLOGY	258,920	2,924,451	0.088536	278	25	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	250,184	4,458,580	0.056113	27,369	1,536	90.09
90.10	09010	DIABETES CENTER	0	0	0.000000	0	0	90.10
90.11	09011	DERMATOLOGY	494,400	21,112,850	0.023417	0	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	293,520	1,094,042	0.268290	0	0	90.12
90.13	09013	MOB6 GI	49,575	2,417,457	0.020507	0	0	90.13
91.00	09100	EMERGENCY	2,553,569	323,733,486	0.007888	2,746,662	21,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,363,570	27,539,758	0.049513	155,961	7,722	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,039,236	25,594,509	0.040604	331,733	13,470	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	555,786	44,269,999	0.012554	0	0	96.00
200.00		Total (lines 50 through 199)	45,795,108	3,274,457,643		24,501,030	286,250	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part III Date/Time Prepared: 2/28/2024 1:09 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,240,473	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	399,821	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	31,994	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	1,672,288	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	1,240,473	142,909	8.68	3,046	
31.00	03100	INTENSIVE CARE UNIT		399,821	25,016	15.98	378	
32.00	03200	CORONARY CARE UNIT		31,994	4,664	6.86	127	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	
200.00		Total (lines 30 through 199)		1,672,288	172,589		3,551	
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	26,439					30.00
31.00	03100	INTENSIVE CARE UNIT	6,040					31.00
32.00	03200	CORONARY CARE UNIT	871					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
200.00		Total (lines 30 through 199)	33,350					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Prepared: 2/28/2024 1:09 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	13,953	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	40,170	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	25,634	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	8,242	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	973	74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0	76.00
76.01 03160 PULMONARY REHAB	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	4,089	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	2,272	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06 09006 WOUND CARE	0	0	0	0	3,634	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	0	0	90.09
90.10 09010 DIABETES CENTER	0	0	0	0	0	90.10
90.11 09011 DERMATOLOGY	0	0	0	0	0	90.11
90.12 09012 DH RHEUMATOLOGY 4TH STREET	0	0	0	0	0	90.12
90.13 09013 MOB6 GI	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0	0	0	0	115,514	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	130,259	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	185,731	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	0	530,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part IV Date/Time Prepared: 2/28/2024 1:09 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	13,953	13,953	565,514,038	0.000025	50.00	
51.00 05100 RECOVERY ROOM	0	40,170	40,170	32,280,048	0.001244	51.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	195,834,298	0.000000	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	128,318,596	0.000000	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	22,702,916	0.000000	56.00	
57.00 05700 CT SCAN	0	0	0	199,163,574	0.000000	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	63,350,751	0.000000	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	25,634	25,634	172,364,509	0.000149	59.00	
60.00 06000 LABORATORY	0	0	0	294,493,825	0.000000	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	26,106,971	0.000000	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	8,242	8,242	11,409,505	0.000722	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	96,952,623	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	97,700,868	0.000000	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	90,911,347	0.000000	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	59,641,328	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	125,574,345	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	520,958,536	0.000000	73.00	
74.00 07400 RENAL DIALYSIS	0	973	973	13,864,110	0.000070	74.00	
76.00 03030 ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.00	
76.01 03160 PULMONARY REHAB	0	0	0	487,052	0.000000	76.01	
76.97 07697 CARDIAC REHABILITATION	0	4,089	4,089	4,426,692	0.000924	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	4,970,166	0.000000	90.00	
90.01 09001 FAMILY PRACTICE	0	0	0	3,521,235	0.000000	90.01	
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	10,310,712	0.000000	90.02	
90.03 09003 CHEMO	0	2,272	2,272	39,006,633	0.000058	90.03	
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	1,108,509	0.000000	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	0	11,101,827	0.000000	90.05	
90.06 09006 WOUND CARE	0	3,634	3,634	18,188,853	0.000200	90.06	
90.07 09007 SLEEP CENTER	0	0	0	11,048,644	0.000000	90.07	
90.08 09008 HEMATOLOGY	0	0	0	2,924,451	0.000000	90.08	
90.09 09009 MULTI-SPECIALTY SERVICES	0	0	0	4,458,580	0.000000	90.09	
90.10 09010 DIABETES CENTER	0	0	0	0	0.000000	90.10	
90.11 09011 DERMATOLOGY	0	0	0	21,112,850	0.000000	90.11	
90.12 09012 DH RHEUMATOLOGY 4TH STREET	0	0	0	1,094,042	0.000000	90.12	
90.13 09013 MOB6 GI	0	0	0	2,417,457	0.000000	90.13	
91.00 09100 EMERGENCY	0	115,514	115,514	323,733,486	0.000357	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	130,259	130,259	27,539,758	0.004730	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	185,731	185,731	25,594,509	0.007257	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	44,269,999	0.000000	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	44,269,999	0.000000	96.00	
200.00 Total (lines 50 through 199)	0	530,471	530,471	3,274,457,643		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet D  
Part IV  
Date/Time Prepared:  
2/28/2024 1:09 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000025	3,006,579	75	0	0	50.00
