

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: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 3/28/2024 12:04 pm
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 3/28/2024 Time: 12:04 pm

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH LAFAYETTE (15-0109) 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	Jason Geddes	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	Jason Geddes		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		
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	233,098	30,663	0	-8,598	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	-77,833	0	0	0	3.00
5.00	SWING BED - SNF	0	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-2	0	0	9.00
200.00	TOTAL	0	155,265	30,661	0	-8,598	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 12:04 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47905- County: TIPPECANOE					
1.00 Street: 1701 SOUTH CREASY LANE		2.00 City: LAFAYETTE		3.00		4.00		5.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	FRANCISCAN HEALTH LAFAYETTE		150109	29200	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF	FRANCISCAN HEALTH LAFAYETTE REHAB		15T109	29200	5	01/01/1995	N	P	O	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	FRANCISCAN HOME CARE		157124	29200		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice	FRANCISCAN HEALTH LAFAYETTE HOSPICE		151563	29200		01/01/1984				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)						N	N	Y		22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										22.04
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)										22.04
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 12:04 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.	655	105	7	19	10,058	310	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	14	0	0	194		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	11/29/2023	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	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	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
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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)		20.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.03		
		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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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

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			1.00				
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					68.00	
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N		0	88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge		
			1.00	2.00	3.00		
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00		0	89.00
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 12:04 pm	
		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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)						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
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N				115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 12:04 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	312,500	652,116
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.06
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.		N	
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	Removed and reserved			
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	158014
		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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS	Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290		
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546-1290	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 3/28/2024 12:04 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 3/28/2024 12:04 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2024			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N				15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/12/2024	Y	03/12/2024		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			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: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 3/28/2024 12:04 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		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				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
Interest Expense						
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				Y	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
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
Provider-Based Physicians						
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N	40.00
					1.00	
					2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID		LI		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	205-222-0184		DAVID.LI@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 3/28/2024 12:04 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2024 12:04 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		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	146	53,290	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)		146	53,290	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		177	64,605	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	15	5,475		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)		192				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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,379	596	31,329		1.00
2.00	HMO and other (see instructions)	9,455	10,058			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	531	194			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)	8,379	596	31,329		7.00
8.00	INTENSIVE CARE UNIT	2,579	84	4,449		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	53	2,813		12.00
13.00	NURSERY		53	2,813		13.00
14.00	Total (see instructions)	10,958	786	41,404	0.00	1,222.32
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	1,506	14	2,848	0.00	17.27
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	9,497	775	22,432	0.00	17.88
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	51.90
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
27.00	Total (sum of lines 14-26)				0.00	1,309.37
28.00	Observation Bed Days		0	4,655		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	310	310		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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,328	262	8,480	1.00
2.00	HMO and other (see instructions)			1,617	2,609		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				1		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,328	262	8,480	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	128	15	217	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: 15-0109

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

Worksheet S-3
Part II
Date/Time Prepared:
3/28/2024 12:04 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	118,335,609	0	118,335,609	2,723,497.00	43.45
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		15,162,824	0	15,162,824	61,144.00	247.99
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		21,367,321	1,110,984	22,478,305	330,400.00	68.03
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		15,341,908	0	15,341,908	146,035.00	105.06
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		199,875	0	199,875	1,317.00	151.77
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		24,620,594	0	24,620,594	676,949.00	36.37
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,742,843	0	23,742,843		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,011,133	0	5,011,133		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,568,225	0	2,568,225		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,555,712	0	7,555,712		
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: 15-0109

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

Worksheet S-3
Part II
Date/Time Prepared:
3/28/2024 12:04 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,336,291	-779,370	556,921	6,871.00	81.05	26.00
27.00	Administrative & General	7,136,129	0	7,136,129	212,571.00	33.57	27.00
28.00	Administrative & General under contract (see inst.)	1,641,763	0	1,641,763	11,430.00	143.64	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,921,233	0	2,921,233	106,777.00	27.36	30.00
31.00	Laundry & Linen Service	133,093	0	133,093	6,568.00	20.26	31.00
32.00	Housekeeping	2,001,826	0	2,001,826	96,506.00	20.74	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,241,298	-1,228,618	1,012,680	47,094.00	21.50	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,228,618	1,228,618	57,137.00	21.50	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,892,996	-13,174	3,879,822	83,963.00	46.21	38.00
39.00	Central Services and Supply	462,651	0	462,651	18,032.00	25.66	39.00
40.00	Pharmacy	3,086,074	0	3,086,074	67,388.00	45.80	40.00
41.00	Medical Records & Medical Records Library	79,829	0	79,829	3,442.00	23.19	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: 15-0109

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

Worksheet S-3
Part III
Date/Time Prepared:
3/28/2024 12:04 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	104,814,548	0	104,814,548	2,673,783.00	39.20	1.00
2.00	Excluded area salaries (see instructions)	21,367,321	1,110,984	22,478,305	330,400.00	68.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,447,227	-1,110,984	82,336,243	2,343,383.00	35.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	40,162,377	0	40,162,377	824,301.00	48.72	4.00
5.00	Subtotal wage-related costs (see inst.)	31,298,555	0	31,298,555	0.00	38.01	5.00
6.00	Total (sum of lines 3 thru 5)	154,908,159	-1,110,984	153,797,175	3,167,684.00	48.55	6.00
7.00	Total overhead cost (see instructions)	24,933,183	-792,544	24,140,639	717,779.00	33.63	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 3/28/2024 12:04 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,626,674	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)	3,878,787	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,813,049	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	468,421	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,253	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)	496,026	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	853,191	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,217,757	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	2,783	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,400,941	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 3/28/2024 12:04 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		15,341,908	29,400,941 1.00
2.00	Hospital		15,341,908	29,400,941 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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0109 Component CCN: 15-7124	Period: From 01/01/2023 To 12/31/2023	Worksheet S-4 Date/Time Prepared: 3/28/2024 12:04 pm
			Home Health Agency I	PPS

					1.00	
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0.00	County					0.00
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	651.00	0.00	0.00	0.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)				0.24	0.00	0.24	4.00
5.00	Other Administrative Personnel				11.63	0.00	11.63	5.00
6.00	Direct Nursing Service				34.48	0.00	34.48	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				12.70	0.00	12.70	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				2.95	0.00	2.95	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.59	0.00	0.59	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.02	0.00	1.02	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00

						CBSA Data	
						1.00	

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					6	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
20.01		26900					20.01
20.02		29200					20.02
20.03		33140					20.03
20.04		45460					20.04
20.05		99915					20.05

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,832	707	110	7	4,656	21.00
22.00	Skilled Nursing Visit Charges	1,528,968	282,093	43,890	2,793	1,857,744	22.00
23.00	Physical Therapy Visits	2,378	724	63	0	3,165	23.00
24.00	Physical Therapy Visit Charges	984,492	299,736	26,082	0	1,310,310	24.00
25.00	Occupational Therapy Visits	817	421	19	0	1,257	25.00
26.00	Occupational Therapy Visit Charges	338,238	174,294	7,866	0	520,398	26.00
27.00	Speech Pathology Visits	125	97	5	0	227	27.00
28.00	Speech Pathology Visit Charges	51,750	40,158	2,070	0	93,978	28.00
29.00	Medical Social Service Visits	110	49	1	0	160	29.00
30.00	Medical Social Service Visit Charges	52,800	23,520	480	0	76,800	30.00
31.00	Home Health Aide Visits	28	4	0	0	32	31.00
32.00	Home Health Aide Visit Charges	5,404	772	0	0	6,176	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,290	2,002	198	7	9,497	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,961,652	820,573	80,388	2,793	3,865,406	35.00
36.00	Total Number of Episodes (standard/non outlier)	921		122	2	1,045	36.00
37.00	Total Number of Outlier Episodes		107		0	107	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
3/28/2024 12:04 pm

		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	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
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	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
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	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	1	0	0	1	10.00
11.00	Hospice Routine Home Care	40,540	1,000	868	42,408	11.00
12.00	Hospice Inpatient Respite Care	75	7	2	84	12.00
13.00	Hospice General Inpatient Care	58	3	0	61	13.00
14.00	Total Hospice Days	40,674	1,010	870	42,554	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 3/28/2024 12:04 pm
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.178112	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		60,266,698	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		296,731,352	6.00
7.00	Medicaid cost (line 1 times line 6)		52,851,415	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	31,399,603	5,196,444	36,596,047
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,592,646	5,196,444	10,789,090
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)	5,592,646	5,196,444	10,789,090
			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)		7,936,822	26.00
27.00	Medicare reimbursable bad debts (see instructions)		294,015	27.00
27.01	Medicare allowable bad debts (see instructions)		452,331	27.01
28.00	Non-Medicare bad debt amount (see instructions)		7,484,491	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,491,394	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		12,280,484	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,280,484	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 3/28/2024 12:04 pm
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			1.00	
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.169574	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)	31,347,195	5,186,526	36,533,721
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,315,669	5,186,526	10,502,195
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)	5,315,669	5,186,526	10,502,195
			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)		7,837,616	26.00
27.00	Medicare reimbursable bad debts (see instructions)		294,015	27.00
27.01	Medicare allowable bad debts (see instructions)		452,331	27.01
28.00	Non-Medicare bad debt amount (see instructions)		7,385,285	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,410,668	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		11,912,863	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,912,863	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		4,503,886	4,503,886	10,439,431	14,943,317	1.00
2.00	00200		0	0	7,391,303	7,391,303	2.00
4.00	00400		3,252,270	4,588,561	-1,348,859	3,239,702	4.00
5.01	01160	1,336,291	224,510	965,989	85,843	1,051,832	5.01
5.02	01140	741,479	4,043,605	4,969,723	-315,407	4,654,316	5.02
5.03	00550	926,118	534,176	537,334	-60,183	477,151	5.03
5.04	00570	3,158	1,310	1,310	-695	615	5.04
5.05	00580	0	1,214,815	1,214,815	0	1,214,815	5.05
5.06	00560	0	119,277,509	124,742,883	-1,299,535	123,443,348	5.06
7.00	00700	5,465,374	13,452,113	16,373,346	-7,076,740	9,296,606	7.00
8.00	00800	2,921,233	777,936	911,029	-75,304	835,725	8.00
9.00	00900	133,093	1,211,218	3,213,044	-41,473	3,171,571	9.00
10.00	01000	2,001,826	2,399,565	4,640,863	-2,660,814	1,980,049	10.00
11.00	01100	2,241,298	0	0	2,438,204	2,438,204	11.00
13.00	01300	0	510,134	4,403,130	-259,456	4,143,674	13.00
14.00	01400	3,892,996	1,193,575	1,656,226	-283,795	1,372,431	14.00
15.00	01500	462,651	9,037,019	12,123,093	-8,898,583	3,224,510	15.00
16.00	01600	3,086,074	129,307	209,136	-188	208,948	16.00
17.00	01700	79,829	0	0	0	0	17.00
20.00	02000	0	1,102,356	3,104,143	-222,632	2,881,511	20.00
23.00	02301	2,001,787	13,409	168,903	0	168,903	23.00
23.01	02300	155,494	12,357	95,245	3,528	98,773	23.01
23.01	02300	82,888					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,830,472	6,652,473	29,482,945	-7,383,374	22,099,571	30.00
31.00	03100	4,484,707	905,179	5,389,886	-764,698	4,625,188	31.00
35.00	02060	1,934,448	975,288	2,909,736	-924,147	1,985,589	35.00
41.00	04100	1,591,614	130,761	1,722,375	-108,859	1,613,516	41.00
43.00	04300	0	0	0	2,201,657	2,201,657	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,987,843	25,259,484	36,247,327	-21,543,251	14,704,076	50.00
51.00	05100	584,378	127,696	712,074	-26,850	685,224	51.00
52.00	05200	0	0	0	3,081,007	3,081,007	52.00
54.00	05400	4,614,553	8,420,674	13,035,227	-5,305,270	7,729,957	54.00
55.00	05500	475,824	188,231	664,055	-74,321	589,734	55.00
56.00	05600	582,646	71,773	654,419	-29,583	624,836	56.00
56.01	03950	1,425,290	5,887,769	7,313,059	-4,767,922	2,545,137	56.01
57.00	05700	893,197	727,952	1,621,149	-471,211	1,149,938	57.00
58.00	05800	326,667	317,733	644,400	-105,775	538,625	58.00
60.00	06000	0	11,459,136	11,459,136	-167,224	11,291,912	60.00
65.00	06500	1,983,426	1,150,137	3,133,563	-878,856	2,254,707	65.00
66.00	06600	4,099,357	1,329,952	5,429,309	-1,431,611	3,997,698	66.00
67.00	06700	1,684,829	44,750	1,729,579	-23,495	1,706,084	67.00
68.00	06800	729,221	21,232	750,453	-5,471	744,982	68.00
69.00	06900	1,669,802	4,584,428	6,254,230	-191,569	6,062,661	69.00
70.00	07000	642,343	145,710	788,053	-82,622	705,431	70.00
71.00	07100	0	0	0	18,403,087	18,403,087	71.00
72.00	07200	0	0	0	14,781,580	14,781,580	72.00
73.00	07300	0	0	0	25,239,274	25,239,274	73.00
73.01	07301	1,379,514	26,470	1,405,984	-14,982	1,391,002	73.01
74.00	07400	65,917	1,344,478	1,410,395	-43,579	1,366,816	74.00
76.00	03480	3,124,037	11,292,583	14,416,620	-11,040,419	3,376,201	76.00
76.01	03952	299,647	52,776	352,423	-50,727	301,696	76.01
76.02	03951	10,559	6,474	17,033	-8,431	8,602	76.02
76.98	07698	0	0	0	0	0	76.98
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	390,593	510,402	900,995	-241,886	659,109	90.00
90.01	09001	541,112	5,220,543	5,761,655	-5,210,519	551,136	90.01
90.02	09002	42	59	101	-5	96	90.02
91.00	09100	5,715,774	5,862,910	11,578,684	-1,015,430	10,563,254	91.00
91.01	04950	974,741	256,576	1,231,317	-219,825	1,011,492	91.01
92.00	09200						92.00
92.01	09201	1,225,929	1,112,839	2,338,768	-323,238	2,015,530	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
101.00	10100	3,867,239	420,903	4,288,142	-87,426	4,200,716	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		-977,853	-977,853	977,853	0	113.00
116.00	11600	3,972,943	3,641,179	7,614,122	-1,043,078	6,571,044	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A

