

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: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 3/28/2024 2:21 pm
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**PART I - COST REPORT STATUS**

Provider use only

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

Date: 3/28/2024 Time: 2:21 pm

Contractor use only

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

6. Date Received:  
 7. Contractor No.

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

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH INDIANAPOLIS ( 15-0162 ) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Jay Brehm	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	Jay Brehm		2
3	Signatory Title	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	126,250	88,964	0	224,574
2.00	SUBPROVIDER - IPF	0	0	0	0	0
3.00	SUBPROVIDER - IRF	0	-117,656	-9	0	2
5.00	SWING BED - SNF	0	0	0	0	0
6.00	SWING BED - NF	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
200.00	TOTAL	0	8,594	88,955	0	224,576

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: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 2:21 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 8111 S. EMERSON AVENUE	PO Box:	Zip Code: 46237	County: MARION
2.00	City: INDIANAPOLIS	State: IN		2.00

	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	FRANCSAN HEALTH INDIANAPOLIS	150162	26900	1	05/01/2006	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	REHAB UNIT	15T162	26900	5	01/01/2005	N	P	P	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	HOSPICE	151523	26900		01/01/2014				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2023		12/31/2023		20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 2:21 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.	921	125	19	69	23,105	368		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	21	0	0	342			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	Y		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)		23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.05

		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)	Y			0.81	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

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

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		Y		63.00	
			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 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 MEDICINE GENERAL	1350	9.00	13.91	0.392842 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

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	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 GENERAL 1350	14.14	11.85	0.544055		67.00	
					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)						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.						Y	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						N N 0	76.00
					1.00			
<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)			N	0		88.00	
Column 2: Enter the number of approved permanent adjustments.								

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		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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
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.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
<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.	N	N	N	N
					109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 2:21 pm
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
			1.00	2.00
			3.00	
<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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	207,030	1,598,163
			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
DO NOT USE THIS LINE				
119.00				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
120.00				120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
121.00				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.03
122.00				122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	Y
123.00				123.00
<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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 2:21 pm	
		1.00		2.00			
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		158014		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SISTERS OF ST. FRANCIS HEALTH SERVICES	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1515 W DRAGOON TRL	PO Box: 1290				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46544		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						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	
		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	
						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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 2:21 pm
		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: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 3/28/2024 2:21 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
<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	05/31/2024			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					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?	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.	Y					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.	N					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	03/04/2024	Y	03/04/2024		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: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 3/28/2024 2:21 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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	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.			N	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.			Y	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.	NEIL		GRAFF	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2625106359		NEIL.GRAFF@FRANCSANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 3/28/2024 2:21 pm
		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.	REIMBURSEMENT DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	Title V
	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	272	99,280	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)		272	99,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	31	11,315	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	46	16,790	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	31	11,315	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		410	149,650	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits				0.00	0	15.10
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		432				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: 15-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 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)	20,630	715	71,039			1.00
2.00	HMO and other (see instructions)	32,208	23,105				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,354	342				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			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	20,630	715	71,039			7.00
8.00	INTENSIVE CARE UNIT	2,880	100	9,951			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	68	6,794			8.01
9.00	CORONARY CARE UNIT	4,685	136	13,517			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,432	80	8,001			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		35	3,459			13.00
14.00	Total (see instructions)	30,627	1,134	112,761	25.99	2,346.64	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,180	21	5,986	0.00	41.61	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	66.01	24.00
24.10	HOSPICE (non-distinct part)			0			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)				25.99	2,454.26	27.00
28.00	Observation Bed Days		1,677	9,715			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	368	368			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: 15-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 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			15.00
<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	5,746	200	19,924	1.00
2.00	HMO and other (see instructions)			5,051	4,497		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				29		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	5,746	200	19,924	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	277	1	487	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					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: 15-0162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 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	205,922,580	0	205,922,580	5,104,870.00	40.34
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		1,665,294	0	1,665,294	12,980.00	128.30
5.00	Physician and Non-Physician-Part B		2,988,164	0	2,988,164	19,378.00	154.20
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	5,800,692	-3,567,849	2,232,843	66,985.00	33.33
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		19,346,963	1,603,275	20,950,238	495,205.00	42.31
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		32,182,741	0	32,182,741	306,134.00	105.13
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		317,445	0	317,445	2,357.50	134.65
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		76,907,516	0	76,907,516	1,991,896.00	38.61
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		42,345,949	-329,698	42,016,251		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,821,531	329,698	5,151,229		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		263,918	0	263,918		
23.00	Physician Part B		455,872	0	455,872		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		578,131	0	578,131		
25.50	Home office wage-related (core)		20,920,426	0	20,920,426		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 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	2,230,115	-1,603,275	626,840	13,800.00	45.42	26.00
27.00	Administrative & General	5,763,335	0	5,763,335	144,371.00	39.92	27.00
28.00	Administrative & General under contract (see inst.)	840,660	0	840,660	8,189.82	102.65	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,334,956	0	3,334,956	104,633.00	31.87	30.00
31.00	Laundry & Linen Service	188,512	0	188,512	8,833.00	21.34	31.00
32.00	Housekeeping	3,877,925	0	3,877,925	191,812.00	20.22	32.00
33.00	Housekeeping under contract (see instructions)	2,341,339	0	2,341,339	71,176.44	32.89	33.00
34.00	Dietary	2,953,633	-1,710,385	1,243,248	60,235.00	20.64	34.00
35.00	Dietary under contract (see instructions)	48,118	0	48,118	1,474.25	32.64	35.00
36.00	Cafeteria	717,546	1,710,385	2,427,931	119,803.00	20.27	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,940,356	0	3,940,356	94,169.00	41.84	38.00
39.00	Central Services and Supply	803,556	0	803,556	29,495.00	27.24	39.00
40.00	Pharmacy	6,455,666	0	6,455,666	145,608.00	44.34	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0162

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/28/2024 2:21 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	198,698,547	3,567,849	202,266,396	5,086,367.51	39.77	1.00
2.00	Excluded area salaries (see instructions)	19,346,963	1,603,275	20,950,238	495,205.00	42.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	179,351,584	1,964,574	181,316,158	4,591,162.51	39.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	109,407,702	0	109,407,702	2,300,387.50	47.56	4.00
5.00	Subtotal wage-related costs (see inst.)	63,266,375	-329,698	62,936,677	0.00	34.71	5.00
6.00	Total (sum of lines 3 thru 5)	352,025,661	1,634,876	353,660,537	6,891,550.01	51.32	6.00
7.00	Total overhead cost (see instructions)	33,495,717	-1,603,275	31,892,442	993,599.51	32.10	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 3/28/2024 2:21 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	5,671,516	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)	7,918,874	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	0	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)	20,734,090	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	630,452	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	56,368	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)	684,051	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	985,294	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	11,784,758	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	48,465,403	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: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 3/28/2024 2:21 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	32,182,741	48,465,403	1.00
2.00	Hospital	32,182,741	48,465,403	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	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-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0162 Hospice CCN: 15-1523	Period: From 01/01/2023 To 12/31/2023	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 3/28/2024 2:21 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)
		1.00	2.00	3.00	4.00
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	15,475	475	2,001	17,951
12.00	Hospice Inpatient Respite Care	416	5	45	466
13.00	Hospice General Inpatient Care	12	3	0	15
14.00	Total Hospice Days	15,903	483	2,046	18,432
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 3/28/2024 2:21 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)		0.175122	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		118,059,017	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		564,037,714	6.00	
7.00	Medicaid cost (line 1 times line 6)		98,775,413	7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	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)		0	19.00	
			<b>Uninsured patients</b>	<b>Insured patients</b>	<b>Total (col. 1 + col. 2)</b>
			<b>1.00</b>	<b>2.00</b>	<b>3.00</b>
<b>Uncompensated care cost (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts (see instructions)	50,360,592	11,877,019	62,237,611	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,819,248	11,877,019	20,696,267	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)	8,819,248	11,877,019	20,696,267	23.00
			<b>1.00</b>		
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
25.01	Charges for insured patients' liability (see instructions)			0	25.01
26.00	Bad debt amount (see instructions)			19,380,139	26.00
27.00	Medicare reimbursable bad debts (see instructions)			508,475	27.00
27.01	Medicare allowable bad debts (see instructions)			782,269	27.01
28.00	Non-Medicare bad debt amount (see instructions)			18,597,870	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,530,690	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			24,226,957	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			24,226,957	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 3/28/2024 2:21 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)		0.172025	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)	49,748,438	11,835,730	61,584,168
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,557,975	11,835,730	20,393,705
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)	8,557,975	11,835,730	20,393,705
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		19,329,762	26.00
27.00	Medicare reimbursable bad debts (see instructions)		508,475	27.00
27.01	Medicare allowable bad debts (see instructions)		782,269	27.01
28.00	Non-Medicare bad debt amount (see instructions)		18,547,493	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,464,426	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		23,858,131	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,858,131	31.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	28,670,205	28,670,205	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,055,117	10,055,117	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,230,115	1,792,790	4,022,905	-2,820,373	1,202,532	4.00
5.01	00570	ADMINITTING	0	-9	-9	-10	-19	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	5,763,335	75,133,761	80,897,096	-3,505,270	77,391,826	5.03
7.00	00700	OPERATION OF PLANT	3,334,956	12,647,213	15,982,169	-3,677,829	12,304,340	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	188,512	1,738,710	1,927,222	-3,851	1,923,371	8.00
9.00	00900	HOUSEKEEPING	3,877,925	4,915,376	8,793,301	-69,425	8,723,876	9.00
10.00	01000	DIETARY	2,953,633	2,564,704	5,518,337	-3,056,045	2,462,292	10.00
11.00	01100	CAFETERIA	717,546	1,555,273	2,272,819	2,563,183	4,836,002	11.00
13.00	01300	NURSING ADMINISTRATION	3,940,566	259,428	4,199,784	-94,827	4,104,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	803,556	2,986,541	3,790,097	-609,341	3,180,756	14.00
15.00	01500	PHARMACY	6,455,666	26,419,623	32,875,289	-26,231,605	6,643,684	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,593	28,593	0	28,593	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,800,692	1,174,987	6,975,679	-4,601,695	2,373,984	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,828,240	1,828,240	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	42,889	5,423	48,312	-1,614	46,698	23.00
23.01	02302	PHARMACY PRGM	308,439	17,889	326,328	0	326,328	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	699,285	91,052	790,337	-111,028	679,309	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	100,000	100,000	23.03
23.04	02305	SURGICAL TECH PROGRAM	149,725	45,747	195,472	-3,649	191,823	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	36,073,813	27,227,740	63,301,553	-15,388,283	47,913,270	30.00
31.00	03100	INTENSIVE CARE UNIT	8,905,417	3,016,538	11,921,955	-1,681,721	10,240,234	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,303,614	2,277,377	6,580,991	-503,823	6,077,168	31.01
32.00	03200	CORONARY CARE UNIT	10,170,615	3,951,759	14,122,374	-1,167,512	12,954,862	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,061,098	1,886,735	9,947,833	-703,063	9,244,770	34.00
41.00	04100	SUBPROVIDER - IIRF	3,689,952	775,810	4,465,762	-132,153	4,333,609	41.00
43.00	04300	NURSERY	0	0	0	1,366,964	1,366,964	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,690,878	51,928,567	65,619,445	-39,541,950	26,077,495	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,237,597	937,780	4,175,377	-688,239	3,487,138	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,530,999	14,619,513	24,150,512	-8,097,262	16,053,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,330,442	11,096,751	12,427,193	-599,608	11,827,585	55.00
56.00	05600	RADIOISOTOPE	239,528	765,627	1,005,155	-725,135	280,020	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,833,072	24,823,161	27,656,233	-24,579,413	3,076,820	59.00
60.00	06000	LABORATORY	566,405	28,122,679	28,689,084	-4,672,469	24,016,615	60.00
64.00	06400	INTRAVENOUS THERAPY	4,358,225	48,158,988	52,517,213	-47,302,484	5,214,729	64.00
65.00	06500	RESPIRATORY THERAPY	8,949,731	3,677,459	12,627,190	-2,819,610	9,807,580	65.00
66.00	06600	PHYSICAL THERAPY	5,885,546	1,171,528	7,057,074	-1,125,298	5,931,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,684,953	175,102	2,860,055	-152,611	2,707,444	67.00
68.00	06800	SPEECH PATHOLOGY	1,215,101	366,930	1,582,031	-220,887	1,361,144	68.00
69.00	06900	ELECTROCARDIOLOGY	1,279,937	706,317	1,986,254	-491,998	1,494,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,922,666	677,062	2,599,728	-489,499	2,110,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	51,448,323	51,448,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,441,379	31,441,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	83,985,983	83,985,983	73.00
74.00	07400	RENAL DIALYSIS	0	1,450,211	1,450,211	-51,894	1,398,317	74.00
76.97	07697	CARDIAC REHABILITATION	549,755	162,300	712,055	-151,136	560,919	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	1,505,398	1,505,398	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0	0	6,117,348	6,117,348	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,134,044	1,063,106	6,197,150	1,329,808	7,526,958	90.00
90.01	09001	I BMT JOINT VENTURE	1,696,268	5,874,928	7,571,196	-5,403,872	2,167,324	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	28,209	407,813	436,022	-405,780	30,242	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	9,116,121	3,659,821	12,775,942	-3,052,296	9,723,646	90.05
91.00	09100	EMERGENCY	8,745,291	5,478,519	14,223,810	-1,487,366	12,736,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	6	6	-6	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	6,157,987	1,792,734	7,950,721	-610,705	7,340,016	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,623,894	377,629,962	575,253,856	13,379,313	588,633,169	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	407,309	377,404	784,713	-17,153	767,560	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,010,910	1,305,008	7,315,918	1,880,338	9,196,256	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	60,713	136	60,849	0	60,849	194.00
194.01	07952	WOMEN'S CENTER	0	0	0	0	0	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet A Date/Time Prepared: 3/28/2024 2:21 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	
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	1,819,754	66,331,506	68,151,260	-15,242,498	52,908,762	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	205,922,580	445,644,016	651,566,596	0	651,566,596	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0162

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

Worksheet A  
Date/Time Prepared:  
3/28/2024 2:21 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	11,279,224	39,949,429	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,013,630	16,068,747	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-582,584	619,948	4.00
5.01	00570	ADMINISTRATIVE	0	-19	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	123,454,202	200,846,028	5.03
7.00	00700	OPERATION OF PLANT	6,808,978	19,113,318	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-3,490	1,919,881	8.00
9.00	00900	HOUSEKEEPING	0	8,723,876	9.00
10.00	01000	DIETARY	-23,951	2,438,341	10.00
11.00	01100	CAFETERIA	-2,606,399	2,229,603	11.00
13.00	01300	NURSING ADMINISTRATION	348,441	4,453,398	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-200,037	2,980,719	14.00
15.00	01500	PHARMACY	1,530,419	8,174,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,881,273	3,909,866	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-98,061	2,275,923	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-781,489	1,046,751	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	-10,749	35,949	23.00
23.01	02302	PHARMACY PRGM	-283	326,045	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	-534,472	144,837	23.02
23.03	02303	PARAMEDIC PRGM	0	100,000	23.03
23.04	02305	SURGICAL TECH PROGRAM	-31,182	160,641	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-12,567	47,900,703	30.00
31.00	03100	INTENSIVE CARE UNIT	-35,625	10,204,609	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-394,851	5,682,317	31.01
32.00	03200	CORONARY CARE UNIT	0	12,954,862	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-48	9,244,722	34.00
41.00	04100	SUBPROVIDER - IIRF	-6,700	4,326,909	41.00
43.00	04300	NURSERY	0	1,366,964	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-6,340,692	19,736,803	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-154	3,486,984	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-71,979	15,981,271	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,010,384	8,817,201	55.00
56.00	05600	RADIOISOTOPE	0	280,020	56.00
59.00	05900	CARDIAC CATHETERIZATION	-322,801	2,754,019	59.00
60.00	06000	LABORATORY	-31,050	23,985,565	60.00
64.00	06400	INTRAVENOUS THERAPY	-1,145,001	4,069,728	64.00
65.00	06500	RESPIRATORY THERAPY	-31,871	9,775,709	65.00
66.00	06600	PHYSICAL THERAPY	-14,716	5,917,060	66.00
67.00	06700	OCCUPATIONAL THERAPY	-49,905	2,657,539	67.00
68.00	06800	SPEECH PATHOLOGY	-17,348	1,343,796	68.00
69.00	06900	ELECTROCARDIOLOGY	-178,970	1,315,286	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-187,316	1,922,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,952,631	49,495,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,140,594	30,300,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,985,983	73.00
74.00	07400	RENAL DIALYSIS	0	1,398,317	74.00
76.97	07697	CARDIAC REHABILITATION	0	560,919	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	1,505,398	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	6,117,348	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-1,165,941	6,361,017	90.00
90.01	09001	IBMT JOINT VENTURE	-724,305	1,443,019	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	30,242	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	-847,831	8,875,815	90.05
91.00	09100	EMERGENCY	-108,686	12,627,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-762,687	6,577,329	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,888,817	718,521,986	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	767,560	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,777,733	7,418,523	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	-2,924	57,925	194.00
194.01	07952	WOMEN'S CENTER	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.04	07954	OTHER NRCC	29,216,259	82,125,021	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0162

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

Worksheet A  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.05	07956	FOUNDATION	14,987	14,987	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	157,339,406	808,906,002	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	51,448,323	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	31,441,379	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
<b>TOTALS</b>			0	82,889,702	
<b>B - DRUG</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	83,985,983	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

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6

Date/Time Prepared:  
3/28/2024 2:21 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
	TOTALS		0	83,985,983	
<b>C - EQUIPMENT LEASE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,013,890	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	605,088	2.00
3.00	SPEECH PATHOLOGY	68.00	0	104,043	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
	TOTALS		0	8,723,021	
<b>D - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	20,656,315	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,450,029	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

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6

Date/Time Prepared:  
3/28/2024 2:21 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
	TOTALS		0	30,106,344	
E - CAFETERIA					
1.00	CAFETERIA	11.00	1,710,385	1,034,602	1.00
	TOTALS		1,710,385	1,034,602	
F - PARAMEDICAL ED					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
G - INTERNS AND RESIDENT					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,719,545	108,695	1.00
	COSTS APPRV				
2.00	CLINIC	90.00	1,848,304	326,417	2.00
	TOTALS		3,567,849	435,112	
H - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	367,774	1.00
2.00	MOORESVILLE INFUSION CLINIC	90.02	0	144	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
	TOTALS		0	367,918	
I - PHARMACY RESIDENCY					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
J - EMS & PARAMEDIC RECLASS					
1.00	PARAMEDIC PRGM	23.03	0	100,000	1.00
	TOTALS		0	100,000	
K - HOME HEALTH RECLASS					
1.00	OTHER NRCC	194.04	0	6	1.00
	TOTALS		0	6	
L - NURSERY					
1.00	NURSERY	43.00	1,339,934	27,030	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	180,538	3,642	2.00
	TOTALS		1,520,472	30,672	
N - ALLOGENEIC STEM CELL TRANSPLANT					
1.00	ALLOGENEIC HSCT ACQUISITION	77.00	0	1,505,398	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	1,505,398	

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
3/28/2024 2:21 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
O - T-CELL IMMUNOTHERAPY					
1.00	CAR T-CELL IMMUNOTHERAPY	78.00	2,943,330	3,174,018	1.00
2.00		0.00	0	0	2.00
	TOTALS		2,943,330	3,174,018	
P - WORKING WELL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,603,275	530,825	1.00
	TOTALS		1,603,275	530,825	
500.00	Grand Total: Increases		11,345,311	212,883,601	500.00



RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
3/28/2024 2:21 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,829	9		1.00
2.00	ADMINISTRATIVE	5.01	0	10	0		2.00
3.00	OTHER ADMIN & GENERAL	5.03	0	43,392	0		3.00
4.00	OPERATION OF PLANT	7.00	0	3,547	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	396	0		5.00
6.00	HOUSEKEEPING	9.00	0	2,939	0		6.00
7.00	DIETARY	10.00	0	219,167	0		7.00
8.00	CAFETERIA	11.00	0	152,365	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	8,111	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	319,978	0		10.00
11.00	PHARMACY	15.00	0	749,833	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33,875	0		12.00
13.00	EMERGENCY MEDICAL SERVICES	23.02	0	8,636	0		13.00
14.00	SURGICAL TECH PROGRAM	23.04	0	3,196	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	2,604,748	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	1,320,177	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	317,245	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	963,311	0		18.00
19.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	470,681	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	101,056	0		20.00
21.00	OPERATING ROOM	50.00	0	36,613,497	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	763,533	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,382,167	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,832	0		24.00
25.00	RADIOISOTOPE	56.00	0	9,916	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	23,681,462	0		26.00
27.00	LABORATORY	60.00	0	4,088,102	0		27.00
28.00	INTRAVENOUS THERAPY	64.00	0	346,740	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	2,025,106	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	62,742	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	34,658	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	18,955	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	452,302	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	96,126	0		34.00
35.00	RENAL DIALYSIS	74.00	0	36,310	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	4,575	0		36.00
37.00	CLINIC	90.00	0	237,431	0		37.00
38.00	IBMT JOINT VENTURE	90.01	0	74,626	0		38.00
39.00	MOORESVILLE INFUSION CLINIC	90.02	0	2,905	0		39.00
40.00	CV DIAGNOSTIC SERVICES	90.05	0	376,906	0		40.00
41.00	EMERGENCY	91.00	0	1,217,319	0		41.00
<b>TOTALS</b>			0	82,889,702			
<b>B - DRUG</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	231,781	0		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	849	0		2.00
3.00	OPERATION OF PLANT	7.00	0	2	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	641	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,060	0		5.00
6.00	PHARMACY	15.00	0	25,226,328	0		6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	324,695	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	8,613,243	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	144,355	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,034	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	62,314	0		11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	46,037	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	328	0		13.00
14.00	OPERATING ROOM	50.00	0	167,283	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,584	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	778,679	0		16.00
17.00	RADIOISOTOPE	56.00	0	608,434	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	32,282	0		18.00
19.00	LABORATORY	60.00	0	20,501	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	46,710,653	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	280,400	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	990	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	117	0		23.00
24.00	RENAL DIALYSIS	74.00	0	7,202	0		24.00
25.00	CLINIC	90.00	0	2,365	0		25.00
26.00	IBMT JOINT VENTURE	90.01	0	2,292	0		26.00
27.00	MOORESVILLE INFUSION CLINIC	90.02	0	403,019	0		27.00
28.00	CV DIAGNOSTIC SERVICES	90.05	0	214,274	0		28.00