51.00	05100 RECOVERY ROOM	0.001244	212,877	265	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	788,428	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	678,466	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	68,342	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,445,996	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	305,662	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000149	563,269	84	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,175,344	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	462,192	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000722	320,664	232	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,809,036	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,012,242	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	492,760	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	401,820	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	695,981	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,115,684	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000070	647,377	45	0	0	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160 PULMONARY REHAB	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000924	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000058	3,451	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000200	32,857	7	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	278	0	0	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.000000	27,369	0	0	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
90.11	09011 DERMATOLOGY	0.000000	0	0	0	0	90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	0.000000	0	0	0	0	90.12
90.13	09013 MOB6 GI	0.000000	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.000357	2,746,662	981	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004730	155,961	738	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.007257	331,733	2,407	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		24,501,030	4,834	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part V Date/Time Prepared: 2/28/2024 1:09 pm			
		Title XIX	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.152750	0	0	2,195,677	0	50.00
51.00	05100 RECOVERY ROOM	0.391014	0	0	212,587	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.096082	0	0	1,430,802	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.104462	0	0	1,096,306	0	55.00
56.00	05600 RADIOISOTOPE	0.172379	0	0	178,759	0	56.00
57.00	05700 CT SCAN	0.041233	0	0	1,909,412	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.089581	0	0	411,640	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119979	0	0	591,467	0	59.00
60.00	06000 LABORATORY	0.162876	0	0	2,394,815	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.195739	0	0	72,890	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.332031	0	0	28,551	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.098671	0	0	212,621	0	65.00
66.00	06600 PHYSICAL THERAPY	0.158523	0	0	108,748	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.094602	0	0	304,755	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.492703	0	0	219,416	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.569436	0	0	455,201	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199730	0	0	2,968,734	0	73.00
74.00	07400 RENAL DIALYSIS	0.303881	0	0	71,577	0	74.00
76.00	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.00
76.01	03160 PULMONARY REHAB	0.710263	0	0	2,592	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.223343	0	0	2,435	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.899999	0	0	29,124	0	90.00
90.01	09001 FAMILY PRACTICE	0.644655	0	0	135,531	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.249026	0	0	10,518	0	90.02
90.03	09003 CHEMO	0.099350	0	0	386,178	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.190938	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.319708	0	0	57,115	0	90.05
90.06	09006 WOUND CARE	0.157562	0	0	248,461	0	90.06
90.07	09007 SLEEP CENTER	0.371501	0	0	141,443	0	90.07
90.08	09008 HEMATOLOGY	0.588575	0	0	23,352	0	90.08
90.09	09009 MULTI-SPECIALTY SERVICES	0.465760	0	0	63,329	0	90.09
90.10	09010 DIABETES CENTER	0.000000	0	0	0	0	90.10
90.11	09011 DERMATOLOGY	0.192867	0	0	31,107	0	90.11
90.12	09012 DH RHEUMATOLOGY 4TH STREET	0.900919	0	0	5,241	0	90.12
90.13	09013 MOB6 GI	0.906809	0	0	12,896	0	90.13
91.00	09100 EMERGENCY	0.118541	0	0	4,885,967	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.501736	0	0	492,213	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.490908	0	0	140,445	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.312881	0	0	0	0	96.00
200.00	Subtotal (see instructions)		0	0	21,531,905	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	21,531,905	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D Part V Date/Time Prepared: 2/28/2024 1:09 pm
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	335,390		50.00
51.00 05100 RECOVERY ROOM	0	83,124		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	137,474		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	114,522		55.00
56.00 05600 RADIOISOTOPE	0	30,814		56.00
57.00 05700 CT SCAN	0	78,731		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	36,875		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	70,964		59.00
60.00 06000 LABORATORY	0	390,058		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	14,267		63.00
64.00 06400 INTRAVENOUS THERAPY	0	9,480		64.00
65.00 06500 RESPIRATORY THERAPY	0	20,980		65.00
66.00 06600 PHYSICAL THERAPY	0	17,239		66.00
69.00 06900 ELECTROCARDIOLOGY	0	28,830		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	108,107		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	259,208		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	592,945		73.00
74.00 07400 RENAL DIALYSIS	0	21,751		74.00
76.00 03030 ANGIOCARDIOGRAPHY	0	0		76.00
76.01 03160 PULMONARY REHAB	0	1,841		76.01
76.97 07697 CARDIAC REHABILITATION	0	544		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	26,212		90.00
90.01 09001 FAMILY PRACTICE	0	87,371		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	2,619		90.02
90.03 09003 CHEMO	0	38,367		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	18,260		90.05
90.06 09006 WOUND CARE	0	39,148		90.06
90.07 09007 SLEEP CENTER	0	52,546		90.07
90.08 09008 HEMATOLOGY	0	13,744		90.08