Date/Time Prepared:
3/28/2024 12:04 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	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	108,640,253	260,061,767	368,702,020	-1,086,551	367,615,469	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,585	46,864	103,449	-42,110	61,339	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,184,892	1,368,303	10,553,195	0	10,553,195	192.00
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NRCC	0	0	0	0	0	194.03
194.04	07953 JV-SAGAMORE ASC	453,879	137,100	590,979	1,128,661	1,719,640	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)	118,335,609	261,614,034	379,949,643	0	379,949,643	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,568,568	17,511,885	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,391,303	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,184,807	4,424,509	4.00
5.01	01160	COMMUNICATIONS	142,705	1,194,537	5.01
5.02	01140	MGMT INFO SYSTEMS	-616,823	4,037,493	5.02
5.03	00550	PURCHASING	-1,635	475,516	5.03
5.04	00570	ADMINISTRATIVE	0	615	5.04
5.05	00580	PATIENT ACCOUNTING	0	1,214,815	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-31,477,713	91,965,635	5.06
7.00	00700	OPERATION OF PLANT	-80,060	9,216,546	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	835,725	8.00
9.00	00900	HOUSEKEEPING	-210,161	2,961,410	9.00
10.00	01000	DIETARY	-565,075	1,414,974	10.00
11.00	01100	CAFETERIA	-1,038,626	1,399,578	11.00
13.00	01300	NURSING ADMINISTRATION	-490,975	3,652,699	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,272,953	99,478	14.00
15.00	01500	PHARMACY	-846,905	2,377,605	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,707,795	1,916,743	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING PROGRAM	-2,463,908	417,603	20.00
23.00	02301	PHARMACY RESIDENCY	0	168,903	23.00
23.01	02300	EMS EDUCATION	-15,224	83,549	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-850,379	21,249,192	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,625,188	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-782,779	1,202,810	35.00
41.00	04100	SUBPROVIDER - IRF	-216,418	1,397,098	41.00
43.00	04300	NURSERY	0	2,201,657	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,815,920	5,888,156	50.00
51.00	05100	RECOVERY ROOM	0	685,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,081,007	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-565,161	7,164,796	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	589,734	55.00
56.00	05600	RADIOISOTOPE	-19,796	605,040	56.00
56.01	03950	CARDIAC CATH LAB	0	2,545,137	56.01
57.00	05700	CT SCAN	0	1,149,938	57.00
58.00	05800	MRI	0	538,625	58.00
60.00	06000	LABORATORY	-46,225	11,245,687	60.00
65.00	06500	RESPIRATORY THERAPY	-40,157	2,214,550	65.00
66.00	06600	PHYSICAL THERAPY	-354,476	3,643,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	-117,109	1,588,975	67.00
68.00	06800	SPEECH PATHOLOGY	-82	744,900	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,712,520	2,350,141	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-22,981	682,450	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,403,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,781,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,239,274	73.00
73.01	07301	DIABETES CENTER	-9,421	1,381,581	73.01
74.00	07400	RENAL DIALYSIS	0	1,366,816	74.00
76.00	03480	ONCOLOGY	0	3,376,201	76.00
76.01	03952	ANTI COAGULATION	-7,139	294,557	76.01
76.02	03951	INFUSION SERVICES	0	8,602	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-38	659,071	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	-150	550,986	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	96	90.02
91.00	09100	EMERGENCY	-2,989,673	7,573,581	91.00
91.01	04950	WOUND CARE	-283,876	727,616	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,015,530	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-7,138	4,193,578	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-411,241	6,159,803	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-52,728,862	314,886,607	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61,339	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-9,064,741	1,488,454	192.00
194.00	07950	MOB	0	0	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NRCC	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	1,719,640	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-61,793,603	318,156,040	200.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6
Date/Time Prepared:
3/28/2024 12:04 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - LEASE AND RENTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,951,144	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	637,579	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
	TOTALS		0	3,588,723	
B - DRUGS & MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,403,087	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,781,580	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,239,274	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
	TOTALS		0	58,423,941	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,570,525	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,952,244	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
	TOTALS		0	18,522,769		
D - CAPITALIZED INTEREST						
1.00	INTEREST EXPENSE	113.00	0	977,853		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	977,853		
E - EMPLOYEE BENS						
1.00	COMMUNICATIONS	5.01	0	86,439		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	86,439		
F - CAFETERIA						
1.00	CAFETERIA	11.00	1,228,618	1,209,586		1.00
	TOTALS		1,228,618	1,209,586		
G - WORKING WELL						
1.00	JV-SAGAMORE_ASC	194.04	779,370	349,291		1.00
	TOTALS		779,370	349,291		
H - L&D						
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	419,847	1,728		1.00
2.00	NURSERY	43.00	1,836,899	364,758		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	3,017,640	93,027		3.00
	TOTALS		5,274,386	459,513		
I - SCHOOL OF NURSING						
1.00	NURSING PROGRAM	20.00	322,101	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00

Provider CCN: 15-0109

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

Worksheet A-6
Date/Time Prepared:
3/28/2024 12:04 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
	TOTALS		322,101	0	
	J - EMS ALLIED HEALTH				
1.00	EMS EDUCATION	23.01	9,513	0	1.00
	TOTALS		9,513	0	
500.00	Grand Total: Increases		7,613,988	83,618,115	500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6
Date/Time Prepared:
3/28/2024 12:04 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LEASE AND RENTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	57,597	10	1.00	
2.00	MGMT INFO SYSTEMS	5.02	0	80,906	10	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	227,545	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	464	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	73,758	0	5.00	
6.00	HOUSEKEEPING	9.00	0	9,460	0	6.00	
7.00	DIETARY	10.00	0	55,037	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	188	0	8.00	
9.00	PHARMACY	15.00	0	57,808	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	326,772	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	3,658	0	11.00	
12.00	OPERATING ROOM	50.00	0	67,995	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	884,435	0	13.00	
14.00	RADIOISOTOPE	56.00	0	10,500	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	760,089	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	425	0	16.00	
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	645	0	17.00	
18.00	EMERGENCY	91.00	0	157,831	0	18.00	
19.00	WOUND CARE	91.01	0	22,714	0	19.00	
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	241,413	0	20.00	
21.00	HOSPICE	116.00	0	507,373	0	21.00	
22.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	42,110	0	22.00	
	TOTALS		0	3,588,723			
B - DRUGS & MED SUPPLY							
1.00	DIETARY	10.00	0	29,623	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	8,213	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	207,161	0	3.00	
4.00	PHARMACY	15.00	0	8,832,187	0	4.00	
5.00	NURSING PROGRAM	20.00	0	14,373	0	5.00	
6.00	EMS EDUCATION	23.01	0	4,400	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	1,802,602	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	456,626	0	8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	116,159	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	38,608	0	10.00	
11.00	OPERATING ROOM	50.00	0	20,304,094	0	11.00	
12.00	RECOVERY ROOM	51.00	0	23,705	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,029,630	0	13.00	
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	12,077	0	14.00	
15.00	RADIOISOTOPE	56.00	0	12,381	0	15.00	
16.00	CARDIAC CATH LAB	56.01	0	4,050,494	0	16.00	
17.00	CT SCAN	57.00	0	294,044	0	17.00	
18.00	MRI	58.00	0	104,242	0	18.00	
19.00	LABORATORY	60.00	0	114,411	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	588,605	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	374,641	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	15,403	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	768	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	27,436	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	63,434	0	25.00	
26.00	DIABETES CENTER	73.01	0	7,927	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	32,251	0	27.00	
28.00	ONCOLOGY	76.00	0	10,898,714	0	28.00	
29.00	ANTI COAGULATION	76.01	0	47,897	0	29.00	
30.00	INFUSION SERVICES	76.02	0	7,580	0	30.00	
31.00	CLINIC	90.00	0	239,551	0	31.00	
32.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	0	5,204,966	0	32.00	
33.00	EMERGENCY	91.00	0	632,116	0	33.00	
34.00	WOUND CARE	91.01	0	174,996	0	34.00	
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	70,413	0	35.00	
36.00	HOME HEALTH AGENCY	101.00	0	77,224	0	36.00	
37.00	HOSPICE	116.00	0	504,989	0	37.00	
	TOTALS		0	58,423,941			
C - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,302,905	9	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	79,289	9	2.00	
3.00	COMMUNICATIONS	5.01	0	596	0	3.00	
4.00	MGMT INFO SYSTEMS	5.02	0	234,500	0	4.00	
5.00	PURCHASING	5.03	0	60,183	0	5.00	