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
3/28/2024 2:21 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
29.00	EMERGENCY	91.00	0	88,241	0		29.00
	TOTALS		0	83,985,983			
<b>C - EQUIPMENT LEASE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	481,457	10		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	149,495	10		2.00
3.00	OPERATION OF PLANT	7.00	0	2,432,804	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,766	0		4.00
5.00	DIETARY	10.00	0	27,659	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,228	0		6.00
7.00	PHARMACY	15.00	0	136,878	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	585	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	18,883	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	7,638	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	1,695	0		11.00
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,391	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	447	0		13.00
14.00	OPERATING ROOM	50.00	0	35,678	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	203,796	0		15.00
16.00	LABORATORY	60.00	0	17,044	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	7,850	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	234,226	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	1,017,939	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	109,156	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	168,975	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	127,211	0		22.00
23.00	CLINIC	90.00	0	195,769	0		23.00
24.00	CV DIAGNOSTIC SERVICES	90.05	0	2,331,501	0		24.00
25.00	EMERGENCY	91.00	0	3,473	0		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	235,334	0		26.00
27.00	OTHER NRCC	194.04	0	760,143	0		27.00
	TOTALS		0	8,723,021			
<b>D - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	66,652	9		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	3,264,400	9		2.00
3.00	OPERATION OF PLANT	7.00	0	1,241,472	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	3,455	0		4.00
5.00	HOUSEKEEPING	9.00	0	53,501	0		5.00
6.00	DIETARY	10.00	0	64,229	0		6.00
7.00	CAFETERIA	11.00	0	29,438	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	86,067	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	266,074	0		9.00
10.00	PHARMACY	15.00	0	110,895	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	239,572	0		11.00
12.00	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0	1,614	0		12.00
13.00	EMERGENCY MEDICAL SERVICES	23.02	0	2,391	0		13.00
14.00	SURGICAL TECH PROGRAM	23.04	0	453	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	462,346	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	197,377	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	181,270	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	137,453	0		18.00
19.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	180,356	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	30,318	0		20.00
21.00	OPERATING ROOM	50.00	0	2,723,188	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	104,306	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,716,347	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	591,774	0		24.00
25.00	RADIOISOTOPE	56.00	0	106,785	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	865,666	0		26.00
27.00	LABORATORY	60.00	0	374,008	0		27.00
28.00	INTRAVENOUS THERAPY	64.00	0	235,173	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	279,870	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	34,672	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	6,963	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	305,974	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	39,577	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	224,396	0		34.00
35.00	RENAL DIALYSIS	74.00	0	8,382	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	19,349	0		36.00
37.00	CLINIC	90.00	0	407,740	0		37.00
38.00	IBMT JOINT VENTURE	90.01	0	11,620	0		38.00
39.00	CV DIAGNOSTIC SERVICES	90.05	0	125,988	0		39.00

RECLASSIFICATIONS

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
3/28/2024 2:21 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
40.00	EMERGENCY	91.00	0	178,327	0		40.00
41.00	HOSPICE	116.00	0	608,975	0		41.00
42.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	17,152	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,420	0		43.00
44.00	OTHER NRCC	194.04	0	14,482,359	0		44.00
	TOTALS		0	30,106,344			
<b>E - CAFETERIA</b>							
1.00	DIETARY	10.00	1,710,385	1,034,602	0		1.00
	TOTALS		1,710,385	1,034,602			
<b>F - PARAMEDICAL ED</b>							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
<b>G - INTERNS AND RESIDENT</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,567,849	435,112	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		3,567,849	435,112			
<b>H - EMPLOYEE BENEFITS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	240,328	0		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	47,134	0		2.00
3.00	OPERATION OF PLANT	7.00	0	4	0		3.00
4.00	HOUSEKEEPING	9.00	0	5,219	0		4.00
5.00	DIETARY	10.00	0	3	0		5.00
6.00	CAFETERIA	11.00	0	1	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	8	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1	0		8.00
9.00	PHARMACY	15.00	0	7,671	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	7	0		10.00
11.00	EMERGENCY MEDICAL SERVICES	23.02	0	1	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	3,318	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	12,174	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	4,274	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	2,739	0		15.00
16.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	4,598	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	4	0		17.00
18.00	OPERATING ROOM	50.00	0	2,304	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,996	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,273	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	2	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	3	0		22.00
23.00	LABORATORY	60.00	0	1	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	2,068	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	8	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	9,945	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	844	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	1	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	2	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	1	0		31.00
32.00	CLINIC	90.00	0	1,608	0		32.00
33.00	IBMT JOINT VENTURE	90.01	0	2	0		33.00
34.00	CV DIAGNOSTIC SERVICES	90.05	0	3,627	0		34.00
35.00	EMERGENCY	91.00	0	6	0		35.00
36.00	HOSPICE	116.00	0	1,730	0		36.00
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1	0		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8	0		38.00
39.00	OTHER NRCC	194.04	0	2	0		39.00
	TOTALS		0	367,918			
<b>I - PHARMACY RESIDENCY</b>							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
<b>J - EMS &amp; PARAMEDIC RECLASS</b>							
1.00	EMERGENCY MEDICAL SERVICES	23.02	0	100,000	0		1.00
	TOTALS		0	100,000			
<b>K - HOME HEALTH RECLASS</b>							
1.00	HOME HEALTH AGENCY	101.00	0	6	0		1.00
	TOTALS		0	6			
<b>L - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,520,472	30,672	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,520,472	30,672			

Provider CCN: 15-0162

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

Worksheet A-6  
Date/Time Prepared:  
3/28/2024 2:21 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>N - ALLOGENEIC STEM CELL TRANSPLANT</b>						
1.00	IBMT JOINT VENTURE	90.01	0	1,332,585	0	1.00
2.00	LABORATORY	60.00	0	172,813	0	2.00
	TOTALS		0	1,505,398		
<b>O - T-CELL IMMUNOTHERAPY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,946,121	188,480	0	1.00
2.00	IBMT JOINT VENTURE	90.01	997,209	2,985,538	0	2.00
	TOTALS		2,943,330	3,174,018		
<b>P - WORKING WELL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,603,275	530,825	0	1.00
	TOTALS		1,603,275	530,825		
500.00	Grand Total: Decreases		11,345,311	212,883,601		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 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	21,196,680	0	0	0	0	1.00
2.00	Land Improvements	35,234,568	117,739	0	117,739	0	2.00
3.00	Buildings and Fixtures	251,062,099	9,195,934	0	9,195,934	0	3.00
4.00	Building Improvements	18,931,604	460,101	0	460,101	0	4.00
5.00	Fixed Equipment	283,651,816	1,060,068	0	1,060,068	0	5.00
6.00	Movable Equipment	191,783,031	6,342,862	0	6,342,862	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	801,859,798	17,176,704	0	17,176,704	0	8.00
9.00	Reconciling Items	0	8,582,507	0	8,582,507	0	9.00
10.00	Total (line 8 minus line 9)	801,859,798	8,594,197	0	8,594,197	0	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	21,196,680	0				1.00
2.00	Land Improvements	35,352,307	0				2.00
3.00	Buildings and Fixtures	260,258,033	0				3.00
4.00	Building Improvements	19,391,705	0				4.00
5.00	Fixed Equipment	284,711,884	0				5.00
6.00	Movable Equipment	198,125,893	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	819,036,502	0				8.00
9.00	Reconciling Items	8,582,507	0				9.00
10.00	Total (line 8 minus line 9)	810,453,995	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0162

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet A-7 Part III Date/Time Prepared: 3/28/2024 2:21 pm
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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	612,328,102	8,582,507	603,745,595	0.752921	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	198,125,893	0	198,125,893	0.247079	0	2.00
3.00	Total (sum of lines 1-2)	810,453,995	8,582,507	801,871,488	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	21,109,359	8,013,890	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,463,659	605,088	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,573,018	8,618,978	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	10,826,180	0	0	0	39,949,429	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,068,747	2.00
3.00	Total (sum of lines 1-2)	10,826,180	0	0	0	56,018,176	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0162

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

Worksheet A-8

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-15,057,184				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	244,534,129				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,641,090	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-52,150	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	-254,015	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00



Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	MI SCCELLANEOUS INCOME	B	-1,659,748	OTHER ADMIN & GENERAL	5.03	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-40,444	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-3,490	LAUNDRY & LINEN SERVICE	8.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-23,951	DIETARY	10.00	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	86,841	CAFETERIA	11.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-6	NURSING ADMINISTRATION	13.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-200,037	CENTRAL SERVICES & SUPPLY	14.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-26,459	PHARMACY	15.00	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-32,445	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-10,700	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-510,472	EMERGENCY MEDICAL SERVICES	23.02	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-29,227	SURGICAL TECH PROGRAM	23.04	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-48	SURGICAL INTENSIVE CARE UNIT	34.00	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-154	DELIVERY ROOM & LABOR ROOM	52.00	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-221,670	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-3,010,384	RADIOLOGY-THERAPEUTIC	55.00	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-141,250	CARDIAC CATHETERIZATION	59.00	0 33.17
33.18	MI SCCELLANEOUS INCOME	B	-1,145,001	INTRAVENOUS THERAPY	64.00	0 33.18
33.19	MI SCCELLANEOUS INCOME	B	-14	RESPIRATORY THERAPY	65.00	0 33.19
33.20	MI SCCELLANEOUS INCOME	B	-14,716	PHYSICAL THERAPY	66.00	0 33.20
33.21	MI SCCELLANEOUS INCOME	B	-46,585	OCCUPATIONAL THERAPY	67.00	0 33.21
33.22	MI SCCELLANEOUS INCOME	B	-17,348	SPEECH PATHOLOGY	68.00	0 33.22
33.23	MI SCCELLANEOUS INCOME	B	-161,938	ELECTROENCEPHALOGRAPHY	70.00	0 33.23
33.24	MI SCCELLANEOUS INCOME	B	-332,961	CLINIC	90.00	0 33.24
33.25	MI SCCELLANEOUS INCOME	B	-16,365	IBMT JOINT VENTURE	90.01	0 33.25
33.26	MI SCCELLANEOUS INCOME	B	-155,538	CV DIAGNOSTIC SERVICES	90.05	0 33.26
33.27	MI SCCELLANEOUS INCOME	B	-13	EMERGENCY	91.00	0 33.27
33.28	MI SCCELLANEOUS INCOME	B	-1,952,631	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.28
33.29	MI SCCELLANEOUS INCOME	B	-1,140,594	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.29
34.00	ADVERTISING	A	-11,247	OTHER ADMIN & GENERAL	5.03	0 34.00
34.01	ADVERTISING	A	-40,779	OPERATION OF PLANT	7.00	0 34.01
34.02	ADVERTISING	A	-10,576	NURSING ADMINISTRATION	13.00	0 34.02
34.03	ADVERTISING	A	-3,311	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 34.03
34.04	ADVERTISING	A	-49	MEDICAL LABORATORY SCIENTIST PRGM	23.00	0 34.04
34.05	ADVERTISING	A	-283	PHARMACY PRGM	23.01	0 34.05
34.06	ADVERTISING	A	-1,955	SURGICAL TECH PROGRAM	23.04	0 34.06
34.07	ADVERTISING	A	-255	NEONATAL INTENSIVE CARE UNIT	31.01	0 34.07
34.08	ADVERTISING	A	-1,200	RADIOLOGY-DIAGNOSTIC	54.00	0 34.08
34.09	ADVERTISING	A	-112	CLINIC	90.00	0 34.09
34.10	ADVERTISING	A	-1,537	IBMT JOINT VENTURE	90.01	0 34.10
34.11	ADVERTISING	A	-12,190	CV DIAGNOSTIC SERVICES	90.05	0 34.11
34.12	ADVERTISING	A	-169	EMERGENCY	91.00	0 34.12
34.13	ADVERTISING	A	-2,698	HOSPICE	116.00	0 34.13
35.00	PHYSICIAN RECRUITMENT	A	-62,305	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 35.00
36.00	PROVIDER TAX (HIP HAF)	A	-55,495,485	OTHER ADMIN & GENERAL	5.03	0 36.00
37.00	LOBBYING FEES	A	-19,027	OTHER ADMIN & GENERAL	5.03	0 37.00
38.00	DONATIONS	A	-400	OTHER ADMIN & GENERAL	5.03	0 38.00
39.00	NRCC PHYSICIANS	A	-759,989	HOSPICE	116.00	0 39.00
39.01	NRCC PHYSICIANS	A	-1,777,733	PHYSICIANS' PRIVATE OFFICES	192.00	0 39.01
39.02	NRCC PHYSICIANS	A	-2,924	MARKETING & COMMUNITY RELATIONS	194.00	0 39.02
39.03	NRCC PHYSICIANS	A	-204,686	OTHER NRCC	194.04	0 39.03
40.00	PENSION	A	25,974	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		157,339,406			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: 15-0162  
 Period: From 01/01/2023 To 12/31/2023  
 Worksheet A-8-1  
 Date/Time Prepared: 3/28/2024 2:21 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	SHARED SERVICES	575,717	0 1.00
2.00	5.03	OTHER ADMIN & GENERAL	SHARED SERVICES	71,070,388	0 2.00
3.00	7.00	OPERATION OF PLANT	SHARED SERVICES	6,890,201	0 3.00
3.01	13.00	NURSING ADMINISTRATION	SHARED SERVICES	359,023	0 3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICES	81,909	0 3.02
3.03	54.00	RADIOLOGY-DIAGNOSTIC	SHARED SERVICES	1,512,710	0 3.03
3.04	194.04	OTHER NRCC	SHARED SERVICES	29,420,945	0 3.04
3.05	194.05	FOUNDATION	SHARED SERVICES	14,987	0 3.05
4.00	1.00	CAP REL COSTS-BLDG & FIXT	FRANCSAN HOME OFFICE	453,044	0 4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	FRANCSAN HOME OFFICE	10,826,180	0 4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCSAN HOME OFFICE	6,013,630	0 4.02
4.03	5.03	OTHER ADMIN & GENERAL	FRANCSAN HOME OFFICE	111,946,553	0 4.03
4.04	15.00	PHARMACY	FRANCSAN HOME OFFICE	1,569,478	0 4.04
4.05	16.00	MEDICAL RECORDS & LIBRARY	FRANCSAN HOME OFFICE	3,799,364	0 4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			244,534,129	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.

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

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

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

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

Provider CCN: 15-0162

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

Worksheet A-8-1

Date/Time Prepared:  
3/28/2024 2:21 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	575,717	0		1.00
2.00	71,070,388	0		2.00
3.00	6,890,201	0		3.00
3.01	359,023	0		3.01
3.02	81,909	0		3.02
3.03	1,512,710	0		3.03
3.04	29,420,945	0		3.04
3.05	14,987	0		3.05
4.00	453,044	9		4.00
4.01	10,826,180	11		4.01
4.02	6,013,630	9		4.02
4.03	111,946,553	0		4.03
4.04	1,569,478	0		4.04
4.05	3,799,364	0		4.05
5.00	244,534,129			5.00

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

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

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

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

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

6.00			6.00
7.00	SHARED LAB		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

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

Worksheet A-8-2

Date/Time Prepared:  
3/28/2024 2:21 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	EMPLOYEE BENEFITS DEPARTMENT	930,260	930,260	0	211,500	0	1.00
2.00	5.03	OTHER ADMIN & GENERAL	2,376,832	2,376,832	0	211,500	0	2.00
3.00	15.00	PHARMACY	12,600	12,600	0	211,500	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,898,518	0	1,898,518	179,000	12,980	4.00
5.00	23.02	EMERGENCY MEDICAL SERVICES	24,000	24,000	0	211,500	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	12,567	12,567	0	211,500	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	35,625	35,625	0	211,500	0	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	394,596	394,596	0	211,500	0	8.00
9.00	41.00	SUBPROVIDER - IRF	6,700	6,700	0	211,500	0	9.00
10.00	50.00	OPERATING ROOM	6,340,692	6,340,692	0	246,400	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	1,361,819	1,361,819	0	271,900	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	181,551	181,551	0	211,500	0	12.00
13.00	60.00	LABORATORY	31,050	31,050	0	211,500	0	13.00
14.00	65.00	RESPIRATORY THERAPY	31,857	31,857	0	211,500	0	14.00
15.00	67.00	OCCUPATIONAL THERAPY	3,320	3,320	0	211,500	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	178,970	178,970	0	211,500	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	25,378	25,378	0	211,500	0	17.00
18.00	90.00	CLINIC	832,868	832,868	0	211,500	0	18.00
19.00	90.01	IBMT JOINT VENTURE	706,403	706,403	0	211,500	0	19.00
20.00	90.05	CV DIAGNOSTIC SERVICES	680,103	680,103	0	211,500	0	20.00
21.00	91.00	EMERGENCY	108,504	108,504	0	211,500	0	21.00
200.00			16,174,213	14,275,695	1,898,518		12,980	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

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

Worksheet A-8-2

Date/Time Prepared:  
3/28/2024 2:21 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	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.03	OTHER ADMIN & GENERAL	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,117,029	55,851	0	0	0	4.00
5.00	23.02	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
19.00	90.01	IBMT JOINT VENTURE	0	0	0	0	0	19.00
20.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
200.00			1,117,029	55,851	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0162

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

Worksheet A-8-2

Date/Time Prepared:  
3/28/2024 2:21 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	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	930,260		1.00
2.00	5.03	OTHER ADMIN & GENERAL	0	0	0	2,376,832		2.00
3.00	15.00	PHARMACY	0	0	0	12,600		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,117,029	781,489	781,489		4.00
5.00	23.02	EMERGENCY MEDICAL SERVICES	0	0	0	24,000		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	12,567		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	35,625		7.00
8.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	394,596		8.00
9.00	41.00	SUBPROVIDER - IRF	0	0	0	6,700		9.00
10.00	50.00	OPERATING ROOM	0	0	0	6,340,692		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,361,819		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	181,551		12.00
13.00	60.00	LABORATORY	0	0	0	31,050		13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	31,857		14.00
15.00	67.00	OCCUPATIONAL THERAPY	0	0	0	3,320		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	178,970		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	25,378		17.00
18.00	90.00	CLINIC	0	0	0	832,868		18.00
19.00	90.01	IBMT JOINT VENTURE	0	0	0	706,403		19.00
20.00	90.05	CV DIAGNOSTIC SERVICES	0	0	0	680,103		20.00
21.00	91.00	EMERGENCY	0	0	0	108,504		21.00
200.00			0	1,117,029	781,489	15,057,184		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2024 2: 21 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	39,949,429	39,949,429			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,068,747		16,068,747		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	619,948	0	0	619,948	4.00
5.01 00570	ADMITTING	-19	106,414	42,803	0	149,198
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	43,704	17,579	0	0
5.03 00590	OTHER ADMIN & GENERAL	200,846,028	108,297	43,560	17,405	0
7.00 00700	OPERATION OF PLANT	19,113,318	5,262,123	2,116,569	10,072	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,919,881	362,274	145,717	569	0
9.00 00900	HOUSEKEEPING	8,723,876	299,116	120,313	11,711	0
10.00 01000	DIETARY	2,438,341	401,989	161,691	3,755	0
11.00 01100	CAFETERIA	2,229,603	685,955	275,910	7,332	0
13.00 01300	NURSING ADMINISTRATION	4,453,398	0	0	11,900	0
14.00 01400	CENTRAL SERVICES & SUPPLY	2,980,719	1,262,313	507,736	2,427	0
15.00 01500	PHARMACY	8,174,103	547,267	220,125	19,496	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,909,866	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,275,923	41,553	16,714	6,743	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,046,751	0	0	5,193	0
23.00 02300	MEDICAL LABORATORY SCIENTIST PRGM	35,949	0	0	130	0
23.01 02302	PHARMACY PRGM	326,045	0	0	931	0
23.02 02301	EMERGENCY MEDICAL SERVICES	144,837	0	0	2,112	0
23.03 02303	PARAMEDIC PRGM	100,000	0	0	0	0
23.04 02305	SURGICAL TECH PROGRAM	160,641	0	0	452	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	47,900,703	6,256,608	2,516,575	98,428	19,316
31.00 03100	INTENSIVE CARE UNIT	10,204,609	935,539	376,299	26,894	3,742
31.01 02060	NEONATAL INTENSIVE CARE UNIT	5,682,317	712,760	286,691	12,997	3,275
32.00 03200	CORONARY CARE UNIT	12,954,862	2,174,678	874,714	30,715	3,677
34.00 03400	SURGICAL INTENSIVE CARE UNIT	9,244,722	1,098,612	441,892	24,345	2,640
41.00 04100	SUBPROVIDER - IRF	4,326,909	764,802	307,624	11,144	1,620
43.00 04300	NURSERY	1,366,964	97,315	39,143	4,047	611
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	19,736,803	4,740,048	1,906,576	41,346	15,283
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,486,984	1,229,859	494,683	10,323	4,003
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,981,271	2,730,909	1,098,446	28,784	9,967
55.00 05500	RADIOLOGY-THERAPEUTIC	8,817,201	174,548	70,208	4,018	486
56.00 05600	RADIOISOTOPE	280,020	52,176	20,987	723	246
59.00 05900	CARDIAC CATHETERIZATION	2,754,019	1,066,742	429,073	8,556	6,483
60.00 06000	LABORATORY	23,985,565	1,405,573	565,360	1,711	12,997
64.00 06400	INTRAVENOUS THERAPY	4,069,728	585,681	235,577	13,162	641
65.00 06500	RESPIRATORY THERAPY	9,775,709	186,202	74,896	27,028	4,646
66.00 06600	PHYSICAL THERAPY	5,917,060	512,662	206,207	17,774	2,061
67.00 06700	OCCUPATIONAL THERAPY	2,657,539	0	0	8,109	1,642
68.00 06800	SPEECH PATHOLOGY	1,343,796	86,826	34,924	3,670	610
69.00 06900	ELECTROCARDIOLOGY	1,315,286	774,215	311,410	3,865	2,953
70.00 07000	ELECTROENCEPHALOGRAPHY	1,922,913	189,609	76,266	5,806	792
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,495,692	0	0	0	14,093
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	30,300,785	0	0	0	8,228
73.00 07300	DRUGS CHARGED TO PATIENTS	83,985,983	0	0	0	15,931
74.00 07400	RENAL DIALYSIS	1,398,317	158,635	63,807	0	710
76.97 07697	CARDIAC REHABILITATION	560,919	0	0	1,660	14
77.00 07700	ALLOGENEIC HSCT ACQUISITION	1,505,398	80,595	32,418	0	0
78.00 07800	CAR T-CELL IMMUNOTHERAPY	6,117,348	0	0	8,889	2,532
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	6,361,017	880,226	354,051	21,087	80
90.01 09001	IBMT JOINT VENTURE	1,443,019	79,250	31,877	2,111	293
90.02 09002	MOORESVILLE INFUSION CLINIC	30,242	5,962	2,398	85	0
90.05 09005	CV DIAGNOSTIC SERVICES	8,875,815	0	0	27,531	42
91.00 09100	EMERGENCY	12,627,758	2,131,063	857,171	26,411	9,575
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	6,577,329	0	0	18,597	9
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	718,521,986	38,232,100	15,377,990	590,044	149,198
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	767,560	162,176	65,232	1,230	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,418,523	221,659	89,157	22,995	0	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	57,925	0	0	183	0	194.00
194.01 07952 WOMEN'S CENTER	0	132,009	53,098	0	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954 OTHER NRCC	82,125,021	1,201,485	483,270	5,496	0	194.04
194.05 07956 FOUNDATION	14,987	0	0	0	0	194.05
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)	808,906,002	39,949,429	16,068,747	619,948	149,198	202.00



COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 3/28/2024 2:21 pm		
Cost Center Description			Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5A.01	5.02	5A.02	5.03	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	61,283	61,283				5.02
5.03	00590	OTHER ADMIN & GENERAL	201,015,290	15,087	201,030,377	201,030,377		5.03
7.00	00700	OPERATION OF PLANT	26,502,082	2,014	26,504,096	8,765,170	35,269,266	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,428,441	185	2,428,626	803,171	371,117	8.00
9.00	00900	HOUSEKEEPING	9,155,016	696	9,155,712	3,027,886	306,417	9.00
10.00	01000	DIETARY	3,005,776	228	3,006,004	994,116	411,801	10.00
11.00	01100	CAFETERIA	3,198,800	243	3,199,043	1,057,956	702,698	11.00
13.00	01300	NURSING ADMINISTRATION	4,465,298	339	4,465,637	1,476,831	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,753,195	361	4,753,556	1,572,049	1,293,124	14.00
15.00	01500	PHARMACY	8,960,991	681	8,961,672	2,963,715	560,625	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,909,866	297	3,910,163	1,293,130	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,340,933	178	2,341,111	774,229	42,567	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,051,944	80	1,052,024	347,915	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	36,079	3	36,082	11,933	0	23.00
23.01	02302	PHARMACY PRGM	326,976	25	327,001	108,143	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	146,949	11	146,960	48,601	0	23.02
23.03	02303	PARAMEDIC PRGM	100,000	8	100,008	33,074	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	161,093	12	161,105	53,279	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	56,791,630	4,316	56,795,946	18,782,987	6,409,329	30.00
31.00	03100	INTENSIVE CARE UNIT	11,547,083	878	11,547,961	3,819,026	958,375	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,698,040	509	6,698,549	2,215,277	730,158	31.01
32.00	03200	CORONARY CARE UNIT	16,038,646	1,219	16,039,865	5,304,544	2,227,759	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,812,211	822	10,813,033	3,575,978	1,125,428	34.00
41.00	04100	SUBPROVIDER - I RF	5,412,099	411	5,412,510	1,789,971	783,470	41.00
43.00	04300	NURSERY	1,508,080	115	1,508,195	498,775	99,690	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	26,440,056	2,009	26,442,065	8,744,655	4,855,748	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,225,852	397	5,226,249	1,728,373	1,259,879	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,849,377	1,509	19,850,886	6,564,887	2,797,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066,461	689	9,067,150	2,998,597	178,809	55.00
56.00	05600	RADIOISOTOPE	354,152	27	354,179	117,131	53,450	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,264,873	324	4,265,197	1,410,543	1,092,780	59.00
60.00	06000	LABORATORY	25,971,206	1,974	25,973,180	8,589,590	1,439,881	60.00
64.00	06400	INTRAVENOUS THERAPY	4,904,789	373	4,905,162	1,622,186	599,977	64.00
65.00	06500	RESPIRATORY THERAPY	10,068,481	765	10,069,246	3,330,000	190,747	65.00
66.00	06600	PHYSICAL THERAPY	6,655,764	506	6,656,270	2,201,295	525,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,667,290	203	2,667,493	882,167	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,469,826	112	1,469,938	486,123	88,945	68.00
69.00	06900	ELECTROCARDIOLOGY	2,407,729	183	2,407,912	796,321	793,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,195,386	167	2,195,553	726,091	194,237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,509,785	3,763	49,513,548	16,374,625	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,309,013	2,303	30,311,316	10,024,255	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,001,914	6,384	84,008,298	27,782,213	0	73.00
74.00	07400	RENAL DIALYSIS	1,621,969	123	1,621,992	536,277	162,507	74.00
76.97	07697	CARDIAC REHABILITATION	562,593	43	562,636	186,069	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,618,411	123	1,618,534	535,265	82,562	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	6,128,769	466	6,129,235	2,026,999	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	7,616,461	579	7,617,040	2,519,031	901,711	90.00
90.01	09001	IBMT JOINT VENTURE	1,556,550	118	1,556,668	514,806	81,185	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	38,687	3	38,690	12,795	6,107	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	8,903,388	677	8,904,065	2,944,663	0	90.05
91.00	09100	EMERGENCY	15,651,978	1,190	15,653,168	5,176,659	2,183,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,595,935	501	6,596,436	2,181,507	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	716,083,996	54,229	716,076,942	170,330,879	33,510,019	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	996,198	76	996,274	329,478	166,135	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,752,334	589	7,752,923	2,563,969	227,069	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	58,108	4	58,112	19,218	0	194.00
194.01	07952	WOMEN'S CENTER	185,107	14	185,121	61,221	135,231	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
	5A.01	5.02	5A.02	5.03	7.00	
194.04 07954 OTHER NRCC	83,815,272	6,370	83,821,642	27,720,655	1,230,812	194.04
194.05 07956 FOUNDATION	14,987	1	14,988	4,957	0	194.05
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)	808,906,002	61,283	808,906,002	201,030,377	35,269,266	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B Part I Date/Time Prepared: 3/28/2024 2:21 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATIVE						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,602,914					8.00
9.00	00900	HOUSEKEEPING	0	12,490,015				9.00
10.00	01000	DIETARY	0	148,689	4,560,610			10.00
11.00	01100	CAFETERIA	0	253,723	0	5,213,420		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	98,834	6,041,302	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,353	466,908	0	35,880	0	14.00
15.00	01500	PHARMACY	0	202,424	0	178,985	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,370	0	117,994	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	742	0	23.00
23.01	02302	PHARMACY PRGM	0	0	0	7,909	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	0	27,931	0	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	0	3,489	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,452,570	2,314,211	2,728,332	1,245,749	3,614,138	30.00
31.00	03100	INTENSIVE CARE UNIT	184,652	346,040	382,179	273,059	506,261	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	21,860	263,638	260,931	146,613	345,648	31.01
32.00	03200	CORONARY CARE UNIT	264,921	804,376	519,135	302,425	687,683	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	160,928	406,358	307,287	209,238	407,054	34.00
41.00	04100	SUBPROVIDER - IRF	81,624	282,887	229,899	112,359	304,540	41.00
43.00	04300	NURSERY	0	35,995	132,847	0	175,978	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	267,521	1,753,262	0	311,322	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186,703	454,904	0	107,801	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	165,169	1,010,116	0	226,447	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67	64,562	0	30,083	0	55.00
56.00	05600	RADIOISOTOPE	7,968	19,299	0	9,314	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	57,303	394,569	0	75,790	0	59.00
60.00	06000	LABORATORY	1,800	519,897	0	15,073	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	216,633	0	87,718	0	64.00
65.00	06500	RESPIRATORY THERAPY	969	68,873	0	264,677	0	65.00
66.00	06600	PHYSICAL THERAPY	31,712	189,625	0	119,292	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	53,780	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,153	32,115	0	23,532	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,348	286,369	0	37,728	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,042	70,133	0	55,389	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,867	58,676	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	14,587	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	4,808	29,811	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,960	325,580	0	134,351	0	90.00
90.01	09001	IBMT JOINT VENTURE	7,818	29,313	0	36,360	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	2,205	0	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	253,533	0	90.05
91.00	09100	EMERGENCY	564,479	788,243	0	255,195	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	167,656	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,546,595	11,854,804	4,560,610	5,040,835	6,041,302	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59,986	0	18,828	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,840	81,988	0	109,639	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	1,754	0	194.00
194.01	07952	WOMEN'S CENTER	0	48,828	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	45,479	444,409	0	42,364	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,602,914	12,490,015	4,560,610	5,213,420	6,041,302	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 OTHER ADMIN & GENERAL						5.03
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	8,134,870					14.00
15.00 01500 PHARMACY	9,050	12,876,471				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	55	0	5,203,348			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	3,250	0	0	3,294,521		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,399,939	22.00
23.00 02300 MEDICAL LABORATORY SCIENTIST PRGM	15	0	0	0	0	23.00
23.01 02302 PHARMACY PRGM	19	0	0	0	0	23.01
23.02 02301 EMERGENCY MEDICAL SERVICES	137	0	0	0	0	23.02
23.03 02303 PARAMEDIC PRGM	0	0	0	0	0	23.03
23.04 02305 SURGICAL TECH PROGRAM	65	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	26,731	0	346,079	1,259,286	535,108	30.00
31.00 03100 INTENSIVE CARE UNIT	2,594	0	61,325	77,050	32,741	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,816	0	53,683	4,816	2,046	31.01
32.00 03200 CORONARY CARE UNIT	4,761	0	60,262	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	2,377	0	43,270	0	0	34.00
41.00 04100 SUBPROVIDER - IRF	1,435	0	26,557	0	0	41.00
43.00 04300 NURSERY	0	0	10,012	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	44,950	0	470,762	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,067	0	65,818	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,370	0	499,700	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,110	0	151,827	0	0	55.00
56.00 05600 RADIO SOTOPE	114	0	13,792	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	4,169	0	259,561	0	0	59.00
60.00 06000 LABORATORY	1,019	0	398,629	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	6,278	0	106,024	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,501	0	89,582	9,885	4,200	65.00
66.00 06600 PHYSICAL THERAPY	3,045	0	79,179	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	628	0	38,946	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,294	0	18,334	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,392	0	71,841	87,568	37,210	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,327	0	39,418	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,993,550	0	380,774	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,916,881	0	207,591	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,710,992	970,661	0	0	73.00
74.00 07400 RENAL DIALYSIS	78	0	12,337	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	453	0	5,952	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	1,239	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	53,960	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1,834	0	23,975	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	975	0	17,375	0	0	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	1	0	773	0	0	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	6,305	0	132,447	0	0	90.05
91.00 09100 EMERGENCY	5,630	0	470,862	63,490	26,979	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	17,857	38,683	20,801			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8,083,133	12,749,675	5,203,348	1,502,095	638,284	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	437	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,580	119,837	0	0	0	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
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3/28/2024 2:21 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				14.00	15.00	
194.01 07952 WOMEN'S CENTER	0	0	0	0	0	0 194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.02
194.04 07954 OTHER NRCC	47,720	6,959	0	1,792,426	761,655	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	0 194.05
200.00 Cross Foot Adjustments				0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	8,134,870	12,876,471	5,203,348	3,294,521	1,399,939	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description			MEDICAL LABORATORY SCIENTIST PRGM 23.00	PHARMACY PRGM 23.01	EMERGENCY MEDICAL SERVICES 23.02	PARAMEDIC PRGM 23.03	SURGICAL TECH PROGRAM 23.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	48,772					23.00
23.01	02302	PHARMACY PRGM		443,072				23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			223,629			23.02
23.03	02303	PARAMEDIC PRGM				133,082		23.03
23.04	02305	SURGICAL TECH PROGRAM					217,938	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	217,938	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	48,772	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	443,072	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	223,629	133,082	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,772	443,072	223,629	133,082	217,938	118.00
<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
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description		MEDICAL LABORATORY SCIENTIST PRGM 23.00	PHARMACY PRGM 23.01	EMERGENCY MEDICAL SERVICES 23.02	PARAMEDIC PRGM 23.03	SURGICAL TECH PROGRAM 23.04	
194.04	07954 OTHER NRCC	0	0	0	0	0	194.04
194.05	07956 FOUNDATION	0	0	0	0	0	194.05
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)	48,772	443,072	223,629	133,082	217,938	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
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3/28/2024 2:21 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00570				5.01
5.02	00580				5.02
5.03	00590				5.03
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02302				23.01
23.02	02301				23.02
23.03	02303				23.03
23.04	02305				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	95,510,466	-1,794,394	93,716,072	30.00
31.00	03100	18,191,263	-109,791	18,081,472	31.00
31.01	02060	10,745,035	-6,862	10,738,173	31.01
32.00	03200	26,215,731	0	26,215,731	32.00
34.00	03400	17,050,951	0	17,050,951	34.00
41.00	04100	9,025,252	0	9,025,252	41.00
43.00	04300	2,461,492	0	2,461,492	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	43,108,223	0	43,108,223	50.00
52.00	05200	9,032,794	0	9,032,794	52.00
54.00	05400	31,129,143	0	31,129,143	54.00
55.00	05500	12,492,205	0	12,492,205	55.00
56.00	05600	575,247	0	575,247	56.00
59.00	05900	7,559,912	0	7,559,912	59.00
60.00	06000	36,987,841	0	36,987,841	60.00
64.00	06400	7,543,978	0	7,543,978	64.00
65.00	06500	14,030,680	-14,085	14,016,595	65.00
66.00	06600	9,805,593	0	9,805,593	66.00
67.00	06700	3,643,014	0	3,643,014	67.00
68.00	06800	2,123,434	0	2,123,434	68.00
69.00	06900	4,541,802	-124,778	4,417,024	69.00
70.00	07000	3,294,190	0	3,294,190	70.00
71.00	07100	71,262,497	0	71,262,497	71.00
72.00	07200	43,460,043	0	43,460,043	72.00
73.00	07300	125,915,236	0	125,915,236	73.00
74.00	07400	2,406,334	0	2,406,334	74.00
76.97	07697	769,697	0	769,697	76.97
77.00	07700	2,272,219	0	2,272,219	77.00
78.00	07800	8,210,194	0	8,210,194	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	11,543,482	0	11,543,482	90.00
90.01	09001	2,244,500	0	2,244,500	90.01
90.02	09002	60,571	0	60,571	90.02
90.05	09005	12,241,013	0	12,241,013	90.05
91.00	09100	25,544,496	-90,469	25,454,027	91.00
92.00	09200		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	0	0	0	101.00
102.00	10200	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
116.00	11600	9,022,940	0	9,022,940	116.00
118.00		680,021,468	-2,140,379	677,881,089	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	1,571,138	0	1,571,138	190.00
192.00	19200	10,869,845	0	10,869,845	192.00
194.00	07955	79,084	0	79,084	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part I  
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3/28/2024 2:21 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.01	07952	WOMEN'S CENTER	430,401	0	430,401	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
194.04	07954	OTHER NRCC	115,914,121	-2,554,081	113,360,040	194.04
194.05	07956	FOUNDATION	19,945	0	19,945	194.05
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	808,906,002	-4,694,460	804,211,542	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	2.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.01 00570	ADMITTING	0	106,414	42,803	5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	43,704	17,579	5.02
5.03 00590	OTHER ADMIN & GENERAL	0	108,297	43,560	5.03
7.00 00700	OPERATION OF PLANT	0	5,262,123	2,116,569	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	362,274	145,717	8.00
9.00 00900	HOUSEKEEPING	0	299,116	120,313	9.00
10.00 01000	DIETARY	0	401,989	161,691	10.00
11.00 01100	CAFETERIA	0	685,955	275,910	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	1,262,313	507,736	14.00
15.00 01500	PHARMACY	0	547,267	220,125	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	41,553	16,714	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00 02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	0	23.00
23.01 02302	PHARMACY PRGM	0	0	0	23.01
23.02 02301	EMERGENCY MEDICAL SERVICES	0	0	0	23.02
23.03 02303	PARAMEDIC PRGM	0	0	0	23.03
23.04 02305	SURGICAL TECH PROGRAM	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	6,256,608	2,516,575	30.00
31.00 03100	INTENSIVE CARE UNIT	0	935,539	376,299	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	712,760	286,691	31.01
32.00 03200	CORONARY CARE UNIT	0	2,174,678	874,714	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	1,098,612	441,892	34.00
41.00 04100	SUBPROVIDER - I&R	0	764,802	307,624	41.00
43.00 04300	NURSERY	0	97,315	39,143	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	4,740,048	1,906,576	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,229,859	494,683	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,730,909	1,098,446	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	174,548	70,208	55.00
56.00 05600	RADIOISOTOPE	0	52,176	20,987	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	1,066,742	429,073	59.00
60.00 06000	LABORATORY	0	1,405,573	565,360	60.00
64.00 06400	INTRAVENOUS THERAPY	0	585,681	235,577	64.00
65.00 06500	RESPIRATORY THERAPY	0	186,202	74,896	65.00
66.00 06600	PHYSICAL THERAPY	0	512,662	206,207	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	86,826	34,924	68.00
69.00 06900	ELECTROCARDIOLOGY	0	774,215	311,410	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	189,609	76,266	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	158,635	63,807	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	80,595	32,418	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	880,226	354,051	90.00
90.01 09001	IBMT JOINT VENTURE	0	79,250	31,877	90.01
90.02 09002	MOORESVILLE INFUSION CLINIC	0	5,962	2,398	90.02
90.05 09005	CV DIAGNOSTIC SERVICES	0	0	0	90.05
91.00 09100	EMERGENCY	0	2,131,063	857,171	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	38,232,100	15,377,990	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	162,176	65,232	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	221,659	89,157	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