90.09 09009 MULTI-SPECIALTY SERVICES	0	29,496		90.09
90.10 09010 DIABETES CENTER	0	0		90.10
90.11 09011 DERMATOLOGY	0	6,000		90.11
90.12 09012 DH RHEUMATOLOGY 4TH STREET	0	4,722		90.12
90.13 09013 MOB6 GI	0	11,694		90.13
91.00 09100 EMERGENCY	0	579,187		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	246,961		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	68,946		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00	Subtotal (see instructions)	0	3,578,417	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	3,578,417	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/28/2024 1:09 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		142,909	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		142,909	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)		127,903	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)		40,353	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
<b>SWING BED ADJUSTMENT</b>				
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)		131,591,972	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)		131,591,972	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		131,591,972	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		920.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,157,446	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)		37,157,446	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	38,790,002	25,016	1,550.61	8,445	13,094,901	43.00
44.00	7,436,435	4,664	1,594.43	1,430	2,280,035	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				80,399,607	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)				132,931,989	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)				5,301,351	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				5,534,987	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				10,836,338	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				122,095,651	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)				15,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				920.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				13,817,675	89.00



COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet D-1  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		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	12,985,938	131,591,972	0.098683	13,817,675	1,363,570	90.00
91.00	Nursing Program cost	0	131,591,972	0.000000	13,817,675	0	91.00
92.00	Allied health cost	1,240,473	131,591,972	0.009427	13,817,675	130,259	92.00
93.00	All other Medical Education	0	131,591,972	0.000000	13,817,675	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/28/2024 1:09 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		142,909	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		142,909	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)		127,903	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)		3,046	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
<b>SWING BED ADJUSTMENT</b>				
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)		131,591,972	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)		131,591,972	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		131,591,972	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		920.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,804,787	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,804,787	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D-1 Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	38,790,002	25,016	1,550.61	378	586,131	43.00
44.00	7,436,435	4,664	1,594.43	127	202,493	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				4,330,496	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)				7,923,907	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)				366,639	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				291,084	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				657,723	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				7,266,184	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)				15,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				920.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				13,817,675	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet D-1  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	12,985,938	131,591,972	0.098683	13,817,675	1,363,570	90.00
91.00 Nursing Program cost	0	131,591,972	0.000000	13,817,675	0	91.00
92.00 Allied health cost	1,240,473	131,591,972	0.009427	13,817,675	130,259	92.00
93.00 All other Medical Education	0	131,591,972	0.000000	13,817,675	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3 Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		64,747,763	30.00
31.00	03100	INTENSIVE CARE UNIT		32,701,104	31.00
32.00	03200	CORONARY CARE UNIT		6,539,185	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.155615	68,370,720	50.00
51.00	05100	RECOVERY ROOM	0.391014	4,730,447	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097639	11,952,726	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104462	8,155,240	55.00
56.00	05600	RADIOISOTOPE	0.172379	2,986,774	56.00
57.00	05700	CT SCAN	0.041233	22,592,218	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089581	4,822,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119979	35,297,420	59.00
60.00	06000	LABORATORY	0.163917	30,616,086	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.195739	7,198,377	63.00
64.00	06400	INTRAVENOUS THERAPY	0.332031	385,086	64.00
65.00	06500	RESPIRATORY THERAPY	0.098671	30,692,322	65.00
66.00	06600	PHYSICAL THERAPY	0.158523	21,530,421	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094602	10,947,765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.492703	9,870,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569436	32,653,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199730	61,285,865	73.00
74.00	07400	RENAL DIALYSIS	0.303946	4,762,916	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.725259	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.223487	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.909528	2,478	90.00
90.01	09001	FAMILY PRACTICE	0.644655	267	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.249026	192	90.02