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6
Date/Time Prepared:
3/28/2024 12:04 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	6.00	7.00	8.00	9.00	10.00		
6.00	ADMINISTRATIVE	5.04	0	695	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,068,864	0		7.00
8.00	OPERATION OF PLANT	7.00	0	7,076,276	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	1,546	0		9.00
10.00	HOUSEKEEPING	9.00	0	32,013	0		10.00
11.00	DIETARY	10.00	0	137,950	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	237,881	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	76,634	0		13.00
14.00	PHARMACY	15.00	0	8,588	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	188	0		15.00
16.00	NURSING PROGRAM	20.00	0	530,360	0		16.00
17.00	EMS EDUCATION	23.01	0	1,585	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	559,454	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	276,449	0		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	53,927	0		20.00
21.00	SUBPROVIDER - IRF	41.00	0	70,251	0		21.00
22.00	OPERATING ROOM	50.00	0	1,170,546	0		22.00
23.00	RECOVERY ROOM	51.00	0	3,145	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,388,586	0		24.00
25.00	RADIOLOGY - THERAPEUTIC	55.00	0	62,244	0		25.00
26.00	CARDIAC CATH LAB	56.01	0	704,254	0		26.00
27.00	CT SCAN	57.00	0	177,167	0		27.00
28.00	MRI	58.00	0	1,533	0		28.00
29.00	LABORATORY	60.00	0	52,813	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	290,251	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	291,334	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	8,092	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	4,703	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	163,708	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,543	0		35.00
36.00	DIABETES CENTER	73.01	0	7,055	0		36.00
37.00	RENAL DIALYSIS	74.00	0	11,328	0		37.00
38.00	ONCOLOGY	76.00	0	141,705	0		38.00
39.00	ANTI COAGULATION	76.01	0	2,830	0		39.00
40.00	INFUSION SERVICES	76.02	0	851	0		40.00
41.00	CLINIC	90.00	0	948	0		41.00
42.00	CLINIC - OUTPATIENT INFUSION SERVICE	90.01	0	5,553	0		42.00
43.00	CLINIC - HOME INF PHARMACOTHERAPY	90.02	0	5	0		43.00
44.00	EMERGENCY	91.00	0	137,698	0		44.00
45.00	WOUND CARE	91.01	0	15,413	0		45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	11,412	0		46.00
47.00	HOME HEALTH AGENCY	101.00	0	10,202	0		47.00
48.00	HOSPICE	116.00	0	30,716	0		48.00
TOTALS			0	18,522,769			
D - CAPITALIZED INTEREST							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	779,333	11		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	198,520	11		2.00
TOTALS			0	977,853			
E - EMPLOYEE BENS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	83,312	0		1.00
2.00	MGMT INFO SYSTEMS	5.02	0	1	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,126	0		3.00
TOTALS			0	86,439			
F - CAFETERIA							
1.00	DIETARY	10.00	1,228,618	1,209,586	0		1.00
TOTALS			1,228,618	1,209,586			
G - WORKING WELL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	779,370	349,291	0		1.00
TOTALS			779,370	349,291			
H - L&D							
1.00	ADULTS & PEDIATRICS	30.00	4,469,191	124,356	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	805,195	335,157	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			5,274,386	459,513			
I - SCHOOL OF NURSING							
1.00	NURSING ADMINISTRATION	13.00	13,174	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	100,999	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	27,965	0	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	35,284	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:
3/28/2024 12:04 pm

		Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00		10.00		
5.00	OPERATING ROOM	50.00	616	0	0	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	29,660	0	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	2,619	0	0	0		7.00
8.00	RADIOISOTOPE	56.00	6,702	0	0	0		8.00
9.00	CARDIAC CATH LAB	56.01	13,174	0	0	0		9.00
10.00	PHYSICAL THERAPY	66.00	5,547	0	0	0		10.00
11.00	CLINIC	90.00	1,387	0	0	0		11.00
12.00	EMERGENCY	91.00	78,272	0	0	0		12.00
13.00	WOUND CARE	91.01	6,702	0	0	0		13.00
	TOTALS		322,101	0	0	0		
J - EMS ALLIED HEALTH								
1.00	EMERGENCY	91.00	9,513	0	0	0		1.00
	TOTALS		9,513	0	0	0		
500.00	Grand Total: Decreases		7,613,988	83,618,115				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,741,293	2,484,626	0	2,484,626	0	1.00
2.00	Land Improvements	4,868,998	3,359,956	0	3,359,956	0	2.00
3.00	Buildings and Fixtures	312,589,725	70,642,815	0	70,642,815	0	3.00
4.00	Building Improvements	1,247,401	0	0	0	0	4.00
5.00	Fixed Equipment	5,374,131	49,168	0	49,168	0	5.00
6.00	Movable Equipment	90,365,462	3,338,793	0	3,338,793	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	431,187,010	79,875,358	0	79,875,358	0	8.00
9.00	Reconciling Items	15,400,697	27,955,802	0	27,955,802	0	9.00
10.00	Total (line 8 minus line 9)	415,786,313	51,919,556	0	51,919,556	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,225,919	0				1.00
2.00	Land Improvements	8,228,954	0				2.00
3.00	Buildings and Fixtures	383,232,540	0				3.00
4.00	Building Improvements	1,247,401	0				4.00
5.00	Fixed Equipment	5,423,299	0				5.00
6.00	Movable Equipment	93,704,255	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	511,062,368	0				8.00
9.00	Reconciling Items	43,356,499	0				9.00
10.00	Total (line 8 minus line 9)	467,705,869	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part II
Date/Time Prepared:
3/28/2024 12:04 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	4,503,886	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)	4,503,886	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	4,503,886				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,503,886				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part III
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	417,358,112	43,356,499	374,001,613	0.799651	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	93,704,255	0	93,704,255	0.200349	0	2.00
3.00	Total (sum of lines 1-2)	511,062,367	43,356,499	467,705,868	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	12,771,506	2,951,144	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,952,244	637,579	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,723,750	3,588,723	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 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	-779,333	0	0	2,568,568	17,511,885	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-198,520	0	0	0	7,391,303	2.00
3.00	Total (sum of lines 1-2)	-977,853	0	0	2,568,568	24,903,188	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:
3/28/2024 12:04 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)			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	-22,352,735				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	1,664,715				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,015,353	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.)	B	-2,298,636	NURSING PROGRAM		20.00	0	19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)	B	-14,224	EMS EDUCATION		23.01	0	19.01
20.00 Vending machines	B	-23,273	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	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	32.00	
				Cost Center	Line #			
				1.00	2.00			3.00
			0			0.00	0	32.00
33.00	MI SCCELLANEOUS REVENUE	B	-197,107	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.01	MI SCCELLANEOUS REVENUE	B	-20	COMMUNICATIONS	5.01		0	33.01
33.02	MI SCCELLANEOUS REVENUE	B	-225,479	MGMT INFO SYSTEMS	5.02		0	33.02
33.03	MI SCCELLANEOUS REVENUE	B	-1,272,953	CENTRAL SERVICES & SUPPLY	14.00		0	33.03
33.04	MI SCCELLANEOUS REVENUE	B	-4,655,847	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.04
33.05	MI SCCELLANEOUS REVENUE	B	-36,859	OPERATION OF PLANT	7.00		0	33.05
33.06	MI SCCELLANEOUS REVENUE	B	-210,161	HOUSEKEEPING	9.00		0	33.06
33.07	MI SCCELLANEOUS REVENUE	B	-565,075	DIETARY	10.00		0	33.07
33.08	MI SCCELLANEOUS REVENUE	B	-15,000	NURSING ADMINISTRATION	13.00		0	33.08
33.09	MI SCCELLANEOUS REVENUE	B	-4,445	PHARMACY	15.00		0	33.09
33.10	MI SCCELLANEOUS REVENUE	B	-715	OPERATING ROOM	50.00		0	33.10
33.11	MI SCCELLANEOUS REVENUE	B	-4,322	RADIOLOGY-DIAGNOSTIC	54.00		0	33.11
33.12	MI SCCELLANEOUS REVENUE	B	-334,543	PHYSICAL THERAPY	66.00		0	33.12
33.13	MI SCCELLANEOUS REVENUE	B	-116,900	OCCUPATIONAL THERAPY	67.00		0	33.13
33.14	MI SCCELLANEOUS REVENUE	B	-198	DIABETES CENTER	73.01		0	33.14
33.15	MI SCCELLANEOUS REVENUE	B	-2,967	HOME HEALTH AGENCY	101.00		0	33.15
34.00	ADVERTISING	A	-972	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	34.00
34.01	ADVERTISING	A	-82	COMMUNICATIONS	5.01		0	34.01
34.02	ADVERTISING	A	-1,635	PURCHASING	5.03		0	34.02
34.03	ADVERTISING	A	-10,891	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	34.03
34.04	ADVERTISING	A	-43,201	OPERATION OF PLANT	7.00		0	34.04
34.05	ADVERTISING	A	-2,113	NURSING ADMINISTRATION	13.00		0	34.05
34.06	ADVERTISING	A		MEDICAL RECORDS & LIBRARY	16.00		0	34.06
34.07	ADVERTISING	A	-165,272	NURSING PROGRAM	20.00		0	34.07
34.08	ADVERTISING	A	-2,154	ADULTS & PEDIATRICS	30.00		0	34.08
34.09	ADVERTISING	A	-50	NEONATAL INTENSIVE CARE UNIT	35.00		0	34.09
34.10	ADVERTISING	A	-875	OPERATING ROOM	50.00		0	34.10
34.11	ADVERTISING	A	-287	RADIOLOGY-DIAGNOSTIC	54.00		0	34.11
34.12	ADVERTISING	A	-4,097	RADIOISOTOPE	56.00		0	34.12
34.13	ADVERTISING	A	-930	RESPIRATORY THERAPY	65.00		0	34.13
34.14	ADVERTISING	A	-17,965	PHYSICAL THERAPY	66.00		0	34.14
34.15	ADVERTISING	A	-209	OCCUPATIONAL THERAPY	67.00		0	34.15
34.16	ADVERTISING	A	-82	SPEECH PATHOLOGY	68.00		0	34.16
34.17	ADVERTISING	A	-2,224	ELECTROCARDIOLOGY	69.00		0	34.17
34.18	ADVERTISING	A	-2,019	DIABETES CENTER	73.01		0	34.18
34.19	ADVERTISING	A	-7	ANTI COAGULATION	76.01		0	34.19
34.20	ADVERTISING	A	-150	CLINIC - OUTPATIENT INFUSION SERVICE	90.01		0	34.20
34.21	ADVERTISING	A	-613	EMERGENCY	91.00		0	34.21
34.22	ADVERTISING	A	-1,688	WOUND CARE	91.01		0	34.22
34.23	ADVERTISING	A	-4,171	HOME HEALTH AGENCY	101.00		0	34.23
34.24	ADVERTISING	A	-11,296	HOSPICE	116.00		0	34.24
35.00	PROVIDER TAX	A	-22,221,244	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	35.00
36.00	FALL OUT ACCOUNTS	A	206,439	COMMUNICATIONS	5.01		0	36.00
37.00	LOBBYING FEES	A	-10,446	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	37.00
38.00	DONATIONS	A	-17,143	HOSPICE	116.00		0	38.00
38.01	DONATIONS	A	-111,157	CAP REL COSTS-BLDG & FIXT	1.00		14	38.01
39.00	PHYSICIAN RECRUITMENT	A	-7,367	PHYSICIANS' PRIVATE OFFICES	192.00		0	39.00
40.00	NRCC PHYSICIANS	A	-382,802	HOSPICE	116.00		0	40.00
40.01	NRCC PHYSICIANS	A	-9,057,374	PHYSICIANS' PRIVATE OFFICES	192.00		0	40.01
41.00	PENSION	A	1,762,562	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	41.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-61,793,603					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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared: 3/28/2024 12:04 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	2,679,725	0
2.00	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	58,916,641	56,666,984
3.00	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,707,786	0
3.01	15.00	PHARMACY	COVP / PHARMACY	625,917	0
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICES	0	169,661
4.00	5.01	COMMUNICATIONS	SHARED SERVICES	0	63,632
4.01	5.02	MGMT INFO SYSTEMS	SHARED SERVICES	0	391,344
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICES	0	3,034,944
4.03	13.00	NURSING ADMINISTRATION	SHARED SERVICES	0	470,412
4.04	15.00	PHARMACY	SHARED SERVICES	0	1,468,377
4.05	0.00			0	0
4.06	0.00			0	0
4.07	0.00			0	0
4.08	0.00			0	0
4.09	0.00			0	0
4.10	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			63,930,069	62,265,354