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

Worksheet B  
Part II  
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3/28/2024 2:21 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 07952 WOMEN'S CENTER	0	132,009	53,098	185,107	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954 OTHER NRCC	0	1,201,485	483,270	1,684,755	0	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	39,949,429	16,068,747	56,018,176	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATIVE	149,198					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	61,283				5.02
5.03	00590	OTHER ADMIN & GENERAL	0	15,087	166,944			5.03
7.00	00700	OPERATION OF PLANT	0	2,014	7,289	7,387,995		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	185	668	77,739	586,583	8.00
9.00	00900	HOUSEKEEPING	0	696	2,518	64,186	0	9.00
10.00	01000	DIETARY	0	228	827	86,262	0	10.00
11.00	01100	CAFETERIA	0	243	880	147,197	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	339	1,228	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	361	1,307	270,876	2,174	14.00
15.00	01500	PHARMACY	0	681	2,464	117,436	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	297	1,075	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	178	644	8,917	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	80	289	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	3	10	0	0	23.00
23.01	02302	PHARMACY PRGM	0	25	90	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	11	40	0	0	23.02
23.03	02303	PARAMEDIC PRGM	0	8	28	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	12	44	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	19,316	4,316	15,619	1,342,586	236,491	30.00
31.00	03100	INTENSIVE CARE UNIT	3,742	878	3,176	200,755	30,063	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,275	509	1,842	152,949	3,559	31.01
32.00	03200	CORONARY CARE UNIT	3,677	1,219	4,411	466,658	43,131	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,640	822	2,974	235,748	26,200	34.00
41.00	04100	SUBPROVIDER - I&R	1,620	411	1,488	164,117	13,289	41.00
43.00	04300	NURSERY	611	115	415	20,882	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	15,283	2,009	7,272	1,017,153	43,554	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,003	397	1,437	263,912	30,397	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,967	1,509	5,459	586,018	26,891	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	486	689	2,493	37,456	11	55.00
56.00	05600	RADIOISOTOPE	246	27	97	11,196	1,297	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,483	324	1,173	228,909	9,329	59.00
60.00	06000	LABORATORY	12,997	1,974	7,143	301,618	293	60.00
64.00	06400	INTRAVENOUS THERAPY	641	373	1,349	125,680	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,646	765	2,769	39,957	158	65.00
66.00	06600	PHYSICAL THERAPY	2,061	506	1,830	110,011	5,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,642	203	734	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	610	112	404	18,632	513	68.00
69.00	06900	ELECTROCARDIOLOGY	2,953	183	662	166,136	3,313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	792	167	604	40,688	1,960	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,093	3,763	13,616	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,228	2,303	8,336	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,931	6,384	22,878	0	0	73.00
74.00	07400	RENAL DIALYSIS	710	123	446	34,041	2,420	74.00
76.97	07697	CARDIAC REHABILITATION	14	43	155	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	123	445	17,295	783	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	2,532	466	1,686	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	80	579	2,095	188,885	3,250	90.00
90.01	09001	IBMT JOINT VENTURE	293	118	428	17,006	1,273	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	3	11	1,279	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	42	677	2,449	0	0	90.05
91.00	09100	EMERGENCY	9,575	1,190	4,305	457,299	91,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9	501	1,814	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,198	54,229	141,416	7,019,479	577,414	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	76	274	34,801	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	589	2,132	47,565	1,765	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	4	16	0	0	194.00
194.01	07952	WOMEN'S CENTER	0	14	51	28,327	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	5.03	7.00	8.00	
194.04	07954 OTHER NRCC	0	6,370	23,051	257,823	7,404	194.04
194.05	07956 FOUNDATION	0	1	4	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	19	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	149,217	61,283	166,944	7,387,995	586,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	486,829					9.00
10.00	01000	DIETARY	5,796	656,793				10.00
11.00	01100	CAFETERIA	9,889	0	1,120,074			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	21,234	22,801		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,199	0	7,709	0	2,070,675	14.00
15.00	01500	PHARMACY	7,890	0	38,454	0	2,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	14	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	599	0	25,350	0	827	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	159	0	4	23.00
23.01	02302	PHARMACY PRGM	0	0	1,699	0	5	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	0	0	6,001	0	35	23.02
23.03	02303	PARAMEDIC PRGM	0	0	0	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	0	0	750	0	16	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	90,201	392,918	267,641	13,641	6,804	30.00
31.00	03100	INTENSIVE CARE UNIT	13,488	55,039	58,665	1,911	660	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	10,276	37,578	31,499	1,305	462	31.01
32.00	03200	CORONARY CARE UNIT	31,353	74,763	64,974	2,595	1,212	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,839	44,254	44,954	1,536	605	34.00
41.00	04100	SUBPROVIDER - I RF	11,026	33,109	24,140	1,149	365	41.00
43.00	04300	NURSERY	1,403	19,132	0	664	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	68,338	0	66,886	0	11,442	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,731	0	23,161	0	781	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,372	0	48,651	0	3,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,516	0	6,463	0	283	55.00
56.00	05600	RADIOISOTOPE	752	0	2,001	0	29	56.00
59.00	05900	CARDIAC CATHETERIZATION	15,379	0	16,283	0	1,061	59.00
60.00	06000	LABORATORY	20,264	0	3,238	0	259	60.00
64.00	06400	INTRAVENOUS THERAPY	8,444	0	18,846	0	1,598	64.00
65.00	06500	RESPIRATORY THERAPY	2,684	0	56,864	0	637	65.00
66.00	06600	PHYSICAL THERAPY	7,391	0	25,629	0	775	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	11,554	0	160	67.00
68.00	06800	SPEECH PATHOLOGY	1,252	0	5,056	0	329	68.00
69.00	06900	ELECTROCARDIOLOGY	11,162	0	8,106	0	863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,734	0	11,900	0	338	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,271,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	742,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,287	0	0	0	20	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,134	0	115	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,162	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	12,690	0	28,865	0	467	90.00
90.01	09001	IBMT JOINT VENTURE	1,143	0	7,812	0	248	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	86	0	0	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	54,470	0	1,605	90.05
91.00	09100	EMERGENCY	30,724	0	54,827	0	1,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	36,020	0	4,545	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	462,070	656,793	1,082,995	22,801	2,057,506	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,338	0	4,045	0	111	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,196	0	23,555	0	911	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	377	0	0	194.00
194.01	07952	WOMEN'S CENTER	1,903	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
194.04	07954 OTHER NRCC	17,322	0	9,102	0	12,147	194.04	
194.05	07956 FOUNDATION	0	0	0	0	0	194.05	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	486,829	656,793	1,120,074	22,801	2,070,675	202.00	



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

Period:  
From 01/01/2023  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570 ADMITTING					5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03 00590 OTHER ADMIN & GENERAL					5.03
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	936,621				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,386			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	94,782		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		369	22.00
23.00 02300 MEDICAL LABORATORY SCIENTIST PRGM	0	0			23.00
23.01 02302 PHARMACY PRGM	0	0			23.01
23.02 02301 EMERGENCY MEDICAL SERVICES	0	0			23.02
23.03 02303 PARAMEDIC PRGM	0	0			23.03
23.04 02305 SURGICAL TECH PROGRAM	0	0			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0			30.00
31.00 03100 INTENSIVE CARE UNIT	0	0			31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0			31.01
32.00 03200 CORONARY CARE UNIT	0	0			32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0			34.00
41.00 04100 SUBPROVIDER - IRF	0	0			41.00
43.00 04300 NURSERY	0	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0			50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600 RADIOISOTOPE	0	0			56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000 LABORATORY	0	0			60.00
64.00 06400 INTRAVENOUS THERAPY	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	0	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	924,584	1,386			73.00
74.00 07400 RENAL DIALYSIS	0	0			74.00
76.97 07697 CARDIAC REHABILITATION	0	0			76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0			77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0			78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0			90.00
90.01 09001 IBMT JOINT VENTURE	0	0			90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0	0			90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0	0			90.05
91.00 09100 EMERGENCY	0	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100 HOME HEALTH AGENCY	0	0			101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	2,814	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	927,398	1,386	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	8,717	0			192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0			194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0162

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			15.00	16.00		
194.01 07952 WOMEN'S CENTER	0	0				194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.02
194.04 07954 OTHER NRCC	506	0				194.04
194.05 07956 FOUNDATION	0	0				194.05
200.00 Cross Foot Adjustments			94,782	369	176	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	936,621	1,386	94,782	369	176	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description			PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	SURGICAL TECH PROGRAM	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM						23.00
23.01	02302	PHARMACY PRGM	1,819					23.01
23.02	02301	EMERGENCY MEDICAL SERVICES		6,087				23.02
23.03	02303	PARAMEDIC PRGM			36			23.03
23.04	02305	SURGICAL TECH PROGRAM				822		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS					11,162,716	30.00
31.00	03100	INTENSIVE CARE UNIT					1,680,215	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT					1,242,705	31.01
32.00	03200	CORONARY CARE UNIT					3,743,385	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					1,916,076	34.00
41.00	04100	SUBPROVIDER - I RF					1,323,140	41.00
43.00	04300	NURSERY					179,680	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM					7,878,561	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					2,066,361	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					4,550,880	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					295,153	55.00
56.00	05600	RADIOISOTOPE					88,808	56.00
59.00	05900	CARDIAC CATHETERIZATION					1,774,756	59.00
60.00	06000	LABORATORY					2,318,719	60.00
64.00	06400	INTRAVENOUS THERAPY					978,189	64.00
65.00	06500	RESPIRATORY THERAPY					369,578	65.00
66.00	06600	PHYSICAL THERAPY					872,235	66.00
67.00	06700	OCCUPATIONAL THERAPY					14,293	67.00
68.00	06800	SPEECH PATHOLOGY					148,658	68.00
69.00	06900	ELECTROCARDIOLOGY					1,279,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					325,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					1,302,546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					761,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					971,163	73.00
74.00	07400	RENAL DIALYSIS					262,489	74.00
76.97	07697	CARDIAC REHABILITATION					3,461	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION					132,821	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY					4,684	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC					1,471,188	90.00
90.01	09001	IBMT JOINT VENTURE					139,448	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC					9,739	90.02
90.05	09005	CV DIAGNOSTIC SERVICES					59,243	90.05
91.00	09100	EMERGENCY					3,639,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY					0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM					0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE					45,703	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	53,011,483	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					269,053	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					399,246	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS					397	194.00
194.01	07952	WOMEN'S CENTER					215,402	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS					0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description		PHARMACY PRGM	EMERGENCY MEDICAL SERVICES	PARAMEDIC PRGM	SURGICAL TECH PROGRAM	Subtotal	
		23.01	23.02	23.03	23.04	24.00	
194.04	07954 OTHER NRCC					2,018,480	194.04
194.05	07956 FOUNDATION					5	194.05
200.00	Cross Foot Adjustments	1,819	6,087	36	822	104,091	200.00
201.00	Negative Cost Centers	0	0	0	0	19	201.00
202.00	TOTAL (sum lines 118 through 201)	1,819	6,087	36	822	56,018,176	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00570	ADMITTING			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.02
5.03	00590	OTHER ADMIN & GENERAL			5.03
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM			23.00
23.01	02302	PHARMACY PRGM			23.01
23.02	02301	EMERGENCY MEDICAL SERVICES			23.02
23.03	02303	PARAMEDIC PRGM			23.03
23.04	02305	SURGICAL TECH PROGRAM			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	11,162,716	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,680,215	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,242,705	31.01
32.00	03200	CORONARY CARE UNIT	0	3,743,385	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,916,076	34.00
41.00	04100	SUBPROVIDER - I RF	0	1,323,140	41.00
43.00	04300	NURSERY	0	179,680	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	7,878,561	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,066,361	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,550,880	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	295,153	55.00
56.00	05600	RADIOISOTOPE	0	88,808	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,774,756	59.00
60.00	06000	LABORATORY	0	2,318,719	60.00
64.00	06400	INTRAVENOUS THERAPY	0	978,189	64.00
65.00	06500	RESPIRATORY THERAPY	0	369,578	65.00
66.00	06600	PHYSICAL THERAPY	0	872,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,293	67.00
68.00	06800	SPEECH PATHOLOGY	0	148,658	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,279,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	325,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,302,546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	761,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	971,163	73.00
74.00	07400	RENAL DIALYSIS	0	262,489	74.00
76.97	07697	CARDIAC REHABILITATION	0	3,461	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	132,821	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	4,684	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	1,471,188	90.00
90.01	09001	IBMT JOINT VENTURE	0	139,448	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	9,739	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	59,243	90.05
91.00	09100	EMERGENCY	0	3,639,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	45,703	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	53,011,483	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	269,053	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	399,246	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	397	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.01	07952 WOMEN'S CENTER	0	215,402	194.01
194.02	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.04	07954 OTHER NRCC	0	2,018,480	194.04
194.05	07956 FOUNDATION	0	5	194.05
200.00	Cross Foot Adjustments	0	104,091	200.00
201.00	Negative Cost Centers	0	19	201.00
202.00	TOTAL (sum lines 118 through 201)	0	56,018,176	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	891,234				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		891,234			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	205,295,740		4.00
5.01 00570	ADMITTING	2,374	2,374	0	1,812,780,585	5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	975	975	0	0	-61,283 5.02
5.03 00590	OTHER ADMIN & GENERAL	2,416	2,416	5,763,335	0	0 5.03
7.00 00700	OPERATION OF PLANT	117,393	117,393	3,334,956	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,082	8,082	188,512	0	0 8.00
9.00 00900	HOUSEKEEPING	6,673	6,673	3,877,925	0	0 9.00
10.00 01000	DIETARY	8,968	8,968	1,243,248	0	0 10.00
11.00 01100	CAFETERIA	15,303	15,303	2,427,931	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	3,940,356	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	28,161	28,161	803,556	0	0 14.00
15.00 01500	PHARMACY	12,209	12,209	6,455,666	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	927	927	2,232,843	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,719,545	0	0 22.00
23.00 02300	MEDICAL LABORATORY SCIENTIST PRGM	0	0	42,889	0	0 23.00
23.01 02302	PHARMACY PRGM	0	0	308,439	0	0 23.01
23.02 02301	EMERGENCY MEDICAL SERVICES	0	0	699,285	0	0 23.02
23.03 02303	PARAMEDIC PRGM	0	0	0	0	0 23.03
23.04 02305	SURGICAL TECH PROGRAM	0	0	149,725	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	139,579	139,579	32,607,220	228,856,368	0 30.00
31.00 03100	INTENSIVE CARE UNIT	20,871	20,871	8,905,417	45,628,948	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	15,901	15,901	4,303,614	39,942,560	0 31.01
32.00 03200	CORONARY CARE UNIT	48,515	48,515	10,170,615	44,837,524	0 32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	24,509	24,509	8,061,098	32,194,892	0 34.00
41.00 04100	SUBPROVIDER - IRF	17,062	17,062	3,689,952	19,759,843	0 41.00
43.00 04300	NURSERY	2,171	2,171	1,339,934	7,449,680	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	105,746	105,746	13,690,878	186,378,478	0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	27,437	27,437	3,418,135	48,815,761	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	60,924	60,924	9,530,999	121,552,326	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,894	3,894	1,330,442	5,925,750	0 55.00
56.00 05600	RADIOISOTOPE	1,164	1,164	239,528	3,005,482	0 56.00
59.00 05900	CARDIAC CATHETERIZATION	23,798	23,798	2,833,072	79,062,809	0 59.00
60.00 06000	LABORATORY	31,357	31,357	566,405	158,494,853	0 60.00
64.00 06400	INTRAVENOUS THERAPY	13,066	13,066	4,358,225	7,820,407	0 64.00
65.00 06500	RESPIRATORY THERAPY	4,154	4,154	8,949,731	56,654,670	0 65.00
66.00 06600	PHYSICAL THERAPY	11,437	11,437	5,885,546	25,139,318	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,684,953	20,029,070	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,937	1,937	1,215,101	7,443,199	0 68.00
69.00 06900	ELECTROCARDIOLOGY	17,272	17,272	1,279,937	36,010,987	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,230	4,230	1,922,666	9,662,622	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	171,860,154	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	100,335,879	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	194,284,288	0 73.00
74.00 07400	RENAL DIALYSIS	3,539	3,539	0	8,659,635	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	549,755	168,387	0 76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	1,798	1,798	0	0	0 77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	2,943,330	30,872,289	0 78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	19,637	19,637	6,982,348	970,577	0 90.00
90.01 09001	IBMT JOINT VENTURE	1,768	1,768	699,059	3,574,448	0 90.01
90.02 09002	MOORESVILLE INFUSION CLINIC	133	133	28,209	0	0 90.02
90.05 09005	CV DIAGNOSTIC SERVICES	0	0	9,116,121	510,383	0 90.05
91.00 09100	EMERGENCY	47,542	47,542	8,745,291	116,768,825	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	6,157,987	110,173	0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	852,922	852,922	195,393,779	1,812,780,585	-61,283 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,618	3,618	407,309	0	0 190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,945	4,945	7,614,185	0	0	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0	60,713	0	0	194.00
194.01 07952 WOMEN'S CENTER	2,945	2,945	0	0	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954 OTHER NRCC	26,804	26,804	1,819,754	0	0	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	39,949,429	16,068,747	619,948	149,198		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	44.824848	18.029773	0.003020	0.000082		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	149,217		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000082		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: 15-0162

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

Worksheet B-1  
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		5.02	5A.03	5.03	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00570	ADMINITING					5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	808,844,719				5.02	
5.03	00590	OTHER ADMIN & GENERAL	201,015,290	-201,030,377	607,875,625		5.03	
7.00	00700	OPERATION OF PLANT	26,502,082	0	26,504,096	768,076	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,428,441	0	2,428,626	8,082	2,758,340	8.00
9.00	00900	HOUSEKEEPING	9,155,016	0	9,155,712	6,673	0	9.00
10.00	01000	DIETARY	3,005,776	0	3,006,004	8,968	0	10.00
11.00	01100	CAFETERIA	3,198,800	0	3,199,043	15,303	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,465,298	0	4,465,637	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,753,195	0	4,753,556	28,161	10,223	14.00
15.00	01500	PHARMACY	8,960,991	0	8,961,672	12,209	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,909,866	0	3,910,163	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,340,933	0	2,341,111	927	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,051,944	0	1,052,024	0	0	22.00
23.00	02300	MEDICAL LABORATORY SCIENTIST PRGM	36,079	0	36,082	0	0	23.00
23.01	02302	PHARMACY PRGM	326,976	0	327,001	0	0	23.01
23.02	02301	EMERGENCY MEDICAL SERVICES	146,949	0	146,960	0	0	23.02
23.03	02303	PARAMEDIC PRGM	100,000	0	100,008	0	0	23.03
23.04	02305	SURGICAL TECH PROGRAM	161,093	0	161,105	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	56,791,630	0	56,795,946	139,579	1,112,069	30.00
31.00	03100	INTENSIVE CARE UNIT	11,547,083	0	11,547,961	20,871	141,367	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,698,040	0	6,698,549	15,901	16,736	31.01
32.00	03200	CORONARY CARE UNIT	16,038,646	0	16,039,865	48,515	202,820	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,812,211	0	10,813,033	24,509	123,204	34.00
41.00	04100	SUBPROVIDER - IRF	5,412,099	0	5,412,510	17,062	62,490	41.00
43.00	04300	NURSERY	1,508,080	0	1,508,195	2,171	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	26,440,056	0	26,442,065	105,746	204,810	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,225,852	0	5,226,249	27,437	142,937	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,849,377	0	19,850,886	60,924	126,451	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066,461	0	9,067,150	3,894	51	55.00
56.00	05600	RADIOISOTOPE	354,152	0	354,179	1,164	6,100	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,264,873	0	4,265,197	23,798	43,870	59.00
60.00	06000	LABORATORY	25,971,206	0	25,973,180	31,357	1,378	60.00
64.00	06400	INTRAVENOUS THERAPY	4,904,789	0	4,905,162	13,066	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,068,481	0	10,069,246	4,154	742	65.00
66.00	06600	PHYSICAL THERAPY	6,655,764	0	6,656,270	11,437	24,278	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,667,290	0	2,667,493	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,469,826	0	1,469,938	1,937	2,414	68.00
69.00	06900	ELECTROCARDIOLOGY	2,407,729	0	2,407,912	17,272	15,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,195,386	0	2,195,553	4,230	9,219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,509,785	0	49,513,548	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,309,013	0	30,311,316	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,001,914	0	84,008,298	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,621,469	0	1,621,592	3,539	11,382	74.00
76.97	07697	CARDIAC REHABILITATION	562,593	0	562,636	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	1,618,411	0	1,618,534	1,798	3,681	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	6,128,769	0	6,129,235	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	7,616,461	0	7,617,040	19,637	15,281	90.00
90.01	09001	IBMT JOINT VENTURE	1,556,550	0	1,556,668	1,768	5,985	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	38,687	0	38,690	133	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	8,903,388	0	8,904,065	0	0	90.05
91.00	09100	EMERGENCY	15,651,978	0	15,653,168	47,542	432,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,595,935	0	6,596,436	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	716,022,713	-201,030,377	515,046,565	729,764	2,715,223	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	996,198	0	996,274	3,618	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,752,334	0	7,752,923	4,945	8,299	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	58,108	0	58,112	0	0	194.00
194.01	07952	WOMEN'S CENTER	185,107	0	185,121	2,945	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.02	5A.03	5.03	7.00	8.00	
194.02	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954 OTHER NRCC	83,815,272	0	83,821,642	26,804	34,818	194.04
194.05	07956 FOUNDATION	14,987	0	14,988	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	61,283		201,030,377	35,269,266	3,602,914	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000076		0.330710	45.918979	1.306189	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,283		166,944	7,387,995	586,583	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000076		0.000275	9.618833	0.212658	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: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet B-1	
Date/Time Prepared: 3/28/2024 2:21 pm								
Cost Center	Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		9.00	10.00	11.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00570							5.01
5.02	00580							5.02
5.03	00590							5.03
7.00	00700							7.00
8.00	00800							8.00
9.00	00900							9.00
10.00	01000	753,321						10.00
11.00	01100	8,968	118,747					11.00
13.00	01300	15,303		6,181,498				13.00
14.00	01400	0		117,186	118,747			14.00
15.00	01500	28,161		42,543	0	88,207,578		15.00
16.00	01600	12,209		212,221	0	98,129		16.00
21.00	02100	0		0	0	599		21.00
22.00	02200	927		139,904	0	35,245		22.00
23.00	02300	0		0	0	0		23.00
23.01	02302	0		880	0	160		23.01
23.02	02301	0		9,378	0	207		23.02
23.03	02303	0		33,117	0	1,486		23.03
23.04	02305	0		0	0	0		23.04
		0		4,137	0	702		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	139,579	71,039	1,477,070	71,039	289,854		30.00
31.00	03100	20,871	9,951	323,763	9,951	28,124		31.00
31.01	02060	15,901	6,794	173,838	6,794	19,693		31.01
32.00	03200	48,515	13,517	358,582	13,517	51,622		32.00
34.00	03400	24,509	8,001	248,091	8,001	25,770		34.00
41.00	04100	17,062	5,986	133,223	5,986	15,561		41.00
43.00	04300	2,171	3,459	0	3,459	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	105,746	0	369,131	0	487,403		50.00
52.00	05200	27,437	0	127,819	0	33,255		52.00
54.00	05400	60,924	0	268,496	0	155,815		54.00
55.00	05500	3,894	0	35,669	0	12,038		55.00
56.00	05600	1,164	0	11,044	0	1,240		56.00
59.00	05900	23,798	0	89,863	0	45,209		59.00
60.00	06000	31,357	0	17,872	0	11,052		60.00
64.00	06400	13,066	0	104,006	0	68,073		64.00
65.00	06500	4,154	0	313,825	0	27,124		65.00
66.00	06600	11,437	0	141,443	0	33,015		66.00
67.00	06700	0	0	63,766	0	6,807		67.00
68.00	06800	1,937	0	27,902	0	14,034		68.00
69.00	06900	17,272	0	44,734	0	36,782		69.00
70.00	07000	4,230	0	65,674	0	14,386		70.00
71.00	07100	0	0	0	0	54,145,717		71.00
72.00	07200	0	0	0	0	31,628,225		72.00
73.00	07300	0	0	0	0	0		73.00
74.00	07400	3,539	0	0	0	846		74.00
76.97	07697	0	0	17,296	0	4,907		76.97
77.00	07700	1,798	0	0	0	0		77.00
78.00	07800	0	0	0	0	0		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	19,637	0	159,299	0	19,881		90.00
90.01	09001	1,768	0	43,112	0	10,576		90.01
90.02	09002	133	0	0	0	15		90.02
90.05	09005	0	0	300,611	0	68,364		90.05
91.00	09100	47,542	0	302,582	0	61,045		91.00
92.00	09200							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	0	0	0	0	0		101.00
102.00	10200	0	0	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300							113.00
116.00	11600	0	0	198,788	0	193,622		116.00
118.00		715,009	118,747	5,976,865	118,747	87,646,583		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	3,618	0	22,324	0	4,741		190.00
192.00	19200	4,945	0	129,998	0	38,818		192.00
194.00	07955	0	0	2,080	0	0		194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
194.01	07952	WOMEN'S CENTER	2,945	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04	07954	OTHER NRCC	26,804	0	50,231	0	517,436	194.04
194.05	07956	FOUNDATION	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,490,015	4,560,610	5,213,420	6,041,302	8,134,870	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.579937	38.406107	0.843391	50.875407	0.092224	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	486,829	656,793	1,120,074	22,801	2,070,675	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.646244	5.531028	0.181198	0.192013	0.023475	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: 15-0162