90.03	09003	CHEMO	0.099350	79,202	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.190938	1,854	90.04
90.05	09005	PAIN MANAGEMENT	0.320026	392	90.05
90.06	09006	WOUND CARE	0.157562	97,721	90.06
90.07	09007	SLEEP CENTER	0.371501	125	90.07
90.08	09008	HEMATOLOGY	0.588575	6,809	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.465820	533,670	90.09
90.10	09010	DIABETES CENTER	0.000000	0	90.10
90.11	09011	DERMATOLOGY	0.192867	392	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0.900919	267	90.12
90.13	09013	MOB6 GI	0.906809	0	90.13
91.00	09100	EMERGENCY	0.129266	39,030,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.501736	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.490908	6,668,291	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.312881	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		415,272,951	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)		415,272,951	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet D-3 Date/Time Prepared: 2/28/2024 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,516,198	30.00
31.00	03100	INTENSIVE CARE UNIT		2,752,251	31.00
32.00	03200	CORONARY CARE UNIT		805,822	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.155615	3,006,579	50.00
51.00	05100	RECOVERY ROOM	0.391014	212,877	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097639	788,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.104462	678,466	55.00
56.00	05600	RADIOISOTOPE	0.172379	68,342	56.00
57.00	05700	CT SCAN	0.041233	1,445,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.089581	305,662	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119979	563,269	59.00
60.00	06000	LABORATORY	0.163917	2,175,344	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.195739	462,192	63.00
64.00	06400	INTRAVENOUS THERAPY	0.332031	320,664	64.00
65.00	06500	RESPIRATORY THERAPY	0.098671	2,809,036	65.00
66.00	06600	PHYSICAL THERAPY	0.158523	1,012,242	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094602	492,760	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.492703	401,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.569436	695,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199730	5,115,684	73.00
74.00	07400	RENAL DIALYSIS	0.303946	647,377	74.00
76.00	03030	ANGIOCARDIOGRAPHY	0.000000	0	76.00
76.01	03160	PULMONARY REHAB	0.725259	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.223487	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.909528	0	90.00
90.01	09001	FAMILY PRACTICE	0.644655	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.249026	0	90.02
90.03	09003	CHEMO	0.099350	3,451	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.190938	0	90.04
90.05	09005	PAIN MANAGEMENT	0.320026	0	90.05
90.06	09006	WOUND CARE	0.157562	32,857	90.06
90.07	09007	SLEEP CENTER	0.371501	0	90.07
90.08	09008	HEMATOLOGY	0.588575	278	90.08
90.09	09009	MULTI-SPECIALTY SERVICES	0.465820	27,369	90.09
90.10	09010	DIABETES CENTER	0.000000	0	90.10
90.11	09011	DERMATOLOGY	0.192867	0	90.11
90.12	09012	DH RHEUMATOLOGY 4TH STREET	0.900919	0	90.12
90.13	09013	MOB6 GI	0.906809	0	90.13
91.00	09100	EMERGENCY	0.129266	2,746,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.501736	155,961	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.490908	331,733	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.312881	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		24,501,030	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)		24,501,030	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 1:09 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		124,645,536	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,007,705	2.04
3.00	Managed Care Simulated Payments		87,089,326	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		502.02	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		19.30	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		19.30	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.48	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		19.30	12.00
13.00	Total allowable FTE count for the prior year.		19.30	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.		15.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.97	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		17.97	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.035795	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.035098	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.035098	21.00
22.00	IME payment adjustment (see instructions)		2,367,393	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,654,088	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		2.18	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)		2.18	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004342	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001159	27.00
28.00	IME add-on adjustment amount (see instructions)		144,464	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		100,937	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		2,511,857	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,755,025	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.21	31.00
32.00	Sum of lines 30 and 31		26.13	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.77	33.00
34.00	Disproportionate share adjustment (see instructions)		3,356,081	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 1:09 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Payment Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	6,874,403,459	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000755805	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		0	5,195,707	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		0	5,195,707	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		5,195,707		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		136,716,886		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			138,471,911	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			9,581,466	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).			938,590	52.00
53.00	Nursing and Allied Health Managed Care payment			376,252	53.00