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared:
3/28/2024 12:04 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,679,725	14		1.00
2.00	2,249,657	0		2.00
3.00	1,707,786	0		3.00
3.01	625,917	0		3.01
3.02	-169,661	0		3.02
4.00	-63,632	0		4.00
4.01	-391,344	0		4.01
4.02	-3,034,944	0		4.02
4.03	-470,412	0		4.03
4.04	-1,468,377	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
5.00	1,664,715			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER FACILITY		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: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
3/28/2024 12:04 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	210,015	210,015	0	211,500	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	3,793,998	3,793,998	0	211,500	0	2.00
3.00	13.00	NURSING ADMINISTRATION	3,450	3,450	0	211,500	0	3.00
4.00	23.01	EMS EDUCATION	1,000	1,000	0	179,000	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	848,225	848,225	0	211,500	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	782,729	782,729	0	211,500	0	6.00
7.00	41.00	SUBPROVIDER - IRF	216,418	216,418	0	211,500	0	7.00
8.00	50.00	OPERATING ROOM	8,814,330	8,814,330	0	211,500	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	560,552	560,552	0	211,500	0	9.00
10.00	56.00	RADIOISOTOPE	15,699	15,699	0	211,500	0	10.00
11.00	60.00	LABORATORY	46,225	46,225	0	211,500	0	11.00
12.00	65.00	RESPIRATORY THERAPY	39,227	39,227	0	211,500	0	12.00
13.00	66.00	PHYSICAL THERAPY	1,968	1,968	0	211,500	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	3,710,296	3,710,296	0	211,500	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	22,981	22,981	0	211,500	0	15.00
16.00	73.01	DIABETES CENTER	7,204	7,204	0	211,500	0	16.00
17.00	76.01	ANTI COAGULATION	7,132	7,132	0	211,500	0	17.00
18.00	90.00	CLINIC	38	38	0	211,500	0	18.00
19.00	91.00	EMERGENCY	2,989,060	2,989,060	0	211,500	0	19.00
20.00	91.01	WOUND CARE	282,188	282,188	0	211,500	0	20.00
200.00			22,352,735	22,352,735	0		0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
3/28/2024 12:04 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	23.01	EMS EDUCATION	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	56.00	RADIOISOTOPE	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	73.01	DIABETES CENTER	0	0	0	0	0	16.00
17.00	76.01	ANTI COAGULATION	0	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
20.00	91.01	WOUND CARE	0	0	0	0	0	20.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
3/28/2024 12:04 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	210,015		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	3,793,998		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	3,450		3.00
4.00	23.01	EMS EDUCATION	0	0	0	1,000		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	848,225		5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	782,729		6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	216,418		7.00
8.00	50.00	OPERATING ROOM	0	0	0	8,814,330		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	560,552		9.00
10.00	56.00	RADIOISOTOPE	0	0	0	15,699		10.00
11.00	60.00	LABORATORY	0	0	0	46,225		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	39,227		12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	1,968		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	3,710,296		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	22,981		15.00
16.00	73.01	DIABETES CENTER	0	0	0	7,204		16.00
17.00	76.01	ANTI COAGULATION	0	0	0	7,132		17.00
18.00	90.00	CLINIC	0	0	0	38		18.00
19.00	91.00	EMERGENCY	0	0	0	2,989,060		19.00
20.00	91.01	WOUND CARE	0	0	0	282,188		20.00
200.00			0	0	0	22,352,735		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	17,511,885	17,511,885				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	7,391,303		7,391,303			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,424,509	123,724	52,363	4,600,596		4.00
5.01 01160 COMMUNICATIONS	1,194,537	439,786	186,128	28,963	1,849,414	5.01
5.02 01140 MGMT INFO SYSTEMS	4,037,493	468,296	198,194	36,175	61,116	5.02
5.03 00550 PURCHASING	475,516	230,814	97,686	123	37,201	5.03
5.04 00570 ADMINITTING	615	0	0	0	0	5.04
5.05 00580 PATIENT ACCOUNTING	1,214,815	0	0	0	37,201	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	91,965,635	2,203,571	932,606	213,483	193,976	5.06
7.00 00700 OPERATION OF PLANT	9,216,546	3,274,489	1,385,846	114,106	146,146	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	835,725	110,553	46,789	5,199	2,657	8.00
9.00 00900 HOUSEKEEPING	2,961,410	268,207	113,512	78,193	23,915	9.00
10.00 01000 DIETARY	1,414,974	277,467	117,431	39,556	79,716	10.00
11.00 01100 CAFETERIA	1,399,578	336,631	142,471	47,991	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,652,699	79,357	33,586	151,550	23,915	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	99,478	102,000	43,169	18,072	10,629	14.00
15.00 01500 PHARMACY	2,377,605	158,337	67,012	120,545	61,116	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,916,743	104,451	44,206	3,118	45,172	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
20.00 02000 NURSING PROGRAM	417,603	960,154	406,361	90,773	0	20.00
23.00 02301 PHARMACY RESIDENCY	168,903	0	0	6,074	0	23.00
23.01 02300 EMS EDUCATION	83,549	0	0	3,609	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21,249,192	1,069,882	452,801	713,309	305,579	30.00
31.00 03100 INTENSIVE CARE UNIT	4,625,188	287,928	121,858	174,085	58,458	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,202,810	272,095	115,157	59,131	45,172	35.00
41.00 04100 SUBPROVIDER - I RF	1,397,098	356,117	150,718	62,170	63,773	41.00
43.00 04300 NURSERY	2,201,657	479,182	202,802	71,751	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,888,156	982,161	415,675	429,172	63,773	50.00
51.00 05100 RECOVERY ROOM	685,224	65,102	27,553	22,826	21,258	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,081,007	1,175,087	497,326	116,713	69,087	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,164,796	450,412	190,626	180,147	159,432	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	589,734	93,565	39,599	18,586	0	55.00
56.00 05600 RADIOISOTOPE	605,040	6,103	2,583	22,497	0	56.00
56.01 03950 CARDIAC CATH LAB	2,545,137	264,555	111,966	55,159	0	56.01
57.00 05700 CT SCAN	1,149,938	30,159	12,764	34,889	0	57.00
58.00 05800 MRI	538,625	26,696	11,298	12,760	0	58.00
60.00 06000 LABORATORY	11,245,687	156,829	66,374	0	116,917	60.00
65.00 06500 RESPIRATORY THERAPY	2,214,550	62,722	26,546	77,475	90,345	65.00
66.00 06600 PHYSICAL THERAPY	3,643,222	21,135	8,945	159,908	15,943	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,588,975	0	0	65,811	0	67.00
68.00 06800 SPEECH PATHOLOGY	744,900	2,427	1,027	28,484	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,350,141	217,784	92,172	65,224	15,943	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	682,450	105,040	44,455	25,091	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,403,087	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	14,781,580	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	25,239,274	0	0	0	0	73.00
73.01 07301 DIABETES CENTER	1,381,581	180,320	76,316	53,885	15,943	73.01
74.00 07400 RENAL DIALYSIS	1,366,816	45,687	19,336	2,575	0	74.00
76.00 03480 ONCOLOGY	3,376,201	681,909	288,601	122,028	0	76.00
76.01 03952 ANTI COAGULATION	294,557	55,041	23,295	11,705	0	76.01
76.02 03951 INFUSION SERVICES	8,602	0	0	412	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL 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	659,071	0	0	15,203	85,031	90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	550,986	0	0	21,136	0	90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	96	0	0	2	0	90.02
91.00 09100 EMERGENCY	7,573,581	566,950	239,947	219,835	0	91.00
91.01 04950 WOUND CARE	727,616	187,295	79,268	37,813	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	2,015,530	147,286	62,335	47,886	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	4,193,578	245,988	104,108	151,058	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	6,159,803	0	155,187	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	314,886,607	17,373,294	4,191,443	1,849,414 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,339	63,429	2,210	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,488,454	27,520	358,771	0 192.00
194.00	07950	MOB	0	47,642	0	0 194.00
194.01	07951	LIFELINE	0	0	0	0 194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0 194.02
194.03	07954	OTHER NRCC	0	0	0	0 194.03
194.04	07953	JV-SAGAMORE ASC	1,719,640	0	48,172	0 194.04
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers		0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	318,156,040	17,511,885	4,600,596	1,849,414 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
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	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS	4,801,274				5.02
5.03	00550	PURCHASING	0	841,340			5.03
5.04	00570	ADMINITTING	0	0	615		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	615	1,252,631	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	190,900	273	0	0	5.06
7.00	00700	OPERATION OF PLANT	213,224	9	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,402	7	0	0	8.00
9.00	00900	HOUSEKEEPING	194,103	424	0	0	9.00
10.00	01000	DIETARY	71,993	743	0	0	10.00
11.00	01100	CAFETERIA	87,344	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	141,194	204	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,156	5,185	0	0	14.00
15.00	01500	PHARMACY	121,817	10,289	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,309	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	72,478	331	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	5,620	0	0	0	23.00
23.01	02300	EMS EDUCATION	4,170	110	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	437,484	45,011	0	71,172	30.00
31.00	03100	INTENSIVE CARE UNIT	253,716	11,427	0	27,399	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	127,951	2,908	0	7,848	35.00
41.00	04100	SUBPROVIDER - IIRF	84,994	969	0	4,988	41.00
43.00	04300	NURSERY	209,536	0	0	8,583	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	189,656	499,478	0	195,649	50.00
51.00	05100	RECOVERY ROOM	29,949	594	0	23,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	483,142	0	0	10,399	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,307	56,327	0	78,686	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	21,784	300	0	10,324	55.00
56.00	05600	RADIOISOTOPE	13,975	5	0	10,838	56.00
56.01	03950	CARDIAC CATH LAB	41,492	101,594	0	37,573	56.01
57.00	05700	CT SCAN	43,316	4,942	0	43,415	57.00
58.00	05800	MRI	12,668	1,277	0	7,443	58.00
60.00	06000	LABORATORY	0	17,479	0	88,828	60.00
65.00	06500	RESPIRATORY THERAPY	100,886	14,742	0	11,953	65.00
66.00	06600	PHYSICAL THERAPY	149,152	1,966	0	19,359	66.00
67.00	06700	OCCUPATIONAL THERAPY	53,893	373	0	12,274	67.00
68.00	06800	SPEECH PATHOLOGY	23,930	19	0	5,375	68.00
69.00	06900	ELECTROCARDIOLOGY	56,094	688	0	30,798	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,407	1,592	0	4,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	114,798	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,273	73.00
73.01	07301	DIABETES CENTER	44,664	188	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,928	528	0	4,269	74.00
76.00	03480	ONCOLOGY	134,969	31,830	0	19,938	76.00
76.01	03952	ANTI COAGULATION	7,609	1,202	0	657	76.01
76.02	03951	INFUSION SERVICES	339	155	0	331	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,768	821	0	1,453	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	19,969	1,150	0	8,232	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	90.02
91.00	09100	EMERGENCY	312,551	15,761	0	105,087	91.00
91.01	04950	WOUND CARE	27,005	4,172	0	4,389	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	82,000	1,752	0	3,811	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	170,836	1,873	0	6,532	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	158,701	2,633	0	19,680	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,688,381	841,331	615	1,252,631	314,187,469