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

Worksheet B-1  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM  (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00570						5.01
5.02 00580						5.02
5.03 00590						5.03
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500	85,079,358					15.00
16.00 01600		3,870,913,379				16.00
21.00 02100			25,997			21.00
22.00 02200				25,997		22.00
23.00 02300					100	23.00
23.01 02302						23.01
23.02 02301						23.02
23.03 02303						23.03
23.04 02305						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000		257,499,042	9,937	9,937		30.00
31.00 03100		45,628,948	608	608		31.00
31.01 02060		39,942,560	38	38		31.01
32.00 03200		44,837,524				32.00
34.00 03400		32,194,892				34.00
41.00 04100		19,759,843				41.00
43.00 04300		7,449,680				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000		350,269,426				50.00
52.00 05200		48,971,664				52.00
54.00 05400		371,800,783				54.00
55.00 05500		112,966,617				55.00
56.00 05600		10,261,587				56.00
59.00 05900		193,125,396				59.00
60.00 06000		296,599,274			100	60.00
64.00 06400		78,887,275				64.00
65.00 06500		66,653,414	78	78		65.00
66.00 06600		58,913,287				66.00
67.00 06700		28,977,341				67.00
68.00 06800		13,641,682				68.00
69.00 06900		53,453,217	691	691		69.00
70.00 07000		29,329,127				70.00
71.00 07100		283,313,855				71.00
72.00 07200		154,457,585				72.00
73.00 07300	83,985,984	721,591,548				73.00
74.00 07400		9,179,437				74.00
76.97 07697		4,428,567				76.97
77.00 07700		921,931				77.00
78.00 07800		40,148,936				78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000		17,838,621				90.00
90.01 09001		12,927,809				90.01
90.02 09002		575,175				90.02
90.05 09005		98,546,680				90.05
91.00 09100		350,343,726	501	501		91.00
92.00 09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100						101.00
102.00 10200						102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300						113.00
116.00 11600	255,590	15,476,930				116.00
118.00	84,241,574	3,870,913,379	11,853	11,853	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		MEDICAL LABORATORY SCIENTIST PRGM  (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<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	791,801	0	0	0	0	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 07952 WOMEN'S CENTER	0	0	0	0	0	194.01
194.02 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.04 07954 OTHER NRCC	45,983	0	14,144	14,144	0	194.04
194.05 07956 FOUNDATION	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	12,876,471	5,203,348	3,294,521	1,399,939	48,772	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.151347	0.001344	126.726968	53.850021	487.720000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	936,621	1,386	94,782	369	176	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.011009	0.000000	3.645882	0.014194	1.760000	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)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description		PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)	SURGICAL TECH PROGRAM (ASSIGNED TIME)	
		23.01	23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00570					5.01
5.02	00580					5.02
5.03	00590					5.03
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02302	100				23.01
23.02	02301		100			23.02
23.03	02303			100		23.03
23.04	02305				100	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
31.01	02060	0	0	0	0	31.01
32.00	03200	0	0	0	0	32.00
34.00	03400	0	0	0	0	34.00
41.00	04100	0	0	0	0	41.00
43.00	04300	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	0	0	100	50.00
52.00	05200	0	0	0	0	52.00
54.00	05400	0	0	0	0	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	100	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
76.97	07697	0	0	0	0	76.97
77.00	07700	0	0	0	0	77.00
78.00	07800	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
90.02	09002	0	0	0	0	90.02
90.05	09005	0	0	0	0	90.05
91.00	09100	0	100	100	0	91.00
92.00	09200	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	0	0	0	0	101.00
102.00	10200	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	0	0	0	0	113.00
116.00	11600	0	0	0	0	116.00
118.00		100	100	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
194.00	07955	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0162

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

Worksheet B-1

Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description			PHARMACY PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	PARAMEDIC PRGM (ASSIGNED TIME)	SURGICAL TECH PROGRAM (ASSIGNED TIME)	
			23.01	23.02	23.03	23.04	
194.01	07952	WOMEN'S CENTER	0	0	0	0	194.01
194.02	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.04	07954	OTHER NRCC	0	0	0	0	194.04
194.05	07956	FOUNDATION	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	443,072	223,629	133,082	217,938	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,430.720000	2,236.290000	1,330.820000	2,179.380000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,819	6,087	36	822	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.190000	60.870000	0.360000	8.220000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 2:21 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		93,716,072	0	93,716,072
31.00	03100 INTENSIVE CARE UNIT		18,081,472	0	18,081,472
31.01	02060 NEONATAL INTENSIVE CARE UNIT		10,738,173	0	10,738,173
32.00	03200 CORONARY CARE UNIT		26,215,731	0	26,215,731
34.00	03400 SURGICAL INTENSIVE CARE UNIT		17,050,951	0	17,050,951
41.00	04100 SUBPROVIDER - IRF		9,025,252	0	9,025,252
43.00	04300 NURSERY		2,461,492	0	2,461,492
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		43,108,223	0	43,108,223
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,032,794	0	9,032,794
54.00	05400 RADIOLOGY-DIAGNOSTIC		31,129,143	0	31,129,143
55.00	05500 RADIOLOGY-THERAPEUTIC		12,492,205	0	12,492,205
56.00	05600 RADIO SOTOPE		575,247	0	575,247
59.00	05900 CARDIAC CATHETERIZATION		7,559,912	0	7,559,912
60.00	06000 LABORATORY		36,987,841	0	36,987,841
64.00	06400 INTRAVENOUS THERAPY		7,543,978	0	7,543,978
65.00	06500 RESPIRATORY THERAPY	0	14,016,595	0	14,016,595
66.00	06600 PHYSICAL THERAPY	0	9,805,593	0	9,805,593
67.00	06700 OCCUPATIONAL THERAPY	0	3,643,014	0	3,643,014
68.00	06800 SPEECH PATHOLOGY	0	2,123,434	0	2,123,434
69.00	06900 ELECTROCARDIOLOGY		4,417,024	0	4,417,024
70.00	07000 ELECTROENCEPHALOGRAPHY		3,294,190	0	3,294,190
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		71,262,497	0	71,262,497
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		43,460,043	0	43,460,043
73.00	07300 DRUGS CHARGED TO PATIENTS		125,915,236	0	125,915,236
74.00	07400 RENAL DIALYSIS		2,406,334	0	2,406,334
76.97	07697 CARDIAC REHABILITATION		769,697	0	769,697
77.00	07700 ALLOGENEIC HSCT ACQUISITION		2,272,219	0	2,272,219
78.00	07800 CAR T-CELL IMMUNOTHERAPY		8,210,194	0	8,210,194
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		11,543,482	0	11,543,482
90.01	09001 IBMT JOINT VENTURE		2,244,500	0	2,244,500
90.02	09002 MOORESVILLE INFUSION CLINIC		60,571	0	60,571
90.05	09005 CV DIAGNOSTIC SERVICES		12,241,013	0	12,241,013
91.00	09100 EMERGENCY		25,454,027	0	25,454,027
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		11,274,355	0	11,274,355
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100 HOME HEALTH AGENCY	0	0	0	0
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
116.00	11600 HOSPICE		9,022,940		9,022,940
200.00	Subtotal (see instructions)	0	689,155,444	0	689,155,444
201.00	Less Observation Beds		11,274,355		11,274,355
202.00	Total (see instructions)	0	677,881,089	0	677,881,089

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 3/28/2024 2:21 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	211,775,236		211,775,236			30.00
31.00	03100	INTENSIVE CARE UNIT	45,628,948		45,628,948			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	39,942,560		39,942,560			31.01
32.00	03200	CORONARY CARE UNIT	44,837,524		44,837,524			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	32,194,892		32,194,892			34.00
41.00	04100	SUBPROVIDER - IRF	19,759,843		19,759,843			41.00
43.00	04300	NURSERY	7,449,680		7,449,680			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	186,378,478	163,890,948	350,269,426	0.123072	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,815,761	155,903	48,971,664	0.184449	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,552,326	250,248,457	371,800,783	0.083725	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,925,750	107,040,867	112,966,617	0.110583	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,005,482	7,256,105	10,261,587	0.056058	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	79,062,809	114,062,587	193,125,396	0.039145	0.000000	59.00
60.00	06000	LABORATORY	158,494,853	138,104,421	296,599,274	0.124706	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	7,820,407	71,066,868	78,887,275	0.095630	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	56,654,670	9,998,744	66,653,414	0.210291	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	25,139,318	33,773,969	58,913,287	0.166441	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,029,070	8,948,271	28,977,341	0.125719	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	7,443,199	6,198,483	13,641,682	0.155658	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	36,010,987	17,442,230	53,453,217	0.082633	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,662,622	19,666,505	29,329,127	0.112318	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	171,860,154	111,453,701	283,313,855	0.251532	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	100,335,879	54,121,706	154,457,585	0.281372	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,284,288	527,307,260	721,591,548	0.174497	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,659,635	519,802	9,179,437	0.262144	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	168,387	4,260,180	4,428,567	0.173803	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	921,931	921,931	2.464630	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	30,872,289	9,276,647	40,148,936	0.204493	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	970,577	16,868,044	17,838,621	0.647106	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	3,574,448	9,353,361	12,927,809	0.173618	0.000000	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	575,175	575,175	0.105309	0.000000	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	510,383	98,036,297	98,546,680	0.124215	0.000000	90.05
91.00	09100	EMERGENCY	116,768,825	233,574,901	350,343,726	0.072654	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,081,132	28,642,674	45,723,806	0.246575	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	110,173	15,366,757	15,476,930			116.00
200.00		Subtotal (see instructions)	1,812,780,585	2,058,132,794	3,870,913,379			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,812,780,585	2,058,132,794	3,870,913,379			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 2:21 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.123072		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.184449		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.083725		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110583		55.00
56.00	05600 RADIOISOTOPE	0.056058		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.039145		59.00
60.00	06000 LABORATORY	0.124706		60.00
64.00	06400 INTRAVENOUS THERAPY	0.095630		64.00
65.00	06500 RESPIRATORY THERAPY	0.210291		65.00
66.00	06600 PHYSICAL THERAPY	0.166441		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125719		67.00
68.00	06800 SPEECH PATHOLOGY	0.155658		68.00
69.00	06900 ELECTROCARDIOLOGY	0.082633		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112318		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174497		73.00
74.00	07400 RENAL DIALYSIS	0.262144		74.00
76.97	07697 CARDIAC REHABILITATION	0.173803		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	2.464630		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.204493		78.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.647106		90.00
90.01	09001 IBMT JOINT VENTURE	0.173618		90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.105309		90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.124215		90.05
91.00	09100 EMERGENCY	0.072654		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 2:21 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	93,716,072	93,716,072	0	93,716,072	30.00
31.00	03100	INTENSIVE CARE UNIT	18,081,472	18,081,472	0	18,081,472	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	10,738,173	10,738,173	0	10,738,173	31.01
32.00	03200	CORONARY CARE UNIT	26,215,731	26,215,731	0	26,215,731	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,050,951	17,050,951	0	17,050,951	34.00
41.00	04100	SUBPROVIDER - IRF	9,025,252	9,025,252	0	9,025,252	41.00
43.00	04300	NURSERY	2,461,492	2,461,492	0	2,461,492	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	43,108,223	43,108,223	0	43,108,223	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,032,794	9,032,794	0	9,032,794	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,129,143	31,129,143	0	31,129,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,492,205	12,492,205	0	12,492,205	55.00
56.00	05600	RADIOISOTOPE	575,247	575,247	0	575,247	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,559,912	7,559,912	0	7,559,912	59.00
60.00	06000	LABORATORY	36,987,841	36,987,841	0	36,987,841	60.00
64.00	06400	INTRAVENOUS THERAPY	7,543,978	7,543,978	0	7,543,978	64.00
65.00	06500	RESPIRATORY THERAPY	14,016,595	14,016,595	0	14,016,595	65.00
66.00	06600	PHYSICAL THERAPY	9,805,593	9,805,593	0	9,805,593	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,643,014	3,643,014	0	3,643,014	67.00
68.00	06800	SPEECH PATHOLOGY	2,123,434	2,123,434	0	2,123,434	68.00
69.00	06900	ELECTROCARDIOLOGY	4,417,024	4,417,024	0	4,417,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,294,190	3,294,190	0	3,294,190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,262,497	71,262,497	0	71,262,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,460,043	43,460,043	0	43,460,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,915,236	125,915,236	0	125,915,236	73.00
74.00	07400	RENAL DIALYSIS	2,406,334	2,406,334	0	2,406,334	74.00
76.97	07697	CARDIAC REHABILITATION	769,697	769,697	0	769,697	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	2,272,219	2,272,219	0	2,272,219	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	8,210,194	8,210,194	0	8,210,194	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	11,543,482	11,543,482	0	11,543,482	90.00
90.01	09001	IBMT JOINT VENTURE	2,244,500	2,244,500	0	2,244,500	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	60,571	60,571	0	60,571	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	12,241,013	12,241,013	0	12,241,013	90.05
91.00	09100	EMERGENCY	25,454,027	25,454,027	0	25,454,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,274,355	11,274,355	0	11,274,355	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,022,940	9,022,940	0	9,022,940	116.00
200.00		Subtotal (see instructions)	689,155,444	689,155,444	0	689,155,444	200.00
201.00		Less Observation Beds	11,274,355	11,274,355	0	11,274,355	201.00
202.00		Total (see instructions)	677,881,089	677,881,089	0	677,881,089	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 3/28/2024 2:21 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	211,775,236		211,775,236			30.00
31.00	03100	INTENSIVE CARE UNIT	45,628,948		45,628,948			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	39,942,560		39,942,560			31.01
32.00	03200	CORONARY CARE UNIT	44,837,524		44,837,524			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	32,194,892		32,194,892			34.00
41.00	04100	SUBPROVIDER - IRF	19,759,843		19,759,843			41.00
43.00	04300	NURSERY	7,449,680		7,449,680			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	186,378,478	163,890,948	350,269,426	0.123072	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,815,761	155,903	48,971,664	0.184449	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,552,326	250,248,457	371,800,783	0.083725	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,925,750	107,040,867	112,966,617	0.110583	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,005,482	7,256,105	10,261,587	0.056058	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	79,062,809	114,062,587	193,125,396	0.039145	0.000000	59.00
60.00	06000	LABORATORY	158,494,853	138,104,421	296,599,274	0.124706	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	7,820,407	71,066,868	78,887,275	0.095630	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	56,654,670	9,998,744	66,653,414	0.210291	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	25,139,318	33,773,969	58,913,287	0.166441	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,029,070	8,948,271	28,977,341	0.125719	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	7,443,199	6,198,483	13,641,682	0.155658	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	36,010,987	17,442,230	53,453,217	0.082633	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,662,622	19,666,505	29,329,127	0.112318	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	171,860,154	111,453,701	283,313,855	0.251532	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	100,335,879	54,121,706	154,457,585	0.281372	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,284,288	527,307,260	721,591,548	0.174497	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,659,635	519,802	9,179,437	0.262144	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	168,387	4,260,180	4,428,567	0.173803	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	921,931	921,931	2.464630	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	30,872,289	9,276,647	40,148,936	0.204493	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	970,577	16,868,044	17,838,621	0.647106	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	3,574,448	9,353,361	12,927,809	0.173618	0.000000	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	575,175	575,175	0.105309	0.000000	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	510,383	98,036,297	98,546,680	0.124215	0.000000	90.05
91.00	09100	EMERGENCY	116,768,825	233,574,901	350,343,726	0.072654	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,081,132	28,642,674	45,723,806	0.246575	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	110,173	15,366,757	15,476,930			116.00
200.00		Subtotal (see instructions)	1,812,780,585	2,058,132,794	3,870,913,379			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,812,780,585	2,058,132,794	3,870,913,379			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 2:21 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
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.123072		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184449		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.083725		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110583		55.00
56.00	05600	RADIOISOTOPE	0.056058		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.039145		59.00
60.00	06000	LABORATORY	0.124706		60.00
64.00	06400	INTRAVENOUS THERAPY	0.095630		64.00
65.00	06500	RESPIRATORY THERAPY	0.210291		65.00
66.00	06600	PHYSICAL THERAPY	0.166441		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125719		67.00
68.00	06800	SPEECH PATHOLOGY	0.155658		68.00
69.00	06900	ELECTROCARDIOLOGY	0.082633		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112318		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281372		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174497		73.00
74.00	07400	RENAL DIALYSIS	0.262144		74.00
76.97	07697	CARDIAC REHABILITATION	0.173803		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	2.464630		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.204493		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.647106		90.00
90.01	09001	IBMT JOINT VENTURE	0.173618		90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.105309		90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0.124215		90.05
91.00	09100	EMERGENCY	0.072654		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.246575		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0162

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

Worksheet C  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 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	43,108,223	7,878,561	35,229,662	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,032,794	2,066,361	6,966,433	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,129,143	4,550,880	26,578,263	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,492,205	295,153	12,197,052	0	0	55.00
56.00	05600	RADIOISOTOPE	575,247	88,808	486,439	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,559,912	1,774,756	5,785,156	0	0	59.00
60.00	06000	LABORATORY	36,987,841	2,318,719	34,669,122	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	7,543,978	978,189	6,565,789	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,016,595	369,578	13,647,017	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,805,593	872,235	8,933,358	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,643,014	14,293	3,628,721	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,123,434	148,658	1,974,776	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,417,024	1,279,003	3,138,021	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,294,190	325,058	2,969,132	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,262,497	1,302,546	69,959,951	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,460,043	761,340	42,698,703	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,915,236	971,163	124,944,073	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,406,334	262,489	2,143,845	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	769,697	3,461	766,236	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	2,272,219	132,821	2,139,398	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	8,210,194	4,684	8,205,510	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	11,543,482	1,471,188	10,072,294	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	2,244,500	139,448	2,105,052	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	60,571	9,739	50,832	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	12,241,013	59,243	12,181,770	0	0	90.05
91.00	09100	EMERGENCY	25,454,027	3,639,489	21,814,538	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,274,355	1,342,911	9,931,444	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,022,940	45,703	8,977,237	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	511,866,301	33,106,477	478,759,824	0	0	200.00
201.00		Less Observation Beds	11,274,355	1,342,911	9,931,444	0	0	201.00
202.00		Total (line 200 minus line 201)	500,591,946	31,763,566	468,828,380	0	0	202.00