54.00	Special add-on payments for new technologies			247,227	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).			495,025	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			75,815	58.00
59.00	Total (sum of amounts on lines 49 through 58)			150,186,286	59.00
60.00	Primary payer payments			32,860	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			150,153,426	61.00
62.00	Deductibles billed to program beneficiaries			12,029,121	62.00
63.00	Coinsurance billed to program beneficiaries			449,772	63.00
64.00	Allowable bad debts (see instructions)			1,595,653	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,037,174	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			987,259	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			138,711,707	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			3,840	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			-424,635	70.94
70.95	Recovery of accelerated depreciation			0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part A Date/Time Prepared: 2/28/2024 1:09 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		138,283,232	71.00
71.01	Sequestration adjustment (see instructions)		2,765,665	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		133,788,599	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)		1,728,968	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		7,626,270	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	124,645,536	0	0	124,645,536	124,645,536	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,007,705	0	0	1,007,705	1,007,705	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	87,089,326	0	0	87,089,326	87,089,326	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.035098	0.035098	0.035098	0.035098		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,367,393	0	0	2,367,393	2,367,393	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,654,088	0	0	1,654,088	1,654,088	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001159	0.001159	0.001159	0.001159		7.00
8.00	IME adjustment (see instructions)	28.00	144,464	0	0	144,464	144,464	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	100,937	0	0	100,937	100,937	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,511,857	0	0	2,511,857	2,511,857	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,755,025	0	0	1,755,025	1,755,025	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1077	0.1077	0.1077	0.1077		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,356,081	0	0	3,356,081	3,356,081	11.00
11.01	Uncompensated care payments	36.00	5,195,707	0	0	5,195,707	5,195,707	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	136,716,886	0	0	136,716,886	136,716,886	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	138,471,911	0	0	138,471,911	138,471,911	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,581,466	0	0	9,581,466	9,581,466	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	247,227	0	0	247,227	247,227	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,840	0	0	3,840	3,840	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	148,304,444	148,304,444	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	9,343,202	0	0	9,343,202	9,343,202	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	113,999	0	0	113,999	113,999	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0133	0.0133	0.0133	0.0133		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,265	0	0	124,265	124,265	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,581,466	0	0	9,581,466	9,581,466	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	124,645,536		124,645,536	124,645,536	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,007,705		1,007,705	1,007,705	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	87,089,326	0	87,089,326	87,089,326	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.035098	0.035098	0.035098		5.00	
6.00	IME payment adjustment (see instructions)	22.00	2,367,393	0	2,367,393	2,367,393	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,654,088	0	1,654,088	1,654,088	6.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001159	0.001159	0.001159		7.00	
8.00	IME adjustment (see instructions)	28.00	144,464	0	144,464	144,464	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	100,937	0	100,937	100,937	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,511,857	0	2,511,857	2,511,857	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,755,025	0	1,755,025	1,755,025	9.01	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1077	0.1077	0.1077		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,356,081	0	3,356,081	3,356,081	11.00	
11.01	Uncompensated care payments	36.00	5,195,707	0	5,195,707	5,195,707	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	136,716,886	0	136,716,886	136,716,886	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	138,471,911	0	138,471,911	138,471,911	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,581,466	0	9,581,466	9,581,466	16.00	
17.00	Special add-on payments for new technologies	54.00	247,227	0	247,227	247,227	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,840	0	3,840	3,840	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	148,304,444	148,304,444	19.00	

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	9,343,202	0	9,343,202	9,343,202	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	113,999	0	113,999	113,999	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0133	0.0133	0.0133		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	124,265	0	124,265	124,265	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,581,466	0	9,581,466	9,581,466	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-424,635	0	-424,635	-424,635	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/28/2024 1:09 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		44,198	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		76,819,456	2.00
3.00	OPPS or REH payments		94,967,164	3.00
4.00	Outlier payment (see instructions)		23,421	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		44,843	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		44,198	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		229,266	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)		229,266	14.00
<b>Customary charges</b>				