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,604	0	0	0	156,427	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,255	4	0	0	1,955,651	192.00
194.00	07950	MOB	0	0	0	0	47,642	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	23,774	0	0	0	23,774	194.03
194.04	07953	JV-SAGAMORE ASC	17,260	5	0	0	1,785,077	194.04
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)	4,801,274	841,340	615	1,252,631	318,156,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	95,700,444					5.06
7.00	00700	OPERATION OF PLANT	6,173,527	20,523,893				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	434,645	210,653	1,655,630			8.00
9.00	00900	HOUSEKEEPING	1,565,826	511,052	38,289	5,754,931		9.00
10.00	01000	DIETARY	861,209	528,696	46,500	154,358	3,592,643	10.00
11.00	01100	CAFETERIA	866,429	641,431	0	187,272	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,756,294	151,210	0	44,147	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	134,519	194,355	41,961	56,744	0	14.00
15.00	01500	PHARMACY	1,254,773	301,702	0	88,085	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	911,163	199,024	0	58,107	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	837,901	1,829,516	0	534,144	0	20.00
23.00	02301	PHARMACY RESIDENCY	77,693	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	39,337	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,472,974	2,038,597	584,463	595,188	2,542,608	30.00
31.00	03100	INTENSIVE CARE UNIT	2,391,937	548,630	89,036	160,178	361,070	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	788,588	518,460	37,112	151,369	228,305	35.00
41.00	04100	SUBPROVIDER - IRF	912,380	678,560	31,430	198,112	232,355	41.00
43.00	04300	NURSERY	1,365,244	913,052	60,991	266,574	228,305	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,727,132	1,871,449	290,367	546,387	0	50.00
51.00	05100	RECOVERY ROOM	376,904	124,048	53,394	36,217	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,337,174	2,239,060	65,211	653,714	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,642,389	858,234	101,886	250,569	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	332,928	178,282	0	52,051	0	55.00
56.00	05600	RADIOISOTOPE	284,380	11,628	0	3,395	0	56.00
56.01	03950	CARDIAC CATH LAB	1,358,346	504,093	6,732	147,175	0	56.01
57.00	05700	CT SCAN	567,616	57,467	0	16,778	0	57.00
58.00	05800	MRI	262,752	50,867	0	14,851	0	58.00
60.00	06000	LABORATORY	5,029,947	298,828	10,556	87,246	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,118,184	119,513	12,361	34,893	0	65.00
66.00	06600	PHYSICAL THERAPY	1,729,245	40,272	23,004	11,758	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	740,514	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	346,811	4,624	0	1,350	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,216,969	414,975	9,376	121,156	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	386,887	200,147	0	58,435	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,966,394	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,397,920	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,927,791	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	754,096	343,590	0	100,314	0	73.01
74.00	07400	RENAL DIALYSIS	619,978	87,054	0	25,416	0	74.00
76.00	03480	ONCOLOGY	2,002,786	1,299,338	0	379,354	0	76.00
76.01	03952	ANTI COAGULATION	169,527	104,877	0	30,620	0	76.01
76.02	03951	INFUSION SERVICES	4,233	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	336,566	0	0	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	258,754	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	42	0	0	0	0	90.02
91.00	09100	EMERGENCY	3,886,303	1,080,290	152,961	315,401	0	91.00
91.01	04950	WOUND CARE	459,263	356,879	0	104,194	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,015,530	280,646	0	81,937	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,096,783	468,715	0	136,846	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	2,794,581	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,993,164	20,259,814	1,655,630	5,704,335	3,592,643	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,295	120,860	0	35,286	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	841,321	52,439	0	15,310	0	192.00
194.00	07950	MOB	20,496	90,780	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	10,228	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	767,940	0	0	0	0	194.04
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)	95,700,444	20,523,893	1,655,630	5,754,931	3,592,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,709,147					11.00
13.00	01300	NURSING ADMINISTRATION	129,814	6,163,970				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,403	0	771,671			14.00
15.00	01500	PHARMACY	111,998	0	9,515	4,682,794		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,962	0	0	0	3,290,255	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	66,636	0	306	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	5,167	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	3,834	0	102	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	402,224	896,507	41,623	0	186,937	30.00
31.00	03100	INTENSIVE CARE UNIT	233,267	519,923	10,566	0	71,965	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	117,638	262,201	2,689	0	20,613	35.00
41.00	04100	SUBPROVIDER - IRF	78,144	174,173	896	0	13,101	41.00
43.00	04300	NURSERY	192,648	429,389	0	0	22,544	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	174,370	388,649	461,877	0	514,018	50.00
51.00	05100	RECOVERY ROOM	27,535	61,373	549	0	62,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,198	990,065	0	0	27,312	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,291	0	52,087	0	206,675	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	20,029	0	277	0	27,117	55.00
56.00	05600	RADIOISOTOPE	12,849	28,638	5	0	28,468	56.00
56.01	03950	CARDIAC CATH LAB	38,148	85,027	93,945	0	98,687	56.01
57.00	05700	CT SCAN	39,825	0	4,570	0	114,032	57.00
58.00	05800	MRI	11,647	0	1,181	0	19,549	58.00
60.00	06000	LABORATORY	0	0	16,163	0	233,314	60.00
65.00	06500	RESPIRATORY THERAPY	92,755	206,739	13,632	0	31,396	65.00
66.00	06600	PHYSICAL THERAPY	137,130	305,647	1,818	0	50,847	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,550	110,440	345	0	32,239	67.00
68.00	06800	SPEECH PATHOLOGY	22,001	49,038	18	0	14,117	68.00
69.00	06900	ELECTROCARDIOLOGY	51,573	114,950	637	0	80,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,472	74,606	1,472	0	11,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	301,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	237,406	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,682,794	426,222	73.00
73.01	07301	DIABETES CENTER	41,064	91,527	173	0	1	73.01
74.00	07400	RENAL DIALYSIS	1,773	3,951	488	0	11,213	74.00
76.00	03480	ONCOLOGY	124,091	0	29,433	0	52,369	76.00
76.01	03952	ANTI COAGULATION	6,996	0	1,111	0	1,724	76.01
76.02	03951	INFUSION SERVICES	312	0	143	0	871	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	19,094	640,489	759	0	3,815	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	18,360	55,339	1,064	0	21,622	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	287,359	0	14,574	0	276,019	91.00
91.01	04950	WOUND CARE	24,828	0	3,858	0	11,527	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	75,391	0	1,620	0	10,009	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	157,067	350,083	1,732	0	17,157	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	145,910	325,216	2,435	0	51,692	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,605,353	6,163,970	771,663	4,682,794	3,290,255	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,394	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,673	0	3	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	21,858	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	15,869	0	5	0	0	194.04
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)	3,709,147	6,163,970	771,671	4,682,794	3,290,255	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

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Part I
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal		
		17.00	20.00	23.00	23.01	24.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	01140	MGMT INFO SYSTEMS					5.02	
5.03	00550	PURCHASING					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE	0				17.00	
20.00	02000	NURSING PROGRAM	0	5,216,203			20.00	
23.00	02301	PHARMACY RESIDENCY	0		263,457		23.00	
23.01	02300	EMS EDUCATION	0			134,711	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,705,347	0	0	43,810,898	30.00
31.00	03100	INTENSIVE CARE UNIT	0	472,190	0	0	10,418,821	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	595,766	0	0	4,555,813	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	4,439,978	41.00
43.00	04300	NURSERY	0	0	0	0	6,652,258	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,406	0	0	16,648,375	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,618,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	500,808	0	0	12,690,303	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,227	0	0	13,794,091	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	1,384,576	55.00
56.00	05600	RADIOISOTOPE	0	113,169	0	0	1,143,573	56.00
56.01	03950	CARDIAC CATH LAB	0	222,437	0	0	5,712,066	56.01
57.00	05700	CT SCAN	0	0	0	0	2,119,711	57.00
58.00	05800	MRI	0	0	0	0	971,614	58.00
60.00	06000	LABORATORY	0	0	0	0	17,368,168	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,228,692	65.00
66.00	06600	PHYSICAL THERAPY	0	93,658	0	0	6,413,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,654,414	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,244,121	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,839,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,665,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	26,785,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,507,292	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	263,457	0	41,701,811	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	3,083,662	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,191,012	74.00
76.00	03480	ONCOLOGY	0	0	0	0	8,542,847	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	708,921	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	15,398	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	23,414	0	0	1,806,484	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	956,612	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	140	90.02
91.00	09100	EMERGENCY	0	1,321,612	0	134,711	16,502,942	91.00
91.01	04950	WOUND CARE	0	113,169	0	0	2,141,276	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	3,825,733	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	8,102,356	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	0	9,815,838	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,216,203	263,457	134,711	312,061,712	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