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

Provider CCN: 15-0162

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

Worksheet C Part II Date/Time Prepared: 3/28/2024 2:21 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	43,108,223	350,269,426	0.123072		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,032,794	48,971,664	0.184449		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	31,129,143	371,800,783	0.083725		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	12,492,205	112,966,617	0.110583		55.00
56.00	05600 RADIOISOTOPE	575,247	10,261,587	0.056058		56.00
59.00	05900 CARDIAC CATHETERIZATION	7,559,912	193,125,396	0.039145		59.00
60.00	06000 LABORATORY	36,987,841	296,599,274	0.124706		60.00
64.00	06400 INTRAVENOUS THERAPY	7,543,978	78,887,275	0.095630		64.00
65.00	06500 RESPIRATORY THERAPY	14,016,595	66,653,414	0.210291		65.00
66.00	06600 PHYSICAL THERAPY	9,805,593	58,913,287	0.166441		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,643,014	28,977,341	0.125719		67.00
68.00	06800 SPEECH PATHOLOGY	2,123,434	13,641,682	0.155658		68.00
69.00	06900 ELECTROCARDIOLOGY	4,417,024	53,453,217	0.082633		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,294,190	29,329,127	0.112318		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	71,262,497	283,313,855	0.251532		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	43,460,043	154,457,585	0.281372		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	125,915,236	721,591,548	0.174497		73.00
74.00	07400 RENAL DIALYSIS	2,406,334	9,179,437	0.262144		74.00
76.97	07697 CARDIAC REHABILITATION	769,697	4,428,567	0.173803		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	2,272,219	921,931	2.464630		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	8,210,194	40,148,936	0.204493		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	11,543,482	17,838,621	0.647106		90.00
90.01	09001 IBMT JOINT VENTURE	2,244,500	12,927,809	0.173618		90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	60,571	575,175	0.105309		90.02
90.05	09005 CV DIAGNOSTIC SERVICES	12,241,013	98,546,680	0.124215		90.05
91.00	09100 EMERGENCY	25,454,027	350,343,726	0.072654		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	11,274,355	45,723,806	0.246575		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	9,022,940	15,476,930	0.582993		116.00
200.00	Subtotal (sum of lines 50 thru 199)	511,866,301	3,469,324,696			200.00
201.00	Less Observation Beds	11,274,355	0			201.00
202.00	Total (line 200 minus line 201)	500,591,946	3,469,324,696			202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 3/28/2024 2:21 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)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	11,162,716	0	11,162,716	80,754	138.23	30.00	
31.00	INTENSIVE CARE UNIT	1,680,215		1,680,215	9,951	168.85	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,242,705		1,242,705	6,794	182.91	31.01	
32.00	CORONARY CARE UNIT	3,743,385		3,743,385	13,517	276.94	32.00	
34.00	SURGICAL INTENSIVE CARE UNIT	1,916,076		1,916,076	8,001	239.48	34.00	
41.00	SUBPROVIDER - IRF	1,323,140	0	1,323,140	5,986	221.04	41.00	
43.00	NURSERY	179,680		179,680	3,459	51.95	43.00	
200.00	Total (lines 30 through 199)	21,247,917		21,247,917	128,462		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	20,630	2,851,685					30.00
31.00	INTENSIVE CARE UNIT	2,880	486,288					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	4,685	1,297,464					32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,432	582,415					34.00
41.00	SUBPROVIDER - IRF	3,180	702,907					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	33,807	5,920,759					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,878,561	350,269,426	0.022493	52,363,550	1,177,813	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,066,361	48,971,664	0.042195	55,372	2,336	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,550,880	371,800,783	0.012240	38,349,173	469,394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	295,153	112,966,617	0.002613	1,931,015	5,046	55.00
56.00	05600	RADIOISOTOPE	88,808	10,261,587	0.008654	1,044,195	9,036	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,774,756	193,125,396	0.009190	22,159,552	203,646	59.00
60.00	06000	LABORATORY	2,318,719	296,599,274	0.007818	44,831,725	350,494	60.00
64.00	06400	INTRAVENOUS THERAPY	978,189	78,887,275	0.012400	1,755,081	21,763	64.00
65.00	06500	RESPIRATORY THERAPY	369,578	66,653,414	0.005545	15,083,118	83,636	65.00
66.00	06600	PHYSICAL THERAPY	872,235	58,913,287	0.014805	6,657,216	98,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,293	28,977,341	0.000493	5,064,000	2,497	67.00
68.00	06800	SPEECH PATHOLOGY	148,658	13,641,682	0.010897	1,399,026	15,245	68.00
69.00	06900	ELECTROCARDIOLOGY	1,279,003	53,453,217	0.023928	11,790,746	282,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	325,058	29,329,127	0.011083	2,713,582	30,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,302,546	283,313,855	0.004598	49,814,599	229,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	761,340	154,457,585	0.004929	38,456,984	189,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	971,163	721,591,548	0.001346	54,643,751	73,550	73.00
74.00	07400	RENAL DIALYSIS	262,489	9,179,437	0.028595	3,000,592	85,802	74.00
76.97	07697	CARDIAC REHABILITATION	3,461	4,428,567	0.000782	39,922	31	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	132,821	921,931	0.144068	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	4,684	40,148,936	0.000117	15,486,184	1,812	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,471,188	17,838,621	0.082472	164,710	13,584	90.00
90.01	09001	I BMT JOINT VENTURE	139,448	12,927,809	0.010787	434,138	4,683	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	9,739	575,175	0.016932	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	59,243	98,546,680	0.000601	195,328	117	90.05
91.00	09100	EMERGENCY	3,639,489	350,343,726	0.010388	38,734,863	402,378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,342,911	45,723,806	0.029370	5,719,833	167,991	92.00
200.00		Total (lines 50 through 199)	33,060,774	3,453,847,766		411,888,255	3,920,220	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	80,754	0.00	20,630	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	9,951	0.00	2,880	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	6,794	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	13,517	0.00	4,685	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	8,001	0.00	2,432	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,986	0.00	3,180	41.00	
43.00	04300	NURSERY	0	0	3,459	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	128,462		33,807	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0162

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

Worksheet D  
Part IV  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	217,938	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	48,772	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	443,072	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	356,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (Lines 50 through 199)	0	0	0	0	1,066,493	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description	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	217,938	217,938	350,269,426	0.000622	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	48,971,664	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	371,800,783	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	112,966,617	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	10,261,587	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	193,125,396	0.000000	59.00
60.00 06000 LABORATORY	0	48,772	48,772	296,599,274	0.000164	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	78,887,275	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	66,653,414	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	58,913,287	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	28,977,341	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	13,641,682	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	53,453,217	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	29,329,127	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	283,313,855	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	154,457,585	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	443,072	443,072	721,591,548	0.000614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	9,179,437	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,428,567	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	921,931	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	40,148,936	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	17,838,621	0.000000	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	12,927,809	0.000000	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0	0	0	575,175	0.000000	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	98,546,680	0.000000	90.05
91.00 09100 EMERGENCY	0	356,711	356,711	350,343,726	0.001018	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,723,806	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,066,493	1,066,493	3,453,847,766		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000622	52,363,550	32,570	31,451,387	19,563	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	55,372	0	2,643	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	38,349,173	0	48,564,441	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,931,015	0	29,043,062	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,044,195	0	1,628,962	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	22,159,552	0	32,363,982	0	59.00
60.00	06000 LABORATORY	0.000164	44,831,725	7,352	10,121,963	1,660	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,755,081	0	15,426,589	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	15,083,118	0	2,248,362	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,657,216	0	82,620	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,064,000	0	28,215	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,399,026	0	23,400	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	11,790,746	0	4,684,692	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,713,582	0	3,351,581	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	49,814,599	0	27,594,162	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	38,456,984	0	15,599,522	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000614	54,643,751	33,551	171,457,423	105,275	73.00
74.00	07400 RENAL DIALYSIS	0.000000	3,000,592	0	76,707	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	39,922	0	1,367,591	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	15,486,184	0	3,263,469	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	164,710	0	3,936,236	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.000000	434,138	0	1,524,012	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.000000	0	0	129,175	0	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	195,328	0	29,991,597	0	90.05
91.00	09100 EMERGENCY	0.001018	38,734,863	39,432	28,439,533	28,951	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,719,833	0	2,711,309	0	92.00
200.00	Total (lines 50 through 199)		411,888,255	112,905	465,112,635	155,449	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.123072	31,451,387	0	0	3,870,785	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.184449	2,643	0	0	487	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.083725	48,564,441	190	0	4,066,058	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110583	29,043,062	0	0	3,211,669	55.00
56.00	05600 RADIOISOTOPE	0.056058	1,628,962	0	0	91,316	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.039145	32,363,982	0	0	1,266,888	59.00
60.00	06000 LABORATORY	0.124706	10,121,963	0	0	1,262,270	60.00
64.00	06400 INTRAVENOUS THERAPY	0.095630	15,426,589	0	0	1,475,245	64.00
65.00	06500 RESPIRATORY THERAPY	0.210291	2,248,362	0	0	472,810	65.00
66.00	06600 PHYSICAL THERAPY	0.166441	82,620	0	0	13,751	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125719	28,215	0	0	3,547	67.00
68.00	06800 SPEECH PATHOLOGY	0.155658	23,400	0	0	3,642	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082633	4,684,692	0	0	387,110	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112318	3,351,581	0	0	376,443	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	27,594,162	699	0	6,940,815	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372	15,599,522	0	0	4,389,269	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174497	171,457,423	2,396	84,040	29,918,806	73.00
74.00	07400 RENAL DIALYSIS	0.262144	76,707	0	0	20,108	74.00
76.97	07697 CARDIAC REHABILITATION	0.173803	1,367,591	0	0	237,691	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	2.464630	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.204493	3,263,469	0	0	667,357	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.647106	3,936,236	0	0	2,547,162	90.00
90.01	09001 IBMT JOINT VENTURE	0.173618	1,524,012	0	0	264,596	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.105309	129,175	0	0	13,603	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.124215	29,991,597	0	0	3,725,406	90.05
91.00	09100 EMERGENCY	0.072654	28,439,533	0	0	2,066,246	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575	2,711,309	0	0	668,541	92.00
200.00	Subtotal (see instructions)		465,112,635	3,285	84,040	67,961,621	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)		465,112,635	3,285	84,040	67,961,621	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	176	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	418	14,665		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 IBMT JOINT VENTURE	0	0		90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0	0		90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	610	14,665		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	610	14,665		202.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 3/28/2024 2:21 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,878,561	350,269,426	0.022493	132,718	2,985	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,066,361	48,971,664	0.042195	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,550,880	371,800,783	0.012240	530,692	6,496	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	295,153	112,966,617	0.002613	12,006	31	55.00
56.00	05600	RADIOISOTOPE	88,808	10,261,587	0.008654	8,674	75	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,774,756	193,125,396	0.009190	16,768	154	59.00
60.00	06000	LABORATORY	2,318,719	296,599,274	0.007818	800,884	6,261	60.00
64.00	06400	INTRAVENOUS THERAPY	978,189	78,887,275	0.012400	11,886	147	64.00
65.00	06500	RESPIRATORY THERAPY	369,578	66,653,414	0.005545	515,752	2,860	65.00
66.00	06600	PHYSICAL THERAPY	872,235	58,913,287	0.014805	2,776,486	41,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,293	28,977,341	0.000493	2,490,040	1,228	67.00
68.00	06800	SPEECH PATHOLOGY	148,658	13,641,682	0.010897	950,049	10,353	68.00
69.00	06900	ELECTROCARDIOLOGY	1,279,003	53,453,217	0.023928	54,253	1,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	325,058	29,329,127	0.011083	5,257	58	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,302,546	283,313,855	0.004598	983,751	4,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	761,340	154,457,585	0.004929	6,451	32	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	971,163	721,591,548	0.001346	836,751	1,126	73.00
74.00	07400	RENAL DIALYSIS	262,489	9,179,437	0.028595	129,666	3,708	74.00
76.97	07697	CARDIAC REHABILITATION	3,461	4,428,567	0.000782	946	1	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	132,821	921,931	0.144068	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	4,684	40,148,936	0.000117	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,471,188	17,838,621	0.082472	7	1	90.00
90.01	09001	IBMT JOINT VENTURE	139,448	12,927,809	0.010787	2	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	9,739	575,175	0.016932	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	59,243	98,546,680	0.000601	701	0	90.05
91.00	09100	EMERGENCY	3,639,489	350,343,726	0.010388	32,337	336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	45,723,806	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	31,717,863	3,453,847,766		10,296,077	82,779	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	217,938	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	48,772	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	443,072	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	356,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,066,493	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	217,938	217,938	350,269,426	0.000622	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	48,971,664	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	371,800,783	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	112,966,617	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	10,261,587	0.000000	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	193,125,396	0.000000	59.00
60.00	06000 LABORATORY	0	48,772	48,772	296,599,274	0.000164	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	78,887,275	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	66,653,414	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	58,913,287	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	28,977,341	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	13,641,682	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	53,453,217	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	29,329,127	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	283,313,855	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	154,457,585	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	443,072	443,072	721,591,548	0.000614	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	9,179,437	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	4,428,567	0.000000	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	921,931	0.000000	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	40,148,936	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	17,838,621	0.000000	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	12,927,809	0.000000	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0	0	0	575,175	0.000000	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	98,546,680	0.000000	90.05
91.00	09100 EMERGENCY	0	356,711	356,711	350,343,726	0.001018	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,723,806	0.000000	92.00
200.00	Total (lines 50 through 199)	0	1,066,493	1,066,493	3,453,847,766		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000622	132,718	83	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	530,692	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	12,006	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	8,674	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	16,768	0	0	0	59.00
60.00 06000 LABORATORY	0.000164	800,884	131	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	11,886	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	515,752	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	2,776,486	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	2,490,040	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	950,049	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	54,253	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	5,257	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	983,751	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,451	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000614	836,751	514	318	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	129,666	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	946	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	7	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0.000000	2	0	0	0	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0.000000	0	0	0	0	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0.000000	701	0	0	0	90.05
91.00 09100 EMERGENCY	0.001018	32,337	33	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		10,296,077	761	318	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.123072	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.184449	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.083725	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.110583	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.056058	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.039145	0	0	0	0	59.00
60.00 06000 LABORATORY	0.124706	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.095630	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.210291	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.166441	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.125719	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.155658	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.082633	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.112318	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.174497	318	0	355	55	73.00
74.00 07400 RENAL DIALYSIS	0.262144	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.173803	0	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	2.464630	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.204493	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.647106	0	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0.173618	0	0	0	0	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0.105309	0	0	0	0	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0.124215	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.072654	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575	0	0	0	0	92.00
200.00 Subtotal (see instructions)		318	0	355	55	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		318	0	355	55	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	62	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0	0	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	62	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	62	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 3/28/2024 2:21 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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	11,162,716	0	11,162,716	80,754	138.23	30.00
31.00	INTENSIVE CARE UNIT	1,680,215		1,680,215	9,951	168.85	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,242,705		1,242,705	6,794	182.91	31.01
32.00	CORONARY CARE UNIT	3,743,385		3,743,385	13,517	276.94	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,916,076		1,916,076	8,001	239.48	34.00
41.00	SUBPROVIDER - IRF	1,323,140	0	1,323,140	5,986	221.04	41.00
43.00	NURSERY	179,680		179,680	3,459	51.95	43.00
200.00	Total (lines 30 through 199)	21,247,917		21,247,917	128,462		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	715	98,834	30.00			
31.00	INTENSIVE CARE UNIT	100	16,885	31.00			
31.01	NEONATAL INTENSIVE CARE UNIT	68	12,438	31.01			
32.00	CORONARY CARE UNIT	136	37,664	32.00			
34.00	SURGICAL INTENSIVE CARE UNIT	80	19,158	34.00			
41.00	SUBPROVIDER - IRF	21	4,642	41.00			
43.00	NURSERY	35	1,818	43.00			
200.00	Total (lines 30 through 199)	1,155	191,439	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,878,561	350,269,426	0.022493	24,555,234	552,321	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,066,361	48,971,664	0.042195	16,554,780	698,529	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,550,880	371,800,783	0.012240	16,209,234	198,401	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	295,153	112,966,617	0.002613	232,151	607	55.00
56.00	05600	RADIOISOTOPE	88,808	10,261,587	0.008654	346,125	2,995	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,774,756	193,125,396	0.009190	8,227,533	75,611	59.00
60.00	06000	LABORATORY	2,318,719	296,599,274	0.007818	25,171,994	196,795	60.00
64.00	06400	INTRAVENOUS THERAPY	978,189	78,887,275	0.012400	1,105,336	13,706	64.00
65.00	06500	RESPIRATORY THERAPY	369,578	66,653,414	0.005545	9,146,231	50,716	65.00
66.00	06600	PHYSICAL THERAPY	872,235	58,913,287	0.014805	2,307,340	34,160	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,293	28,977,341	0.000493	2,044,112	1,008	67.00
68.00	06800	SPEECH PATHOLOGY	148,658	13,641,682	0.010897	1,223,909	13,337	68.00
69.00	06900	ELECTROCARDIOLOGY	1,279,003	53,453,217	0.023928	4,530,720	108,411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	325,058	29,329,127	0.011083	2,138,111	23,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,302,546	283,313,855	0.004598	22,709,267	104,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	761,340	154,457,585	0.004929	6,667,088	32,862	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	971,163	721,591,548	0.001346	29,080,542	39,142	73.00
74.00	07400	RENAL DIALYSIS	262,489	9,179,437	0.028595	1,273,780	36,424	74.00
76.97	07697	CARDIAC REHABILITATION	3,461	4,428,567	0.000782	19,319	15	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	132,821	921,931	0.144068	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	4,684	40,148,936	0.000117	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,471,188	17,838,621	0.082472	289,102	23,843	90.00
90.01	09001	IBMT JOINT VENTURE	139,448	12,927,809	0.010787	9,673	104	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	9,739	575,175	0.016932	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	59,243	98,546,680	0.000601	34,928	21	90.05
91.00	09100	EMERGENCY	3,639,489	350,343,726	0.010388	16,655,020	173,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,342,911	45,723,806	0.029370	1,682,661	49,420	92.00
200.00		Total (lines 50 through 199)	33,060,774	3,453,847,766		192,214,190	2,429,554	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	80,754	0.00	715 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	9,951	0.00	100 31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	6,794	0.00	68 31.01	
32.00	03200	CORONARY CARE UNIT	0	0	13,517	0.00	136 32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	8,001	0.00	80 34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,986	0.00	21 41.00	
43.00	04300	NURSERY	0	0	3,459	0.00	35 43.00	
200.00		Total (lines 30 through 199)	0	0	128,462		1,155 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0					31.01
32.00	03200	CORONARY CARE UNIT	0					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description	Title XIX			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments				
	1.00	2A	2.00	3A				
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	217,938	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	48,772	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	443,072	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	356,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (Lines 50 through 199)	0	0	0	0	1,066,493	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description	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	217,938	217,938	350,269,426	0.000622	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	48,971,664	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	371,800,783	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	112,966,617	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	10,261,587	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	193,125,396	0.000000	59.00
60.00 06000 LABORATORY	0	48,772	48,772	296,599,274	0.000164	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	78,887,275	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	66,653,414	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	58,913,287	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	28,977,341	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	13,641,682	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	53,453,217	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	29,329,127	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	283,313,855	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	154,457,585	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	443,072	443,072	721,591,548	0.000614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	9,179,437	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,428,567	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	921,931	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	40,148,936	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	17,838,621	0.000000	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	12,927,809	0.000000	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0	0	0	575,175	0.000000	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	98,546,680	0.000000	90.05
91.00 09100 EMERGENCY	0	356,711	356,711	350,343,726	0.001018	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,723,806	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,066,493	1,066,493	3,453,847,766		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Title XIX				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
ANCILLARY SERVICE COST CENTERS		9.00	10.00	11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0.000622	24,555,234	15,273	0	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	16,554,780	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,209,234	0	0	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	232,151	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	346,125	0	0	0	56.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,227,533	0	0	0	59.00	
60.00	06000 LABORATORY	0.000164	25,171,994	4,128	0	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,105,336	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	9,146,231	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,307,340	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,044,112	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,223,909	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,530,720	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,138,111	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	22,709,267	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,667,088	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000614	29,080,542	17,855	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	1,273,780	0	0	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	19,319	0	0	0	76.97	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	289,102	0	0	0	90.00	
90.01	09001 IBMT JOINT VENTURE	0.000000	9,673	0	0	0	90.01	
90.02	09002 MOORESVILLE INFUSION CLINIC	0.000000	0	0	0	0	90.02	
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	34,928	0	0	0	90.05	
91.00	09100 EMERGENCY	0.001018	16,655,020	16,955	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,682,661	0	0	0	92.00	
200.00	Total (lines 50 through 199)		192,214,190	54,211	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Hospital Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs 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	0.123072	0	23,627,055	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.184449	0	77,694	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.083725	0	43,023,013	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110583	0	12,872,881	0	0	55.00
56.00	05600 RADIOISOTOPE	0.056058	0	947,070	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.039145	0	7,194,338	0	0	59.00
60.00	06000 LABORATORY	0.124706	0	24,714,078	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.095630	0	9,779,809	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.210291	0	1,732,285	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.166441	0	6,720,139	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125719	0	2,993,931	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.155658	0	2,504,957	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082633	0	2,130,801	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112318	0	4,155,172	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	0	12,749,425	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372	0	4,699,481	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174497	0	50,288,393	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.262144	0	97,272	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.173803	0	210,361	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	2.464630	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.204493	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.647106	0	3,455,139	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.173618	0	602,273	0	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.105309	0	80,522	0	0	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.124215	0	7,907,100	0	0	90.05
91.00	09100 EMERGENCY	0.072654	0	80,483,765	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575	0	5,147,297	0	0	92.00
200.00	Subtotal (see instructions)		0	308,194,251	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	308,194,251	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2,907,829	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	14,331	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,602,102	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,423,522	0		55.00
56.00 05600 RADIOISOTOPE	53,091	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	281,622	0		59.00
60.00 06000 LABORATORY	3,081,994	0		60.00
64.00 06400 INTRAVENOUS THERAPY	935,243	0		64.00
65.00 06500 RESPIRATORY THERAPY	364,284	0		65.00
66.00 06600 PHYSICAL THERAPY	1,118,507	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	376,394	0		67.00
68.00 06800 SPEECH PATHOLOGY	389,917	0		68.00
69.00 06900 ELECTROCARDIOLOGY	176,074	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	466,701	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,206,888	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,322,302	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,775,174	0		73.00
74.00 07400 RENAL DIALYSIS	25,499	0		74.00
76.97 07697 CARDIAC REHABILITATION	36,561	0		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	2,235,841	0		90.00
90.01 09001 IBMT JOINT VENTURE	104,565	0		90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	8,480	0		90.02
90.05 09005 CV DIAGNOSTIC SERVICES	982,180	0		90.05
91.00 09100 EMERGENCY	5,847,467	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,269,195	0		92.00
200.00 Subtotal (see instructions)	39,005,763	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	39,005,763	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 3/28/2024 2:21 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,878,561	350,269,426	0.022493	2,088	47	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,066,361	48,971,664	0.042195	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,550,880	371,800,783	0.012240	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	295,153	112,966,617	0.002613	0	0	55.00
56.00	05600 RADIOISOTOPE	88,808	10,261,587	0.008654	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,774,756	193,125,396	0.009190	0	0	59.00
60.00	06000 LABORATORY	2,318,719	296,599,274	0.007818	4,158	33	60.00
64.00	06400 INTRAVENOUS THERAPY	978,189	78,887,275	0.012400	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	369,578	66,653,414	0.005545	0	0	65.00
66.00	06600 PHYSICAL THERAPY	872,235	58,913,287	0.014805	252,975	3,745	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,293	28,977,341	0.000493	232,242	114	67.00
68.00	06800 SPEECH PATHOLOGY	148,658	13,641,682	0.010897	98,186	1,070	68.00
69.00	06900 ELECTROCARDIOLOGY	1,279,003	53,453,217	0.023928	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	325,058	29,329,127	0.011083	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,302,546	283,313,855	0.004598	1,704	8	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	761,340	154,457,585	0.004929	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	971,163	721,591,548	0.001346	146	0	73.00
74.00	07400 RENAL DIALYSIS	262,489	9,179,437	0.028595	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	3,461	4,428,567	0.000782	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	132,821	921,931	0.144068	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	4,684	40,148,936	0.000117	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1,471,188	17,838,621	0.082472	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	139,448	12,927,809	0.010787	0	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	9,739	575,175	0.016932	0	0	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	59,243	98,546,680	0.000601	0	0	90.05
91.00	09100 EMERGENCY	3,639,489	350,343,726	0.010388	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	45,723,806	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	31,717,863	3,453,847,766		591,499	5,017	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	217,938 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	48,772 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	443,072 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0 90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0	0	0	0	0 90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0 90.05
91.00	09100	EMERGENCY	0	0	0	0	356,711 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,066,493 200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	217,938	217,938	350,269,426	0.000622	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	48,971,664	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	371,800,783	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	112,966,617	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	10,261,587	0.000000	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	193,125,396	0.000000	59.00
60.00	06000 LABORATORY	0	48,772	48,772	296,599,274	0.000164	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	78,887,275	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	66,653,414	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	58,913,287	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	28,977,341	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	13,641,682	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	53,453,217	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	29,329,127	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	283,313,855	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	154,457,585	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	443,072	443,072	721,591,548	0.000614	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	9,179,437	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	4,428,567	0.000000	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	921,931	0.000000	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	40,148,936	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	17,838,621	0.000000	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	12,927,809	0.000000	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0	0	0	575,175	0.000000	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	98,546,680	0.000000	90.05
91.00	09100 EMERGENCY	0	356,711	356,711	350,343,726	0.001018	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	45,723,806	0.000000	92.00
200.00	Total (lines 50 through 199)	0	1,066,493	1,066,493	3,453,847,766		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 3/28/2024 2:21 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000622	2,088		1	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0		0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0		0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
60.00	06000 LABORATORY	0.000164	4,158		1	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	252,975		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	232,242		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	98,186		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,704		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000614	146		0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0		0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0		0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0		0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0		0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0		0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0.000000	0		0	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.000000	0		0	0	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.000000	0		0	0	90.05
91.00	09100 EMERGENCY	0.001018	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0		0	0	92.00
200.00	Total (lines 50 through 199)		591,499		2	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.123072	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.184449	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.083725	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.110583	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.056058	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.039145	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.124706	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.095630	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.210291	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.166441	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.125719	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.155658	0	622	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.082633	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.112318	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.174497	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.262144	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.173803	0	0	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	2.464630	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.204493	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.647106	0	0	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0.173618	0	0	0	0	0	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0.105309	0	0	0	0	0	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0.124215	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.072654	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575	0	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	622	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00 Net Charges (line 200 - line 201)		0	622	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 2:21 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	97	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	90.01
90.02 09002 MOORESVILLE INFUSION CLINIC	0	0	90.02
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	97	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	97	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 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)		80,754	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		80,754	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)		71,039	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)		20,630	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)		93,716,072	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)		93,716,072	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)		93,716,072	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)		1,160.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,941,321	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)		23,941,321	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,081,472	9,951	1,817.05	2,880	5,233,104	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	10,738,173	6,794	1,580.54	0	0	43.01
44.00	CORONARY CARE UNIT	26,215,731	13,517	1,939.46	4,685	9,086,370	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	17,050,951	8,001	2,131.10	2,432	5,182,835	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					64,254,025	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)					107,697,655	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)					5,217,852	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,033,125	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,250,977	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					98,446,678	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)					9,715	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,160.51	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,274,355	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,162,716	93,716,072	0.119112	11,274,355	1,342,911	90.00
91.00	Nursing Program cost	0	93,716,072	0.000000	11,274,355	0	91.00
92.00	Allied health cost	0	93,716,072	0.000000	11,274,355	0	92.00
93.00	All other Medical Education	0	93,716,072	0.000000	11,274,355	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				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)		5,986	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,986	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)		5,986	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)		3,180	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)		9,025,252	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)		9,025,252	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)		9,025,252	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)		1,507.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,794,581	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)		4,794,581	41.00



COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-T162	Date/Time Prepared: 3/28/2024 2:21 pm		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,632,695	0	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					6,427,276	0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					702,907	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					83,540	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					786,447	0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,640,829	0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	0	54.00
55.00 Target amount per discharge					0.00	0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	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	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	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	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	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	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	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	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description						1.00		
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	1,323,140	9,025,252	0.146604	0	0	90.00	
91.00	Nursing Program cost	0	9,025,252	0.000000	0	0	91.00	
92.00	Allied health cost	0	9,025,252	0.000000	0	0	92.00	
93.00	All other Medical Education	0	9,025,252	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 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)		80,754	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		80,754	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)		71,039	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)		715	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)		3,459	15.00
16.00	Nursery days (title V or XIX only)		35	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)		93,716,072	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)		93,716,072	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)		93,716,072	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)		1,160.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		829,765	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)		829,765	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,461,492	3,459	711.62	35	24,907	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,081,472	9,951	1,817.05	100	181,705	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	10,738,173	6,794	1,580.54	68	107,477	43.01
44.00	CORONARY CARE UNIT	26,215,731	13,517	1,939.46	136	263,767	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	17,050,951	8,001	2,131.10	80	170,488	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,231,905	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)					30,810,014	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)					186,797	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,483,765	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,670,562	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,139,452	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)					9,715	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,160.51	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 pm	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						11,274,355 89.00	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,162,716	93,716,072	0.119112	11,274,355	1,342,911	90.00
91.00	Nursing Program cost	0	93,716,072	0.000000	11,274,355	0	91.00
92.00	Allied health cost	0	93,716,072	0.000000	11,274,355	0	92.00
93.00	All other Medical Education	0	93,716,072	0.000000	11,274,355	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				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)			5,986 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,986 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)			5,986 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)			21 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)			3,459 15.00
16.00	Nursery days (title V or XIX only)			35 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)			9,025,252 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)			9,025,252 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)			9,025,252 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)			1,507.73 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			31,662 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)			31,662 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-T162		Date/Time Prepared: 3/28/2024 2:21 pm	
				Title XIX	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					87,815	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)					119,477	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,642	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,019	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,661	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					109,816	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0162 Component CCN: 15-T162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 3/28/2024 2:21 pm		
		Title XIX		Subprovider - IRF		PPS		
Cost Center Description								
						1.00		
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	1,323,140	9,025,252	0.146604	0	0	90.00	
91.00	Nursing Program cost	0	9,025,252	0.000000	0	0	91.00	
92.00	Allied health cost	0	9,025,252	0.000000	0	0	92.00	
93.00	All other Medical Education	0	9,025,252	0.000000	0	0	93.00	



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		61,268,366	30.00
31.00	03100	INTENSIVE CARE UNIT		13,010,819	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		14,712,099	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,631,723	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.123072	52,363,550	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184449	55,372	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.083725	38,349,173	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110583	1,931,015	55.00
56.00	05600	RADIOISOTOPE	0.056058	1,044,195	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.039145	22,159,552	59.00
60.00	06000	LABORATORY	0.124706	44,831,725	60.00
64.00	06400	INTRAVENOUS THERAPY	0.095630	1,755,081	64.00
65.00	06500	RESPIRATORY THERAPY	0.210291	15,083,118	65.00
66.00	06600	PHYSICAL THERAPY	0.166441	6,657,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125719	5,064,000	67.00
68.00	06800	SPEECH PATHOLOGY	0.155658	1,399,026	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082633	11,790,746	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112318	2,713,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	49,814,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281372	38,456,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174497	54,643,751	73.00
74.00	07400	RENAL DIALYSIS	0.262144	3,000,592	74.00
76.97	07697	CARDIAC REHABILITATION	0.173803	39,922	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	2.464630	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.204493	15,486,184	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.647106	164,710	90.00
90.01	09001	IBMT JOINT VENTURE	0.173618	434,138	90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.105309	0	90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0.124215	195,328	90.05
91.00	09100	EMERGENCY	0.072654	38,734,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.246575	5,719,833	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		411,888,255	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)		411,888,255	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/28/2024 2:21 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100 SUBPROVIDER - IRF		10,445,770		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.123072	132,718	16,334	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.184449	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.083725	530,692	44,432	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110583	12,006	1,328	55.00
56.00	05600 RADIOISOTOPE	0.056058	8,674	486	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.039145	16,768	656	59.00
60.00	06000 LABORATORY	0.124706	800,884	99,875	60.00
64.00	06400 INTRAVENOUS THERAPY	0.095630	11,886	1,137	64.00
65.00	06500 RESPIRATORY THERAPY	0.210291	515,752	108,458	65.00
66.00	06600 PHYSICAL THERAPY	0.166441	2,776,486	462,121	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125719	2,490,040	313,045	67.00
68.00	06800 SPEECH PATHOLOGY	0.155658	950,049	147,883	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082633	54,253	4,483	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112318	5,257	590	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	983,751	247,445	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372	6,451	1,815	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174497	836,751	146,011	73.00
74.00	07400 RENAL DIALYSIS	0.262144	129,666	33,991	74.00
76.97	07697 CARDIAC REHABILITATION	0.173803	946	164	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	2.464630	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.204493	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.647106	7	5	90.00
90.01	09001 IBMT JOINT VENTURE	0.173618	2	0	90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.105309	0	0	90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.124215	701	87	90.05
91.00	09100 EMERGENCY	0.072654	32,337	2,349	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,296,077	1,632,695	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		10,296,077		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3	
		Title XIX		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		31,970,862	30.00
31.00	03100	INTENSIVE CARE UNIT		8,032,560	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		20,909,560	31.01
32.00	03200	CORONARY CARE UNIT		5,031,078	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		4,588,895	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		3,006,160	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.123072	24,555,234	3,022,062 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.184449	16,554,780	3,053,513 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.083725	16,209,234	1,357,118 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110583	232,151	25,672 55.00
56.00	05600	RADIOISOTOPE	0.056058	346,125	19,403 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.039145	8,227,533	322,067 59.00
60.00	06000	LABORATORY	0.124706	25,171,994	3,139,099 60.00
64.00	06400	INTRAVENOUS THERAPY	0.095630	1,105,336	105,703 64.00
65.00	06500	RESPIRATORY THERAPY	0.210291	9,146,231	1,923,370 65.00
66.00	06600	PHYSICAL THERAPY	0.166441	2,307,340	384,036 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125719	2,044,112	256,984 67.00
68.00	06800	SPEECH PATHOLOGY	0.155658	1,223,909	190,511 68.00
69.00	06900	ELECTROCARDIOLOGY	0.082633	4,530,720	374,387 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112318	2,138,111	240,148 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	22,709,267	5,712,107 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281372	6,667,088	1,875,932 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174497	29,080,542	5,074,467 73.00
74.00	07400	RENAL DIALYSIS	0.262144	1,273,780	333,914 74.00
76.97	07697	CARDIAC REHABILITATION	0.173803	19,319	3,358 76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	2.464630	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.204493	0	0 78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.647106	289,102	187,080 90.00
90.01	09001	IBMT JOINT VENTURE	0.173618	9,673	1,679 90.01
90.02	09002	MOORESVILLE INFUSION CLINIC	0.105309	0	0 90.02
90.05	09005	CV DIAGNOSTIC SERVICES	0.124215	34,928	4,339 90.05
91.00	09100	EMERGENCY	0.072654	16,655,020	1,210,054 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.246575	1,682,661	414,902 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		192,214,190	29,231,905 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		192,214,190	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/28/2024 2:21 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - IRF		975,942	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.123072	2,088	257 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.184449	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.083725	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110583	0	0 55.00
56.00	05600 RADIOISOTOPE	0.056058	0	0 56.00
59.00	05900 CARDIAC CATHETERIZATION	0.039145	0	0 59.00
60.00	06000 LABORATORY	0.124706	4,158	519 60.00
64.00	06400 INTRAVENOUS THERAPY	0.095630	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.210291	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.166441	252,975	42,105 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125719	232,242	29,197 67.00
68.00	06800 SPEECH PATHOLOGY	0.155658	98,186	15,283 68.00
69.00	06900 ELECTROCARDIOLOGY	0.082633	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112318	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251532	1,704	429 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.281372	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174497	146	25 73.00
74.00	07400 RENAL DIALYSIS	0.262144	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.173803	0	0 76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	2.464630	0	0 77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.204493	0	0 78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.647106	0	0 90.00
90.01	09001 IBMT JOINT VENTURE	0.173618	0	0 90.01
90.02	09002 MOORESVILLE INFUSION CLINIC	0.105309	0	0 90.02
90.05	09005 CV DIAGNOSTIC SERVICES	0.124215	0	0 90.05
91.00	09100 EMERGENCY	0.072654	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.246575	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		591,499	87,815 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		591,499	202.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-6 Parts I - IV Date/Time Prepared: 3/28/2024 2:21 pm	
Inpatient Routine Services Acquisition Costs		D-1	Routine Services Acquisition Charges	Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS</b>							
1.00	ADULTS & PEDIATRICS	38.00	0	1,160.51	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,817.05	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,580.54	0	0	2.01
3.00	CORONARY CARE UNIT	44.00					3.00
4.00	BURN INTENSIVE CARE UNIT	45.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	2,131.10	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
<b>Ancillary Services Acquisition Costs</b>		<b>C</b>	<b>Ratio of Cost to Charges (from Wkst. C, Pt. 1, col. 9)</b>	<b>Inpatient Ancillary Services Acquisition Charges</b>	<b>Outpatient Ancillary Services Acquisition Charges</b>	<b>Inpatient Ancillary Services Acquisition Cost</b>	
		0	1.00	2.00	3.00	4.00	
8.00	OPERATING ROOM	50.00	0.123072	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00					10.00
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.083725	827,411	0	69,275	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.110583	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.056058	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.039145	0	0	0	17.00
18.00	LABORATORY	60.00	0.124706	327,664	0	40,862	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.095630	1,207	0	115	22.00
23.00	ELECTROCARDIOLOGY	69.00	0.082633	0	0	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.251532	198	0	50	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0.174497	17,903	0	3,124	25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	26.00
27.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	0	27.00
27.97	CARDIAC REHABILITATION	76.97	0.173803	0	0	0	27.97
28.00	CLINIC	90.00	0.647106	0	0	0	28.00
28.01	IBMT JOINT VENTURE	90.01	0.173618	14,952	0	2,596	28.01
28.02	MOORESVILLE INFUSION CLINIC	90.02	0.105309	14,115	0	1,486	28.02
28.05	CV DIAGNOSTIC SERVICES	90.05	0.124215	0	0	0	28.05
30.00	TOTAL (sum of lines 8 through 28)			1,203,450	0	117,508	30.00
<b>Ancillary Services Acquisition Costs</b>		<b>Outpatient Ancillary Services Acquisition Cost</b>					
		5.00					
8.00	OPERATING ROOM	0					8.00
9.00	RECOVERY ROOM	0					9.00
10.00	DELIVERY ROOM & LABOR ROOM						10.00
11.00	ANESTHESIOLOGY	0					11.00
12.00	RADIOLOGY-DIAGNOSTIC	0					12.00
13.00	RADIOLOGY-THERAPEUTIC	0					13.00
14.00	RADIOISOTOPE	0					14.00
15.00	CT SCAN	0					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	0					16.00
17.00	CARDIAC CATHETERIZATION	0					17.00
18.00	LABORATORY	0					18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	0					21.00
22.00	INTRAVENOUS THERAPY	0					22.00
23.00	ELECTROCARDIOLOGY	0					23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0					24.00
25.00	DRUGS CHARGED TO PATIENTS	0					25.00
26.00	ASC (NON-DISTINCT PART)	0					26.00
27.00	OTHER ANCILLARY SERVICE COST CENTERS	0					27.00
27.97	CARDIAC REHABILITATION	0					27.97
28.00	CLINIC	0					28.00
28.01	IBMT JOINT VENTURE	0					28.01
28.02	MOORESVILLE INFUSION CLINIC	0					28.02
28.05	CV DIAGNOSTIC SERVICES	0					28.05

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet D-6 Parts I - IV Date/Time Prepared: 3/28/2024 2:21 pm
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost		
30.00	TOTAL (sum of lines 8 through 28)	5.00	0	30.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet D-6 Parts I - IV Date/Time Prepared: 3/28/2024 2:21 pm	
Interns and Residents Not in Approved Teaching Program Acquisition Costs		D-2	Average Cost Per Day (from Wkst. D-2, Pt. 1, col. 4)	Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS</b>							
1.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	1.00
2.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	2.01
3.00	CORONARY CARE UNIT	4.00					3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1 through 6)			0	0	0	7.00
					Amount		
					1.00		
<b>PART III - SUMMARY OF CELLULAR THERAPY ACQUISITION COSTS</b>							
1.00	Acquisition cost from Worksheet B, col. 26 (see instructions)					2,272,219	1.00
Acquisition Services Total Costs				Inpatient	Outpatient		
				1.00	2.00		
2.00	Routine and ancillary			117,508	0	0	2.00
3.00	Interns and residents				0	0	3.00
4.00	Apportionment of acquisition cost from line 1			2,272,219	0	0	4.00
5.00	Cost of physicians' services in a teaching hospital (see instructions)			0	0	0	5.00
6.00	Total acquisition cost (sum of lines 2 through 5)			2,389,727	0	0	6.00
Determine Ratio of Medicare Transplants to Total Transplants				Inpatient	Outpatient	Total	
				1.00	2.00	3.00	
7.00	Total transplants (see instructions)			24	0	24	7.00
8.00	Medicare transplants (see instructions)			6	0		8.00
9.00	Medicare ratio (line 8 ÷ line 7)			0.250000	0.000000		9.00
10.00	Medicare cost (see instructions)			597,432	0		10.00
					Amount		
					1.00		
<b>PART IV - STATISTICS</b>							
1.00	Number of recipients intended for allogeneic HSCT where the acquisition cost was incurred but the transplant did not occur (see instructions)					0	1.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/28/2024 2:21 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)		55,317,679	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		20,157,856	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)		3,425,329	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,158,223	2.04
3.00	Managed Care Simulated Payments		70,884,874	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		383.38	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)		21.78	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)		0.32	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.		0.81	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)		22.27	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		25.99	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)		22.27	12.00
13.00	Total allowable FTE count for the prior year.		22.27	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.		22.27	14.00
15.00	Sum of lines 12 through 14 divided by 3.		22.27	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		22.27	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.058089	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.047599	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.047599	21.00
22.00	IME payment adjustment (see instructions)		1,937,080	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,819,260	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).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.72	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,937,080	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,819,260	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.75	31.00
32.00	Sum of lines 30 and 31		24.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.67	33.00
34.00	Disproportionate share adjustment (see instructions)		1,824,621	34.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/28/2024 2:21 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	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		7,673,313	5,838,991	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		5,739,216	1,467,724	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		7,206,940		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
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		91,027,728		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)		92,846,988		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,252,583		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).		936,883		52.00
53.00	Nursing and Allied Health Managed Care payment		241,525		53.00
54.00	Special add-on payments for new technologies		81,026		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)		597,432		55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		112,905		58.00
59.00	Total (sum of amounts on lines 49 through 58)		101,069,342		59.00
60.00	Primary payer payments		20,282		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		101,049,060		61.00
62.00	Deductibles billed to program beneficiaries		6,346,600		62.00
63.00	Coinurance billed to program beneficiaries		268,367		63.00
64.00	Allowable bad debts (see instructions)		231,517		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		150,486		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		72,059		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		94,584,579		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0		70.75
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-148,144		70.93
70.94	HRR adjustment amount (see instructions)		-387,383		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/28/2024 2:21 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)			255,641	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			93,793,411	71.00
71.01	Sequestration adjustment (see instructions)			1,875,868	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			91,791,293	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)			126,250	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			1,830,317	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	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	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: 15-0162

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/28/2024 2:21 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	55,317,679	0	55,317,679		55,317,679	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,157,856	0		20,157,856	20,157,856	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	3,425,329	0	3,425,329		3,425,329	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,158,223	0		1,158,223	1,158,223	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	70,884,874	0	54,358,430	16,526,444	70,884,874	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.047599	0.047599	0.047599	0.047599		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,937,080	0	1,419,729	517,351	1,937,080	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,819,260	0	1,395,109	424,151	1,819,260	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	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,937,080	0	1,419,729	517,351	1,937,080	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,819,260	0	1,395,109	424,151	1,819,260	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0967	0.0967	0.0967	0.0967		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,824,621	0	1,337,305	487,316	1,824,621	11.00
11.01	Uncompensated care payments	36.00	7,206,940	0	5,739,216	1,467,724	7,206,940	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	91,027,728	0	67,239,258	23,788,470	91,027,728	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	92,846,988	0	68,634,367	24,212,621	92,846,988	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	6,252,583	0	4,634,858	1,617,725	6,252,583	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0162