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)		229,266	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		185,068	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)		44,198	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)		95,035,428	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,130	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		16,324,784	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)		78,752,712	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		542,998	28.00
28.50	REH facility payment amount			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)		79,295,710	30.00
31.00	Primary payer payments		23,259	31.00
32.00	Subtotal (line 30 minus line 31)		79,272,451	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,074,342	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		698,322	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		791,765	36.00
37.00	Subtotal (see instructions)		79,970,773	37.00
38.00	MSP-LCC reconciliation amount from PS&R		601	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		79,970,172	40.00
40.01	Sequestration adjustment (see instructions)		1,599,403	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		78,433,971	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)		-63,202	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		1,058,428	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E Part B Date/Time Prepared: 2/28/2024 1:09 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/28/2024 1:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		133,788,599		78,405,871	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	06/14/2023	28,100	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		28,100	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)		133,788,599		78,433,971	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		1,728,968		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		63,202	6.02	
7.00	Total Medicare program liability (see instructions)		135,517,567		78,370,769	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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Title XVIII		Hospital	PPS
			1.00

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**  
**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days (see instructions)	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days (see instructions)	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>		
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: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E-4 Date/Time Prepared: 2/28/2024 1:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	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			1.40	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	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)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.59	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	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.	21.59	0.00	21.59	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.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.37	0.23		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.25	0.35		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.41	0.19		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	16.41	0.19		17.00
18.00	Per resident amount	156,723.00	156,723.00		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	2,571,824	29,777	2,601,601	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)			4.99	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)			2,601,601	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E-4 Date/Time Prepared: 2/28/2024 1:09 pm
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		Title XVIII		Hospital	PPS	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	50,228	9,450	31,400		26.00
27.00	Total Inpatient Days (see instructions)	157,583	157,583	157,583		27.00
28.00	Ratio of inpatient days to total inpatient days	0.318740	0.059968	0.199260		28.00
29.00	Program direct GME amount	829,234	156,013	518,395	1,503,642	29.00
29.01	Percent reduction for MA DGME		3.27	3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,102	16,952	22,054	30.00
31.00	Net Program direct GME amount				1,481,588	31.00
					1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>						
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				973	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				13,864,110	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000070	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>						
<b>Part A Reasonable Cost</b>						
37.00	Reasonable cost (see instructions)				132,931,989	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)				32,860	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				132,899,129	41.00
<b>Part B Reasonable Cost</b>						
42.00	Reasonable cost (see instructions)				76,908,497	42.00
43.00	Primary payer payments (see instructions)				23,259	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				76,885,238	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				209,784,367	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.633503	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.366497	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>						
48.00	Total program GME payment (line 31)				1,481,588	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				938,590	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				542,998	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet E-5 Date/Time Prepared: 2/28/2024 1:09 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet G

Date/Time Prepared:  
2/28/2024 1:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	172,588,129	0	0	0	1.00
2.00	Temporary investments	2,587,958	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	150,737,112	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	11,375,719	0	0	0	7.00
8.00	Prepaid expenses	15,791,586	0	0	0	8.00
9.00	Other current assets	168,067,379	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)	521,147,883	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	24,404,902	0	0	0	12.00
13.00	Land improvements	6,800,885	0	0	0	13.00