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Cost Center Description			SOCI AL SERVICE	NURSI NG PROGRAM	PHARMACY RESI DENCY	EMS EDUCATI ON	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	382,262	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,928,397	192.00
194.00	07950	MOB	0	0	0	0	158,918	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	0	0	0	55,860	194.03
194.04	07953	JV-SAGAMORE ASC	0	0	0	0	2,568,891	194.04
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)	0	5,216,203	263,457	134,711	318,156,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03950	CARDIAC CATH LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	DIABETES CENTER	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03480	ONCOLOGY	0	76.00
76.01	03952	ANTI COAGULATION	0	76.01
76.02	03951	INFUSION SERVICES	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	90.02
91.00	09100	EMERGENCY	0	91.00
91.01	04950	WOUND CARE	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
116.00	11600	HOSPICE	0	9,815,838	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	312,061,712	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	382,262	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,928,397	192.00
194.00	07950	MOB	0	158,918	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NRCC	0	55,860	194.03
194.04	07953	JV-SAGAMORE ASC	0	2,568,891	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	318,156,040	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	123,724	52,363	176,087	176,087	4.00
5.01 01160	COMMUNICATIONS	0	439,786	186,128	625,914	1,109	5.01
5.02 01140	MGMT INFO SYSTEMS	0	468,296	198,194	666,490	1,385	5.02
5.03 00550	PURCHASING	0	230,814	97,686	328,500	5	5.03
5.04 00570	ADMINITTING	0	0	0	0	0	5.04
5.05 00580	PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,203,571	932,606	3,136,177	8,171	5.06
7.00 00700	OPERATION OF PLANT	0	3,274,489	1,385,846	4,660,335	4,367	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	110,553	46,789	157,342	199	8.00
9.00 00900	HOUSEKEEPING	0	268,207	113,512	381,719	2,993	9.00
10.00 01000	DIETARY	0	277,467	117,431	394,898	1,514	10.00
11.00 01100	CAFETERIA	0	336,631	142,471	479,102	1,837	11.00
13.00 01300	NURSING ADMINISTRATION	0	79,357	33,586	112,943	5,800	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	102,000	43,169	145,169	692	14.00
15.00 01500	PHARMACY	0	158,337	67,012	225,349	4,614	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	104,451	44,206	148,657	119	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00 02000	NURSING PROGRAM	0	960,154	406,361	1,366,515	3,474	20.00
23.00 02301	PHARMACY RESIDENCY	0	0	0	0	232	23.00
23.01 02300	EMS EDUCATION	0	0	0	0	138	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,069,882	452,801	1,522,683	27,307	30.00
31.00 03100	INTENSIVE CARE UNIT	0	287,928	121,858	409,786	6,663	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	272,095	115,157	387,252	2,263	35.00
41.00 04100	SUBPROVIDER - IRF	0	356,117	150,718	506,835	2,379	41.00
43.00 04300	NURSERY	0	479,182	202,802	681,984	2,746	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	982,161	415,675	1,397,836	16,426	50.00
51.00 05100	RECOVERY ROOM	0	65,102	27,553	92,655	874	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,175,087	497,326	1,672,413	4,467	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	450,412	190,626	641,038	6,895	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	93,565	39,599	133,164	711	55.00
56.00 05600	RADIO SOTOPE	0	6,103	2,583	8,686	861	56.00
56.01 03950	CARDIAC CATH LAB	0	264,555	111,966	376,521	2,111	56.01
57.00 05700	CT SCAN	0	30,159	12,764	42,923	1,335	57.00
58.00 05800	MRI	0	26,696	11,298	37,994	488	58.00
60.00 06000	LABORATORY	0	156,829	66,374	223,203	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	62,722	26,546	89,268	2,965	65.00
66.00 06600	PHYSICAL THERAPY	0	21,135	8,945	30,080	6,120	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	2,519	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,427	1,027	3,454	1,090	68.00
69.00 06900	ELECTROCARDIOLOGY	0	217,784	92,172	309,956	2,496	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	105,040	44,455	149,495	960	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
73.01 07301	DIABETES CENTER	0	180,320	76,316	256,636	2,062	73.01
74.00 07400	RENAL DIALYSIS	0	45,687	19,336	65,023	99	74.00
76.00 03480	ONCOLOGY	0	681,909	288,601	970,510	4,670	76.00
76.01 03952	ANTI COAGULATION	0	55,041	23,295	78,336	448	76.01
76.02 03951	INFUSION SERVICES	0	0	0	0	16	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00 07700	ALLOGENEIC STEM CELL 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	582	90.00
90.01 09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	809	90.01
90.02 09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	566,950	239,947	806,897	8,414	91.00
91.01 04950	WOUND CARE	0	187,295	79,268	266,563	1,447	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	147,286	62,335	209,621	1,833	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	245,988	104,108	350,096	5,782	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	5,940
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,373,294	7,352,811	24,726,105
						160,427
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	63,429	26,845	90,274
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	27,520	11,647	39,167
194.00	07950	MOB	0	47,642	0	47,642
194.01	07951	LIFELINE	0	0	0	0
194.02	07952	PATIENT TRANSPORT	0	0	0	0
194.03	07954	OTHER NRCC	0	0	0	0
194.04	07953	JV-SAGAMORE ASC	0	0	0	1,844
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers		0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	17,511,885	7,391,303	24,903,188
						176,087