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/28/2024 2:21 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	81,026	0	72,086	8,941	81,027	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	73,341,311	25,839,287	99,180,598	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	5,736,762	0	4,179,078	1,557,684	5,736,762	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	394,775	0	367,601	27,174	394,775	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	0.0211	0.0211	0.0211	0.0211		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	121,046	0	88,179	32,867	121,046	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	6,252,583	0	4,634,858	1,617,725	6,252,583	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: 15-0162		Period: From 01/01/2023 To 12/31/2023		Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2024 2:21 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	55,317,679	55,317,679		55,317,679	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,157,856		20,157,856	20,157,856	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	3,425,329	3,425,329		3,425,329	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,158,223		1,158,223	1,158,223	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	70,884,874	54,358,430	16,526,444	70,884,874	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.047599	0.047599	0.047599		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,937,080	1,419,729	517,351	1,937,080	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,819,260	1,395,109	424,151	1,819,260	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	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,937,080	1,419,729	517,351	1,937,080	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,819,260	1,395,109	424,151	1,819,260	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0967	0.0967	0.0967		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,824,621	1,337,305	487,316	1,824,621	11.00
11.01	Uncompensated care payments	36.00	7,206,940	5,739,216	1,467,724	7,206,940	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	91,027,728	67,239,258	23,788,470	91,027,728	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	92,846,988	68,634,367	24,212,621	92,846,988	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,252,583	4,634,858	1,617,725	6,252,583	16.00
17.00	Special add-on payments for new technologies	54.00	81,026	72,085	8,941	81,026	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			73,341,310	25,839,287	99,180,597	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,736,762	4,179,078	1,557,684	5,736,762	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	394,775	367,601	27,174	394,775	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	0.0211	0.0211	0.0211		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	121,046	88,179	32,867	121,046	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	6,252,583	4,634,858	1,617,725	6,252,583	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	-148,144	0	-148,144	-148,144	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	-387,383	-260,332	-127,051	-387,383	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	255,641	255,641	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,275	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		67,806,172	2.00
3.00	OPPS or REH payments		53,228,623	3.00
4.00	Outlier payment (see instructions)		140,825	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		155,449	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,275	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		87,325	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)		87,325	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)		87,325	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		72,050	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)		15,275	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)		53,524,897	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		178	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,870,895	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)		44,669,099	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		555,201	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)		45,224,300	30.00
31.00	Primary payer payments		4,040	31.00
32.00	Subtotal (line 30 minus line 31)		45,220,260	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)		550,752	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		357,989	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		357,149	36.00
37.00	Subtotal (see instructions)		45,578,249	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-14	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)		45,578,263	40.00
40.01	Sequestration adjustment (see instructions)		911,565	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		44,577,734	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)		88,964	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<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: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		62	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		55	2.00
3.00	OPPS or REH payments		83	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		62	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		355	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)		355	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)		355	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		293	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)		62	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)		83	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		145	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	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)		145	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		145	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		145	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		145	40.00
40.01	Sequestration adjustment (see instructions)		3	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		151	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)		-9	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDI CARE PART B ANCILLARY COSTS Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0162

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 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		90,073,893		44,577,734	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	01/03/2024	1,717,400		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,717,400		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		91,791,293		44,577,734	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		126,250		88,964	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		91,917,543		44,666,698	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0162  
Component CCN: 15-T162

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,157,089		151	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,157,089		151	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		117,656		9	6.02
7.00	Total Medicare program liability (see instructions)		6,039,433		142	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: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 3/28/2024 2:21 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			5,995,296 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0097 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			130,697 3.00
4.00	Outlier Payments			98,201 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			16.400000 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,224,194 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,224,194 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,224,194 19.00
20.00	Deductibles			51,068 20.00
21.00	Subtotal (line 19 minus line 20)			6,173,126 21.00
22.00	Coinsurance			11,200 22.00
23.00	Subtotal (line 21 minus line 22)			6,161,926 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,161,926 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			761 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,162,687 32.00
32.01	Sequestration adjustment (see instructions)			123,254 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,157,089 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-117,656 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			98,201 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2024 2:21 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			39,005,763	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	39,005,763	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	39,005,763	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		192,214,190	308,194,251	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		192,214,190	308,194,251	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		192,214,190	308,194,251	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		192,214,190	269,188,488	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	39,005,763	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		54,211	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		54,211	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		54,211	39,005,763	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		54,211	39,005,763	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		54,211	39,005,763	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		54,211	39,005,763	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		54,211	39,005,763	40.00
41.00	Interim payments		55,057	38,780,343	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-846	225,420	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0162 Component CCN: 15-T162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2024 2:21 pm
		Title XIX	Subprovider - IRF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services			97 2.00
3.00	Organ acquisition (certified transplant programs only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	97 4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments			0 6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	97 7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		591,499	622 9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		591,499	622 12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0 13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0 14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000 15.00
16.00	Total customary charges (see instructions)		591,499	622 16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		591,499	525 17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0 18.00
19.00	Interns and Residents (see instructions)		0	0 19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0 20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	97 21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	0 22.00
23.00	Outlier payments		0	0 23.00
24.00	Program capital payments		0	0 24.00
25.00	Capital exception payments (see instructions)		0	0 25.00
26.00	Routine and Ancillary service other pass through costs		2	0 26.00
27.00	Subtotal (sum of lines 22 through 26)		2	0 27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0 28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2	97 29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	0 30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2	97 31.00
32.00	Deductibles		0	0 32.00
33.00	Coinurance		0	0 33.00
34.00	Allowable bad debts (see instructions)		0	0 34.00
35.00	Utilization review		0	0 35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2	97 36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 37.00
38.00	Subtotal (line 36 ± line 37)		2	97 38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0 39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2	97 40.00
41.00	Interim payments		2	95 41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	2 42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0 43.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 3/28/2024 2:21 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.			19.50	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			0.94	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)			18.56	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			25.99	6.00
7.00	Enter the lesser of line 5 or line 6			18.56	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.	25.74	0.00	25.74	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.	18.56	0.00	18.56	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	18.56	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.56	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.56	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.56	0.00		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	18.56	0.00		17.00
18.00	Per resident amount	140,299.66	140,299.66		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	2,603,962	0	2,603,962	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)			7.43	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)			121,911.43	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)			2,603,962	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 3/28/2024 2:21 pm	
		Title XVIII	Hospital	PPS	
		Inpatient Part A 1.00	Managed Care 2.00	Total 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)	33,807	33,562		26.00
27.00	Total Inpatient Days (see instructions)	115,656	115,656		27.00
28.00	Ratio of inpatient days to total inpatient days	0.292306	0.290188		28.00
29.00	Program direct GME amount	761,154	755,639	1,516,793	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		24,709	24,709	30.00
31.00	Net Program direct GME amount			1,492,084	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)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			9,179,437	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			114,124,931	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			597,432	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			20,282	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			114,702,081	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			67,977,013	42.00
43.00	Primary payer payments (see instructions)			4,040	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			67,972,973	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			182,675,054	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.627902	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.372098	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			1,492,084	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			936,883	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			555,201	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 3/28/2024 2:21 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: 15-0162

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

Worksheet G

Date/Time Prepared:  
3/28/2024 2:21 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	443,665,947	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	642,286,140	0	0	0	4.00
5.00	Other receivable	-23,067,789	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-457,619,089	0	0	0	6.00
7.00	Inventory	13,237,859	0	0	0	7.00
8.00	Prepaid expenses	2,489,819	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	620,992,887	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,660,206	0	0	0	12.00
13.00	Land improvements	35,352,307	0	0	0	13.00
14.00	Accumulated depreciation	-33,654,711	0	0	0	14.00
15.00	Buildings	251,675,526	0	0	0	15.00
16.00	Accumulated depreciation	-147,161,877	0	0	0	16.00
17.00	Leasehold improvements	19,391,705	0	0	0	17.00
18.00	Accumulated depreciation	-18,452,983	0	0	0	18.00
19.00	Fixed equipment	284,711,884	0	0	0	19.00
20.00	Accumulated depreciation	-179,786,381	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	206,708,400	0	0	0	23.00
24.00	Accumulated depreciation	-107,305,816	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)	320,138,260	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	23,626,864	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	139,879,891	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	163,506,755	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,104,637,902	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	93,422,896	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,787,971	0	0	0	38.00
39.00	Payroll taxes payable	14,161,627	0	0	0	39.00
40.00	Notes and loans payable (short term)	600,461	0	0	0	40.00
41.00	Deferred income	40,373	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,594,788	0	0	0	43.00
44.00	Other current liabilities	6,745,234	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	129,353,350	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	2,725,940	0	0	0	46.00
47.00	Notes payable	21,594,851	0	0	0	47.00
48.00	Unsecured loans	2,124,460	0	0	0	48.00
49.00	Other long term liabilities	1,765,120	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,210,371	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	157,563,721	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	947,074,181				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	947,074,181	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,104,637,902	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0162

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

Worksheet G-1

Date/Time Prepared:  
3/28/2024 2:21 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		855,095,303		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		86,936,331			2.00
3.00	Total (sum of line 1 and line 2)		942,031,634		0	3.00
4.00	OTHER	5,042,547		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		5,042,547		0	10.00
11.00	Subtotal (line 3 plus line 10)		947,074,181		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		947,074,181		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0162

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/28/2024 2:21 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	219,224,916		219,224,916	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	19,759,843		19,759,843	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)	238,984,759		238,984,759	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	45,628,948		45,628,948	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	39,942,560		39,942,560	11.01
12.00	CORONARY CARE UNIT	44,837,524		44,837,524	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	32,194,892		32,194,892	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	162,603,924		162,603,924	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	401,588,683		401,588,683	17.00
18.00	Ancillary services	1,272,176,364	1,655,715,585	2,927,891,949	18.00
19.00	Outpatient services	138,905,365	387,050,452	525,955,817	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	110,173	15,366,757	15,476,930	26.00
27.00	PROFESSIONAL FEES	0	21,608,121	21,608,121	27.00
27.01	NRCC PATIENT CHARGES	307,538	145,906,776	146,214,314	27.01
27.02	OTHER PATIENT CHARGES	0	683,686	683,686	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,813,088,123	2,226,331,377	4,039,419,500	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		651,566,596		29.00
30.00	TRANSFER TO RHO AND MOORESVILLE	291,504,087			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)		291,504,087		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)		943,070,683		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet G-3 Date/Time Prepared: 3/28/2024 2:21 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,039,419,500	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,069,403,315	2.00
3.00	Net patient revenues (line 1 minus line 2)	970,016,185	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	943,070,683	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,945,502	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	597,048	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	4,644,801	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	52,150	21.00
22.00	Rental of hospital space	4,691,758	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REV	50,004,672	24.00
24.50	COVID-19 PHE Funding	0	24.50
24.51	ROUNDING	400	24.51
25.00	Total other income (sum of lines 6-24)	59,990,829	25.00
26.00	Total (line 5 plus line 25)	86,936,331	26.00
27.00	NON-OPERATING REVENUE	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	86,936,331	29.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet 0
		Hospice CCN: 15-1523		Date/Time Prepared: 3/28/2024 2:21 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,730	1,730	-1,730	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	422,813	1,230,328	1,653,141	-608,975	1,044,166	4.00
5.00	PLANT OPERATIONS & MAINTENANCE*	0	1	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	61,170	0	61,170	0	61,170	6.00
7.00	HOUSEKEEPING*	0	10	10	0	10	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	37,391	37,391	0	37,391	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	212,637	0	212,637	0	212,637	13.00
14.00	PHARMACY*	4,968	255,590	260,558	0	260,558	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,890,343	0	1,890,343	0	1,890,343	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	328,279	0	328,279	0	328,279	33.00
34.00	SPIRITUAL COUNSELING**	171,899	0	171,899	0	171,899	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	563,940	0	563,940	0	563,940	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	67,381	67,381	0	67,381	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	171,572	171,572	0	171,572	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM *	69,134	0	69,134	0	69,134	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	2,432,804	28,730	2,461,534	0	2,461,534	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	6,157,987	1,792,734	7,950,721	-610,705	7,340,016	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet 0
		Hospice CCN: 15-1523		Date/Time Prepared: 3/28/2024 2:21 pm
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-2,698	1,041,468	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	61,170	6.00
7.00	HOUSEKEEPING*	0	10	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	37,391	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	212,637	13.00
14.00	PHARMACY*	0	260,558	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,890,343	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	328,279	33.00
34.00	SPIRITUAL COUNSELING**	0	171,899	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	563,940	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	67,381	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	171,572	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	69,134	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	-759,989	1,701,545	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-762,687	6,577,329	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-1

Hospice CCN: 15-1523

To 12/31/2023

Date/Time Prepared: 3/28/2024 2:21 pm

		Hospice I			
		SALARIES	OTHER	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	4.00	5.00
		SUBTOTAL (col. 1 + col. 2)		3.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>					
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0	0 27.00
28.00	REGISTERED NURSE	0	0	0	0 28.00
29.00	LPN/LVN	0	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0 33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0 34.00
35.00	DIETARY COUNSELING	0	0	0	0 35.00
36.00	COUNSELING - OTHER	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0 46.00
100.00	TOTAL *	0	0	0	0 100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0 27.00
28.00	REGISTERED NURSE	0	0	0 28.00
29.00	LPN/LVN	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0 33.00
34.00	SPIRITUAL COUNSELING	0	0	0 34.00
35.00	DIETARY COUNSELING	0	0	0 35.00
36.00	COUNSELING - OTHER	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0 46.00
100.00	TOTAL *	0	0	0 100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0162 Hospice CCN: 15-1523	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-2 Date/Time Prepared: 3/28/2024 2:21 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	HOSPICE I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,890,343	0	1,890,343	0	1,890,343	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	328,279	0	328,279	0	328,279	33.00
34.00	SPIRITUAL COUNSELING	171,899	0	171,899	0	171,899	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	563,940	0	563,940	0	563,940	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	65,622	65,622	0	65,622	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	167,094	167,094	0	167,094	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,954,461	232,716	3,187,177	0	3,187,177	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,890,343	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	328,279	33.00
34.00	SPIRITUAL COUNSELING	0	171,899	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	563,940	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	65,622	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	167,094	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,187,177	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-3

Hospice CCN: 15-1523

To 12/31/2023

Date/Time Prepared: 3/28/2024 2:21 pm

		Hospice I			
		SALARIES	OTHER	RECLASSIFI -	SUBTOTAL
		1.00	2.00	CATIONS	5.00
		SUBTOTAL (col .			
		1 + col . 2)			
		3.00			
		4.00			
		5.00			
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED		0	0	0 25.00
26.00	PHYSICIAN SERVICES	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0	0 27.00
28.00	REGISTERED NURSE	0	0	0	0 28.00
29.00	LPN/LVN	0	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0 33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0 34.00
35.00	DIETARY COUNSELING	0	0	0	0 35.00
36.00	COUNSELING - OTHER	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,704	1,704	1,704 38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,338	4,338	4,338 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0 46.00
100.00	TOTAL *	0	6,042	6,042	6,042 100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col . 5		
		6.00	± col . 6)		
		7.00			
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	0		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,704		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,338		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	6,042		100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0162 Hospice CCN: 15-1523	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-4 Date/Time Prepared: 3/28/2024 2:21 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	55	55	0	55	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	140	140	0	140	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	196	196	0	196	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	55	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	140	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	196	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-5

Hospice CCN: 15-1523

To 12/31/2023

Date/Time Prepared: 3/28/2024 2:21 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	18,597	18,597	3.00
4.00	ADMINISTRATIVE & GENERAL	1,041,468	2,349,673	3,391,141	4.00
5.00	PLANT OPERATION & MAINTENANCE	1	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	61,170	0	61,170	6.00
7.00	HOUSEKEEPING	10	0	10	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	17,857	17,857	10.00
11.00	MEDICAL RECORDS	0	20,801	20,801	11.00
12.00	STAFF TRANSPORTATION	37,391		37,391	12.00
13.00	VOLUNTEER SERVICE COORDINATION	212,637		212,637	13.00
14.00	PHARMACY	260,558	38,683	299,241	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,187,177		3,187,177	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	6,042		6,042	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	196		196	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	69,134		69,134	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	1,701,545		1,701,545	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	6,577,329	2,445,611	9,022,940	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0162	Period: From 01/01/2023	Worksheet 0-6
		Hospice CCN: 15-1523	To 12/31/2023	Part I
				Date/Time Prepared: 3/28/2024 2:21 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	18,597	0	0	18,597	3.00
4.00	ADMINISTRATIVE & GENERAL	3,391,141	0	0	1,277	3,392,418
5.00	PLANT OPERATION & MAINTENANCE	1	0	0	0	1
6.00	LAUNDRY & LINEN SERVICE	61,170	0	0	185	61,355
7.00	HOUSEKEEPING	10	0	0	0	10
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	17,857	0	0	0	17,857
11.00	MEDICAL RECORDS	20,801	0	0	0	20,801
12.00	STAFF TRANSPORTATION	37,391	0	0	0	37,391
13.00	VOLUNTEER SERVICE COORDINATION	212,637	0	0	642	213,279
14.00	PHARMACY	299,241	0	0	15	299,256
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	3,187,177			3,097	3,190,274
52.00	HOSPICE INPATIENT RESPIRE CARE	6,042	0	0	583	6,625
53.00	HOSPICE GENERAL INPATIENT CARE	196	0	0	5,243	5,439
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	69,134	0	0	209	69,343
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	1,701,545	0	0	7,346	1,708,891
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	9,022,940	0	0	18,597	9,022,940

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1523

To 12/31/2023

Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	3,392,418					4.00
5.00 PLANT OPERATION & MAINTENANCE	1	2				5.00
6.00 LAUNDRY & LINEN SERVICE	36,967	0	98,322			6.00
7.00 HOUSEKEEPING	6	0		16		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	10,759	0		0		10.00
11.00 MEDICAL RECORDS	12,533	0		0		11.00
12.00 STAFF TRANSPORTATION	22,528	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	128,502	0		0		13.00
14.00 PHARMACY	180,303	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	1,922,155					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	3,992	2	95,256	15	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	3,277	0	3,066	1	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	41,780	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	1,029,615	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	3,392,418	2	98,322	16	0	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1523

To 12/31/2023

Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	28,616			10.00
11.00	MEDICAL RECORDS	0		33,334		11.00
12.00	STAFF TRANSPORTATION	0			59,919	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	27,870	32,464	59,306	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	723	843	608	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	23	27	5	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	28,616	33,334	59,919	341,781

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1523

To 12/31/2023

Part I  
Date/Time Prepared:  
3/28/2024 2:21 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	479,559					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	467,045	0	0		6,031,976	51.00
52.00	12,124	0	0	0	128,829	52.00
53.00	390	0	0	0	12,506	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		111,123	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		2,738,506	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	479,559	0	0	0	9,022,940	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0162

Hospice CCN: 15-1523

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		(SQUARE FEET)	(DOLLAR VALUE)				
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	6,157,985	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	422,812	-3,392,418	5,630,522	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	1	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	61,170	0	61,355	6.00
7.00	HOUSEKEEPING	0	0	0	0	10	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	17,857	10.00
11.00	MEDICAL RECORDS	0	0	0	0	20,801	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	37,391	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	212,637	0	213,279	13.00
14.00	PHARMACY	0	0	4,968	0	299,256	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	1,025,397	0	3,190,274	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	193,124	0	6,625	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,735,939	0	5,439	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	69,134	0	69,343	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	2,432,804	0	1,708,891	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	18,597	0	3,392,418	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.003020	0	0.602505	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0162

Hospice CCN: 15-1523

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	329					5.00
6.00	LAUNDRY & LINEN SERVICE	0	481				6.00
7.00	HOUSEKEEPING	0		329			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	311	466	311	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18	15	18	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2	98,322	16	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.006079	204.411642	0.048632	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0162

Hospice CCN: 15-1523

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS) 10.00	MEDICAL RECORDS (PATIENT DAYS) 11.00	STAFF TRANSPORTATION (MILEAGE) 12.00	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE) 13.00	PHARMACY (CHARGES) 14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	18,432					10.00
11.00	MEDICAL RECORDS		18,432				11.00
12.00	STAFF TRANSPORTATION			101,104			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	18,432	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	17,951	17,951	100,069	17,951	17,951	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	466	466	1,026	466	466	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	15	15	9	15	15	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	28,616	33,334	59,919	341,781	479,559	100.00
101.00	UNIT COST MULTIPLIER	1.552517	1.808485	0.592647	18.542806	26.017741	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0162  
Hospice CCN: 15-1523

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
3/28/2024 2:21 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-7

Hospice CCN: 15-1523

To 12/31/2023

Date/Time Prepared: 3/28/2024 2:21 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.166441	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.125719	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.155658	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.174497	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.124706	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.251532	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.110583	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.173803	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0162

Period: From 01/01/2023

Worksheet 0-8

Hospice CCN: 15-1523

To 12/31/2023

Date/Time Prepared: 3/28/2024 2:21 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			6,031,976
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			17,951
8.00	Total average cost per diem (line 6 divided by line 7)			336.02
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	15,475	475	15,950
10.00	Program cost (line 8 times line 9)	5,199,910	159,610	5,359,520
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			128,829
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			466
13.00	Total average cost per diem (line 11 divided by line 12)			276.46
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	416	5	421
15.00	Program cost (line 13 times line 14)	115,007	1,382	116,389
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			12,506
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			15
18.00	Total average cost per diem (line 16 divided by line 17)			833.73
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	12	3	15
20.00	Program cost (line 18 times line 19)	10,005	2,501	12,506
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			6,173,311
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			18,432
23.00	Average cost per diem (line 21 divided by line 22)			334.92



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0162	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 3/28/2024 2:21 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		5,736,762	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		394,775	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)		300.47	3.00
4.00	Number of interns & residents (see instructions)		22.27	4.00
5.00	Indirect medical education percentage (see instructions)		2.11	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)		121,046	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)		6,252,583	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