14.00	Accumulated depreciation	-4,144,079	0	0	0	14.00
15.00	Buildings	945,752,835	0	0	0	15.00
16.00	Accumulated depreciation	-458,852,740	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	330,733,424	0	0	0	19.00
20.00	Accumulated depreciation	-265,128,562	0	0	0	20.00
21.00	Automobiles and trucks	0	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	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	579,566,665	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	936,017,543	21,227,351	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	308,517,215	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,244,534,758	21,227,351	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,345,249,306	21,227,351	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	52,728,340	0	0	0	37.00
38.00	Salaries, wages, and fees payable	62,893,853	0	0	0	38.00
39.00	Payroll taxes payable	2,277,463	0	0	0	39.00
40.00	Notes and loans payable (short term)	21,169,990	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	9,321,074	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	148,390,720	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	450,658,213	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	101,270,150	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	551,928,363	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	700,319,083	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,644,930,223				52.00
53.00	Specific purpose fund		21,227,351			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,644,930,223	21,227,351	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,345,249,306	21,227,351	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet G-1

Date/Time Prepared:  
2/28/2024 1:09 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,449,012,553		18,533,257	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		238,933,761			2.00
3.00	Total (sum of line 1 and line 2)		1,687,946,314		18,533,257	3.00
4.00	RESTRICTED CONTRIBUTIONS	0		1,608,602		4.00
5.00	FOUNDATION NET INCOME	0		370,973		5.00
6.00	BENEFIT RELATED CHANGED	14,864,393		0		6.00
7.00	NET UNREALIZED GAIN	0		745,483		7.00
8.00	CHANGE IN TRUST	0		83,624		8.00
9.00	AUDIT RECLASSIFICATION	192,172		0		9.00
10.00	Total additions (sum of line 4-9)		15,056,565		2,808,682	10.00
11.00	Subtotal (line 3 plus line 10)		1,703,002,879		21,341,939	11.00
12.00	TRANSFERS	58,072,654		0		12.00
13.00	LOSS ON DEBT RETIREMENT	0		0		13.00
14.00	BENEFIT RELATED CHANGES	0		0		14.00
15.00	CHANGE IN BENEFICIAL TRUST	0		0		15.00
16.00	NET UNREALIZED LOSS ON INVESTMENTS	0		114,588		16.00
17.00	ROUNDING (CORRECT VARIANCE IN REV)	2		0		17.00
18.00	Total deductions (sum of lines 12-17)		58,072,656		114,588	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,644,930,223		21,227,351	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	RESTRICTED CONTRIBUTIONS		0			4.00
5.00	FOUNDATION NET INCOME		0			5.00
6.00	BENEFIT RELATED CHANGED		0			6.00
7.00	NET UNREALIZED GAIN		0			7.00
8.00	CHANGE IN TRUST		0			8.00
9.00	AUDIT RECLASSIFICATION		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	TRANSFERS		0			12.00
13.00	LOSS ON DEBT RETIREMENT		0			13.00
14.00	BENEFIT RELATED CHANGES		0			14.00
15.00	CHANGE IN BENEFICIAL TRUST		0			15.00
16.00	NET UNREALIZED LOSS ON INVESTMENTS		0			16.00
17.00	ROUNDING (CORRECT VARIANCE IN REV)		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: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/28/2024 1:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	262,543,419		262,543,419	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	262,543,419		262,543,419	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	100,668,447		100,668,447	11.00
12.00	CORONARY CARE UNIT	21,003,152		21,003,152	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	121,671,599		121,671,599	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	384,215,018		384,215,018	17.00
18.00	Ancillary services	1,102,718,303	1,666,128,717	2,768,847,020	18.00
19.00	Outpatient services	147,670,851	503,933,890	651,604,741	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,634,604,172	2,170,062,607	3,804,666,779	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,169,544,790		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)		1,169,544,790		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:  
From 10/01/2022  
To 09/30/2023

Worksheet G-3

Date/Time Prepared:  
2/28/2024 1:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,804,666,779	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,630,606,208	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,174,060,571	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,169,544,790	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,515,781	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	53,994,426	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	61,725	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	18,820	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,869,952	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	52,276	21.00
22.00	Rental of hospital space	21,694,355	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	102,930,581	24.00
24.01	GAIN ON ACQUISITION	53,688,474	24.01
24.50	COVID-19 PHE Funding	123,096	24.50
25.00	Total other income (sum of lines 6-24)	234,433,705	25.00
26.00	Total (line 5 plus line 25)	238,949,486	26.00
27.00	REVENUE/EXPENSE VARIANCE	15,725	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	15,725	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	238,933,761	29.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2022 To 09/30/2023	Worksheet L Parts I-III Date/Time Prepared: 2/28/2024 1:09 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		9,343,202	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		113,999	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		431.73	3.00
4.00	Number of interns & residents (see instructions)		20.15	4.00
5.00	Indirect medical education percentage (see instructions)		1.33	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		124,265	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		9,581,466	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00