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
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	01160	COMMUNICATIONS	627,023					5.01
5.02	01140	MGMT INFO SYSTEMS	20,721	688,596				5.02
5.03	00550	PURCHASING	12,613	0	341,118			5.03
5.04	00570	ADMINING	0	0	0	0		5.04
5.05	00580	PATIENT ACCOUNTING	12,613	0	0	0	12,613	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	65,765	27,379	111	0	0	5.06
7.00	00700	OPERATION OF PLANT	49,549	30,581	4	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	901	1,348	3	0	0	8.00
9.00	00900	HOUSEKEEPING	8,108	27,838	172	0	0	9.00
10.00	01000	DIETARY	27,027	10,325	301	0	0	10.00
11.00	01100	CAFETERIA	0	12,527	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,108	20,250	83	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,604	4,899	2,102	0	0	14.00
15.00	01500	PHARMACY	20,721	17,471	4,172	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,315	618	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	10,395	134	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	806	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	598	45	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,604	62,744	18,251	0	697	30.00
31.00	03100	INTENSIVE CARE UNIT	19,820	36,388	4,633	0	268	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,315	18,351	1,179	0	77	35.00
41.00	04100	SUBPROVIDER - IIRF	21,621	12,190	393	0	49	41.00
43.00	04300	NURSERY	0	30,052	0	0	84	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,621	27,200	202,505	0	2,263	50.00
51.00	05100	RECOVERY ROOM	7,207	4,295	241	0	231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,423	69,291	0	0	102	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,054	26,720	22,839	0	770	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,124	122	0	101	55.00
56.00	05600	RADIOISOTOPE	0	2,004	2	0	106	56.00
56.01	03950	CARDIAC CATH LAB	0	5,951	41,193	0	368	56.01
57.00	05700	CT SCAN	0	6,212	2,004	0	425	57.00
58.00	05800	MRI	0	1,817	518	0	73	58.00
60.00	06000	LABORATORY	39,639	0	7,087	0	870	60.00
65.00	06500	RESPIRATORY THERAPY	30,630	14,469	5,977	0	117	65.00
66.00	06600	PHYSICAL THERAPY	5,405	21,391	797	0	190	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,729	151	0	120	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,432	8	0	53	68.00
69.00	06900	ELECTROCARDIOLOGY	5,405	8,045	279	0	302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,221	645	0	42	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,124	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,589	73.00
73.01	07301	DIABETES CENTER	5,405	6,406	76	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	277	214	0	42	74.00
76.00	03480	ONCOLOGY	0	19,357	12,906	0	195	76.00
76.01	03952	ANTI COAGULATION	0	1,091	487	0	6	76.01
76.02	03951	INFUSION SERVICES	0	49	63	0	3	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	28,829	2,979	333	0	14	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	2,864	466	0	81	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	44,826	6,390	0	1,029	91.00
91.01	04950	WOUND CARE	0	3,873	1,692	0	43	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11,760	710	0	37	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	24,501	759	0	64	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	22,761	1,068	0	193	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	627,023	672,405	341,115	0	12,613	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	373	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,933	1	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	3,410	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	2,475	2	0	0	194.04
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)	627,023	688,596	341,118	0	12,613	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,237,603					5.06
7.00	00700	OPERATION OF PLANT	208,855	4,953,691				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,704	50,844	225,341			8.00
9.00	00900	HOUSEKEEPING	52,973	123,349	5,211	602,363		9.00
10.00	01000	DIETARY	29,135	127,607	6,329	16,156	613,292	10.00
11.00	01100	CAFETERIA	29,312	154,817	0	19,602	0	11.00
13.00	01300	NURSING ADMINISTRATION	59,417	36,496	0	4,621	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,551	46,910	5,711	5,939	0	14.00
15.00	01500	PHARMACY	42,450	72,819	0	9,220	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,825	48,037	0	6,082	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	28,347	441,576	0	55,908	0	20.00
23.00	02301	PHARMACY RESIDENCY	2,628	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	1,331	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	354,309	492,040	79,550	62,298	434,043	30.00
31.00	03100	INTENSIVE CARE UNIT	80,921	132,419	12,118	16,766	61,638	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,679	125,137	5,051	15,844	38,973	35.00
41.00	04100	SUBPROVIDER - IRF	30,867	163,779	4,278	20,736	39,665	41.00
43.00	04300	NURSERY	46,187	220,376	8,301	27,902	38,973	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	126,092	451,697	39,521	57,190	0	50.00
51.00	05100	RECOVERY ROOM	12,751	29,940	7,267	3,791	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,068	540,425	8,876	68,424	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,225	207,145	13,867	26,227	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	11,263	43,031	0	5,448	0	55.00
56.00	05600	RADIOISOTOPE	9,621	2,807	0	355	0	56.00
56.01	03950	CARDIAC CATH LAB	45,954	121,669	916	15,405	0	56.01
57.00	05700	CT SCAN	19,203	13,870	0	1,756	0	57.00
58.00	05800	MRI	8,889	12,277	0	1,554	0	58.00
60.00	06000	LABORATORY	170,167	72,126	1,437	9,132	0	60.00
65.00	06500	RESPIRATORY THERAPY	37,829	28,846	1,682	3,652	0	65.00
66.00	06600	PHYSICAL THERAPY	58,502	9,720	3,131	1,231	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,052	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,733	1,116	0	141	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,171	100,159	1,276	12,681	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,089	48,308	0	6,116	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	269,509	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	216,447	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	369,678	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	25,512	82,930	0	10,500	0	73.01
74.00	07400	RENAL DIALYSIS	20,974	21,011	0	2,660	0	74.00
76.00	03480	ONCOLOGY	67,756	313,611	0	39,707	0	76.00
76.01	03952	ANTI COAGULATION	5,735	25,313	0	3,205	0	76.01
76.02	03951	INFUSION SERVICES	143	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	11,386	0	0	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	8,754	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	1	0	0	0	0	90.02
91.00	09100	EMERGENCY	131,477	260,741	20,819	33,013	0	91.00
91.01	04950	WOUND CARE	15,537	86,137	0	10,906	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	34,356	67,737	0	8,576	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	70,936	113,130	0	14,324	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	94,543	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,179,844	4,889,952	225,341	597,068	613,292	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,277	29,171	0	3,693	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,463	12,657	0	1,602	0	192.00
194.00	07950	MOB	693	21,911	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	346	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	25,980	0	0	0	0	194.04
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)	3,237,603	4,953,691	225,341	602,363	613,292	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	697,197					11.00
13.00	01300	NURSING ADMINISTRATION	24,401	272,119				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,903	0	225,480			14.00
15.00	01500	PHARMACY	21,052	0	2,780	420,648		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	745	0	0	0	250,398	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	12,525	0	89	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	971	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	721	0	30	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,605	39,578	12,162	0	14,234	30.00
31.00	03100	INTENSIVE CARE UNIT	43,847	22,953	3,088	0	5,480	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,112	11,575	786	0	1,570	35.00
41.00	04100	SUBPROVIDER - IIRF	14,689	7,689	262	0	998	41.00
43.00	04300	NURSERY	36,212	18,956	0	0	1,717	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,776	17,158	134,958	0	38,998	50.00
51.00	05100	RECOVERY ROOM	5,176	2,709	160	0	4,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,489	43,708	0	0	2,080	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,197	0	15,220	0	15,737	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,765	0	81	0	2,065	55.00
56.00	05600	RADIOISOTOPE	2,415	1,264	1	0	2,168	56.00
56.01	03950	CARDIAC CATH LAB	7,171	3,754	27,451	0	7,515	56.01
57.00	05700	CT SCAN	7,486	0	1,335	0	8,683	57.00
58.00	05800	MRI	2,189	0	345	0	1,489	58.00
60.00	06000	LABORATORY	0	0	4,723	0	17,766	60.00
65.00	06500	RESPIRATORY THERAPY	17,435	9,127	3,983	0	2,391	65.00
66.00	06600	PHYSICAL THERAPY	25,776	13,493	531	0	3,872	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,314	4,876	101	0	2,455	67.00
68.00	06800	SPEECH PATHOLOGY	4,136	2,165	5	0	1,075	68.00
69.00	06900	ELECTROCARDIOLOGY	9,694	5,075	186	0	6,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,292	3,294	430	0	857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	22,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	420,648	32,455	73.00
73.01	07301	DIABETES CENTER	7,719	4,041	51	0	0	73.01
74.00	07400	RENAL DIALYSIS	333	174	143	0	854	74.00
76.00	03480	ONCOLOGY	23,325	0	8,601	0	3,988	76.00
76.01	03952	ANTI COAGULATION	1,315	0	325	0	131	76.01
76.02	03951	INFUSION SERVICES	59	0	42	0	66	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	3,589	28,275	222	0	291	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	3,451	2,443	311	0	1,646	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	54,014	0	4,259	0	21,017	91.00
91.01	04950	WOUND CARE	4,667	0	1,127	0	878	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,171	0	473	0	762	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	29,523	15,455	506	0	1,306	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	27,426	14,357	711	0	3,936	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	677,686	272,119	225,478	420,648	250,398	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	450	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,969	0	1	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	4,109	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	2,983	0	1	0	0	194.04
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)	697,197	272,119	225,480	420,648	250,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
20.00	02000	NURSING PROGRAM	0	1,918,963				20.00
23.00	02301	PHARMACY RESIDENCY	0		4,637			23.00
23.01	02300	EMS EDUCATION	0			2,863		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0				3,299,105	30.00
31.00	03100	INTENSIVE CARE UNIT	0				856,788	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				672,164	35.00
41.00	04100	SUBPROVIDER - IRF	0				826,430	41.00
43.00	04300	NURSERY	0				1,113,490	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				2,566,241	50.00
51.00	05100	RECOVERY ROOM	0				172,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				2,595,766	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				1,185,934	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0				202,875	55.00
56.00	05600	RADIOISOTOPE	0				30,290	56.00
56.01	03950	CARDIAC CATH LAB	0				655,979	56.01
57.00	05700	CT SCAN	0				105,232	57.00
58.00	05800	MRI	0				67,633	58.00
60.00	06000	LABORATORY	0				546,150	60.00
65.00	06500	RESPIRATORY THERAPY	0				248,371	65.00
66.00	06600	PHYSICAL THERAPY	0				180,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				52,317	67.00
68.00	06800	SPEECH PATHOLOGY	0				28,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0				502,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				234,749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				293,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				235,409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				824,370	73.00
73.01	07301	DIABETES CENTER	0				401,338	73.01
74.00	07400	RENAL DIALYSIS	0				111,804	74.00
76.00	03480	ONCOLOGY	0				1,464,626	76.00
76.01	03952	ANTI COAGULATION	0				116,392	76.01
76.02	03951	INFUSION SERVICES	0				441	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0				0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0				0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0				76,500	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0				20,825	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0				1	90.02
91.00	09100	EMERGENCY	0				1,392,896	91.00
91.01	04950	WOUND CARE	0				392,870	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0				350,036	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0				0	95.00
101.00	10100	HOME HEALTH AGENCY	0				626,382	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0				0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0					113.00
116.00	11600	HOSPICE	0				170,935	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	22,621,482	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description			SOCI AL SERVICE	NURSI NG PROGRAM	PHARMACY RESI DENCY	EMS EDUCATI ON	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				126,323	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				117,524	192.00
194.00	07950	MOB	0				70,246	194.00
194.01	07951	LIFELINE	0				0	194.01
194.02	07952	PATIENT TRANSPORT	0				0	194.02
194.03	07954	OTHER NRCC	0				7,865	194.03
194.04	07953	JV-SAGAMORE ASC	0				33,285	194.04
200.00		Cross Foot Adjustments		1,918,963	4,637	2,863	1,926,463	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,918,963	4,637	2,863	24,903,188	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03950	CARDIAC CATH LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	DIABETES CENTER	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03480	ONCOLOGY	0	76.00
76.01	03952	ANTI COAGULATION	0	76.01
76.02	03951	INFUSION SERVICES	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	90.02
91.00	09100	EMERGENCY	0	91.00
91.01	04950	WOUND CARE	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
116.00	11600	HOSPICE	0	170,935	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	22,621,482	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126,323	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	117,524	192.00
194.00	07950	MOB	0	70,246	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NRCC	0	7,865	194.03
194.04	07953	JV-SAGAMORE ASC	0	33,285	194.04
200.00		Cross Foot Adjustments	0	1,926,463	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	24,903,188	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	743,224				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		741,202			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,251	5,251	117,778,688		4.00
5.01 01160	COMMUNICATIONS	18,665	18,665	741,479	696	5.01
5.02 01140	MGMT INFO SYSTEMS	19,875	19,875	926,118	23	3,835,174 5.02
5.03 00550	PURCHASING	9,796	9,796	3,158	14	0 5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	0	0	0	14	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	93,522	93,522	5,465,374	73	152,488 5.06
7.00 00700	OPERATION OF PLANT	138,973	138,973	2,921,233	55	170,320 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,692	4,692	133,093	1	7,510 8.00
9.00 00900	HOUSEKEEPING	11,383	11,383	2,001,826	9	155,046 9.00
10.00 01000	DIETARY	11,776	11,776	1,012,680	30	57,507 10.00
11.00 01100	CAFETERIA	14,287	14,287	1,228,618	0	69,769 11.00
13.00 01300	NURSING ADMINISTRATION	3,368	3,368	3,879,822	9	112,783 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,329	4,329	462,651	4	27,283 14.00
15.00 01500	PHARMACY	6,720	6,720	3,086,074	23	97,305 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,433	4,433	79,829	17	3,442 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
20.00 02000	NURSING PROGRAM	40,750	40,750	2,323,888	0	57,894 20.00
23.00 02301	PHARMACY RESIDENCY	0	0	155,494	0	4,489 23.00
23.01 02300	EMS EDUCATION	0	0	92,401	0	3,331 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	45,407	45,407	18,260,282	115	349,455 30.00
31.00 03100	INTENSIVE CARE UNIT	12,220	12,220	4,456,742	22	202,664 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	11,548	11,548	1,513,816	17	102,205 35.00
41.00 04100	SUBPROVIDER - IIRF	15,114	15,114	1,591,614	24	67,892 41.00
43.00 04300	NURSERY	20,337	20,337	1,836,899	0	167,374 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,684	41,684	10,987,227	24	151,494 50.00
51.00 05100	RECOVERY ROOM	2,763	2,763	584,378	8	23,923 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	49,872	49,872	2,987,980	26	385,923 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,116	19,116	4,611,934	60	148,819 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	3,971	3,971	475,824	0	17,401 55.00
56.00 05600	RADIOISOTOPE	259	259	575,944	0	11,163 56.00
56.01 03950	CARDIAC CATH LAB	11,228	11,228	1,412,116	0	33,143 56.01
57.00 05700	CT SCAN	1,280	1,280	893,197	0	34,600 57.00
58.00 05800	MRI	1,133	1,133	326,667	0	10,119 58.00
60.00 06000	LABORATORY	6,656	6,656	0	44	0 60.00
65.00 06500	RESPIRATORY THERAPY	2,662	2,662	1,983,426	34	80,586 65.00
66.00 06600	PHYSICAL THERAPY	897	897	4,093,810	6	119,140 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,684,829	0	43,049 67.00
68.00 06800	SPEECH PATHOLOGY	103	103	729,221	0	19,115 68.00
69.00 06900	ELECTROCARDIOLOGY	9,243	9,243	1,669,802	6	44,807 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,458	4,458	642,343	0	29,081 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
73.01 07301	DIABETES CENTER	7,653	7,653	1,379,514	6	35,677 73.01
74.00 07400	RENAL DIALYSIS	1,939	1,939	65,917	0	1,540 74.00
76.00 03480	ONCOLOGY	28,941	28,941	3,124,037	0	107,811 76.00
76.01 03952	ANTI COAGULATION	2,336	2,336	299,647	0	6,078 76.01
76.02 03951	INFUSION SERVICES	0	0	10,559	0	271 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
77.00 07700	ALLOGENEIC STEM CELL 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	389,206	32	16,589 90.00
90.01 09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	541,112	0	15,951 90.01
90.02 09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	42	0	0 90.02
91.00 09100	EMERGENCY	24,062	24,062	5,627,989	0	249,660 91.00
91.01 04950	WOUND CARE	7,949	7,949	968,039	0	21,571 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	6,251	6,251	1,225,929	0	65,500 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	10,440	10,440	3,867,239	0	136,461 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	0	3,972,943	0	126,768	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	737,342	737,342	107,303,962	696	3,744,997	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,692	2,692	56,585	0	2,080	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,168	1,168	9,184,892	0	55,320	192.00
194.00	07950	MOB	2,022	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	0	0	0	18,990	194.03
194.04	07953	JV-SAGAMORE ASC	0	0	1,233,249	0	13,787	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,511,885	7,391,303	4,600,596	1,849,414	4,801,274	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.562055	9.972049	0.039061	2,657.204023	1.251905	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			176,087	627,023	688,596	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001495	900.895115	0.179548	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: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet B-1	
Date/Time Prepared: 3/28/2024 12:04 pm							
Cost Center Description		PURCHASING (COSTED REQUISITS)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING	33,529,917				5.03
5.04	00570	ADMITTING	17	1,752,052,698			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	1,752,052,698		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	10,868	0	0	-95,700,444	222,455,596
7.00	00700	OPERATION OF PLANT	367	0	0	0	14,350,366
8.00	00800	LAUNDRY & LINEN SERVICE	283	0	0	0	1,010,332
9.00	00900	HOUSEKEEPING	16,912	0	0	0	3,639,764
10.00	01000	DIETARY	29,623	0	0	0	2,001,880
11.00	01100	CAFETERIA	0	0	0	0	2,014,015
13.00	01300	NURSING ADMINISTRATION	8,133	0	0	0	4,082,505
14.00	01400	CENTRAL SERVICES & SUPPLY	206,623	0	0	0	312,689
15.00	01500	PHARMACY	410,058	0	0	0	2,916,721
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,117,999
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
20.00	02000	NURSING PROGRAM	13,195	0	0	0	1,947,700
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	180,597
23.01	02300	EMS EDUCATION	4,400	0	0	0	91,438
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,793,843	99,540,639	99,540,639	0	24,344,430
31.00	03100	INTENSIVE CARE UNIT	455,393	38,319,832	38,319,832	0	5,560,059
35.00	02060	NEONATAL INTENSIVE CARE UNIT	115,897	10,976,005	10,976,005	0	1,833,072
41.00	04100	SUBPROVIDER - IRF	38,608	6,976,053	6,976,053	0	2,120,827
43.00	04300	NURSERY	0	12,004,288	12,004,288	0	3,173,511
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,905,563	273,757,271	273,757,271	0	8,663,720
51.00	05100	RECOVERY ROOM	23,668	33,016,513	33,016,513	0	876,113
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,543,395	14,543,395	0	5,432,761
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,244,832	110,050,709	110,050,709	0	8,466,733
55.00	05500	RADIOLOGY - THERAPEUTIC	11,946	14,439,163	14,439,163	0	773,892
56.00	05600	RADIOISOTOPE	194	15,158,487	15,158,487	0	661,041
56.01	03950	CARDIAC CATH LAB	4,048,845	52,549,167	52,549,167	0	3,157,476
57.00	05700	CT SCAN	196,971	60,719,871	60,719,871	0	1,319,423
58.00	05800	MRI	50,898	10,409,651	10,409,651	0	610,767
60.00	06000	LABORATORY	696,579	124,235,473	124,235,473	0	11,692,114
65.00	06500	RESPIRATORY THERAPY	587,525	16,717,884	16,717,884	0	2,599,219
66.00	06600	PHYSICAL THERAPY	78,354	27,075,296	27,075,296	0	4,019,630
67.00	06700	OCCUPATIONAL THERAPY	14,874	17,166,723	17,166,723	0	1,721,326
68.00	06800	SPEECH PATHOLOGY	767	7,517,268	7,517,268	0	806,162
69.00	06900	ELECTROCARDIOLOGY	27,436	43,073,907	43,073,907	0	2,828,844
70.00	07000	ELECTROENCEPHALOGRAPHY	63,434	5,992,304	5,992,304	0	899,319
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	160,556,594	160,556,594	0	18,517,885
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	126,414,414	126,414,414	0	14,871,966
73.00	07300	DRUGS CHARGED TO PATIENTS	0	226,955,190	226,955,190	0	25,401,547
73.01	07301	DIABETES CENTER	7,473	486	486	0	1,752,897
74.00	07400	RENAL DIALYSIS	21,052	5,970,694	5,970,694	0	1,441,139
76.00	03480	ONCOLOGY	1,268,519	27,885,647	27,885,647	0	4,655,476
76.01	03952	ANTI COAGULATION	47,897	918,206	918,206	0	394,066
76.02	03951	INFUSION SERVICES	6,182	463,609	463,609	0	9,839
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	32,714	2,031,482	2,031,482	0	782,347
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	45,836	11,513,504	11,513,504	0	601,473
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	142	142	0	98
91.00	09100	EMERGENCY	628,115	146,974,950	146,974,950	0	9,033,712
91.01	04950	WOUND CARE	166,271	6,137,860	6,137,860	0	1,067,558
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	69,824	5,329,625	5,329,625	0	2,360,600
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	74,636	9,135,611	9,135,611	0	4,873,973
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	104,931	27,524,785	27,524,785	0	6,496,004

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		PURCHASING (COSTED REQUISITE)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	33,529,556	1,752,052,698	1,752,052,698	-95,700,444	218,487,025	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	156,427	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	142	0	0	0	1,955,651	192.00
194.00	07950 MOB	0	0	0	0	47,642	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NRCC	0	0	0	0	23,774	194.03
194.04	07953 JV-SAGAMORE ASC	219	0	0	0	1,785,077	194.04
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)	841,340	615	1,252,631		95,700,444	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.025092	0.000000	0.000715		0.430200	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	341,118	0	12,613		3,237,603	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.010174	0.000000	0.000007		0.014554	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	01140	MGMT INFO SYSTEMS					5.02	
5.03	00550	PURCHASING					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	457,142				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	1,183,654			8.00	
9.00	00900	HOUSEKEEPING	11,383	27,374	439,045		9.00	
10.00	01000	DIETARY	11,776	33,244	11,776	185,388	10.00	
11.00	01100	CAFETERIA	14,287	0	14,287	0	11.00	
13.00	01300	NURSING ADMINISTRATION	3,368	0	3,368	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	4,329	29,999	4,329	0	14.00	
15.00	01500	PHARMACY	6,720	0	6,720	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	4,433	0	4,433	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
20.00	02000	NURSING PROGRAM	40,750	0	40,750	0	20.00	
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	23.00	
23.01	02300	EMS EDUCATION	0	0	0	3,331	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,407	417,849	45,407	131,204	349,455	30.00
31.00	03100	INTENSIVE CARE UNIT	12,220	63,654	12,220	18,632	202,664	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,548	26,532	11,548	11,781	102,205	35.00
41.00	04100	SUBPROVIDER - IIRF	15,114	22,470	15,114	11,990	67,892	41.00
43.00	04300	NURSERY	20,337	43,604	20,337	11,781	167,374	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,684	207,591	41,684	0	151,494	50.00
51.00	05100	RECOVERY ROOM	2,763	38,173	2,763	0	23,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,872	46,621	49,872	0	385,923	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,116	72,841	19,116	0	148,819	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,971	0	3,971	0	17,401	55.00
56.00	05600	RADIOISOTOPE	259	0	259	0	11,163	56.00
56.01	03950	CARDIAC CATH LAB	11,228	4,813	11,228	0	33,143	56.01
57.00	05700	CT SCAN	1,280	0	1,280	0	34,600	57.00
58.00	05800	MRI	1,133	0	1,133	0	10,119	58.00
60.00	06000	LABORATORY	6,656	7,547	6,656	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,662	8,837	2,662	0	80,586	65.00
66.00	06600	PHYSICAL THERAPY	897	16,446	897	0	119,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	43,049	67.00
68.00	06800	SPEECH PATHOLOGY	103	0	103	0	19,115	68.00
69.00	06900	ELECTROCARDIOLOGY	9,243	6,703	9,243	0	44,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,458	0	4,458	0	29,081	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
73.01	07301	DIABETES CENTER	7,653	0	7,653	0	35,677	73.01
74.00	07400	RENAL DIALYSIS	1,939	0	1,939	0	1,540	74.00
76.00	03480	ONCOLOGY	28,941	0	28,941	0	107,811	76.00
76.01	03952	ANTI COAGULATION	2,336	0	2,336	0	6,078	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	271	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	16,589	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	15,951	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	24,062	109,356	24,062	0	249,660	91.00
91.01	04950	WOUND CARE	7,949	0	7,949	0	21,571	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,251	0	6,251	0	65,500	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	10,440	0	10,440	0	136,461	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	0	126,768	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	451,260	1,183,654	435,185	185,388	3,132,357	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,692	0	2,692	0	2,080	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,168	0	1,168	0	55,320	192.00
194.00	07950 MOB	2,022	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NRCC	0	0	0	0	18,990	194.03
194.04	07953 JV-SAGAMORE ASC	0	0	0	0	13,787	194.04
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)	20,523,893	1,655,630	5,754,931	3,592,643	3,709,147	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	44.896100	1.398745	13.107839	19.379048	1.151003	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,953,691	225,341	602,363	613,292	697,197	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.836219	0.190377	1.371985	3.308154	0.216351	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,402,691					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	33,257,091				14.00
15.00	01500	PHARMACY	0	410,058	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,752,052,698		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	13,195	0	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	4,400	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	349,455	1,793,843	0	99,540,639	0	30.00
31.00	03100	INTENSIVE CARE UNIT	202,664	455,393	0	38,319,832	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	102,205	115,897	0	10,976,005	0	35.00
41.00	04100	SUBPROVIDER - I RF	67,892	38,608	0	6,976,053	0	41.00
43.00	04300	NURSERY	167,374	0	0	12,004,288	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	151,494	19,905,563	0	273,757,271	0	50.00
51.00	05100	RECOVERY ROOM	23,923	23,668	0	33,016,513	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	385,923	0	0	14,543,395	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,244,832	0	110,050,709	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	11,946	0	14,439,163	0	55.00
56.00	05600	RADIOISOTOPE	11,163	194	0	15,158,487	0	56.00
56.01	03950	CARDIAC CATH LAB	33,143	4,048,845	0	52,549,167	0	56.01
57.00	05700	CT SCAN	0	196,971	0	60,719,871	0	57.00
58.00	05800	MRI	0	50,898	0	10,409,651	0	58.00
60.00	06000	LABORATORY	0	696,579	0	124,235,473	0	60.00
65.00	06500	RESPIRATORY THERAPY	80,586	587,525	0	16,717,884	0	65.00
66.00	06600	PHYSICAL THERAPY	119,140	78,354	0	27,075,296	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,049	14,874	0	17,166,723	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,115	767	0	7,517,268	0	68.00
69.00	06900	ELECTROCARDIOLOGY	44,807	27,436	0	43,073,907	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,081	63,434	0	5,992,304	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	160,556,594	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,414,414	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	226,955,190	0	73.00
73.01	07301	DIABETES CENTER	35,677	7,473	0	486	0	73.01
74.00	07400	RENAL DIALYSIS	1,540	21,052	0	5,970,694	0	74.00
76.00	03480	ONCOLOGY	0	1,268,519	0	27,885,647	0	76.00
76.01	03952	ANTI COAGULATION	0	47,897	0	918,206	0	76.01
76.02	03951	INFUSION SERVICES	0	6,182	0	463,609	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	249,660	32,714	0	2,031,482	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	21,571	45,836	0	11,513,504	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	142	0	90.02
91.00	09100	EMERGENCY	0	628,115	0	146,974,950	0	91.00
91.01	04950	WOUND CARE	0	166,271	0	6,137,860	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	69,824	0	5,329,625	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	136,461	74,636	0	9,135,611	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)		
		13.00	14.00	15.00	16.00	17.00		
116.00	11600	HOSPICE	126,768	104,931	0	27,524,785	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,402,691	33,256,730	100	1,752,052,698	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	142	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NRCC	0	0	0	0	0	194.03
194.04	07953	JV-SAGAMORE ASC	0	219	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,163,970	771,671	4,682,794	3,290,255	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.565444	0.023203	46,827.940000	0.001878	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	272,119	225,480	420,648	250,398	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.113256	0.006780	4,206.480000	0.000143	0.000000	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	23.00	23.01	
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	01160	COMMUNICATIONS			5.01
5.02	01140	MGMT INFO SYSTEMS			5.02
5.03	00550	PURCHASING			5.03
5.04	00570	ADMINISTRATIVE			5.04
5.05	00580	PATIENT ACCOUNTING			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING PROGRAM	8,020		20.00
23.00	02301	PHARMACY RESIDENCY		100	23.00
23.01	02300	EMS EDUCATION		100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,622	0	30.00
31.00	03100	INTENSIVE CARE UNIT	726	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	916	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	16	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	770	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	174	0	56.00
56.01	03950	CARDIAC CATH LAB	342	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	144	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	100	73.00
73.01	07301	DIABETES CENTER	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03480	ONCOLOGY	0	0	76.00
76.01	03952	ANTI COAGULATION	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	36	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	90.02
91.00	09100	EMERGENCY	2,032	0	91.00
91.01	04950	WOUND CARE	174	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	100	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20.00	23.00	23.01	
	NONREIMBURSABLE COST CENTERS	8,020	100	100	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950 MOB	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	194.02
194.03	07954 OTHER NRCC	0	0	0	194.03
194.04	07953 JV-SAGAMORE ASC	0	0	0	194.04
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,216,203	263,457	134,711	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	650.399377	2,634.570000	1,347.110000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,918,963	4,637	2,863	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	239.272195	46.370000	28.630000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 12:04 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,810,898	0	43,810,898	30.00
31.00	03100 INTENSIVE CARE UNIT		10,418,821	0	10,418,821	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,555,813	0	4,555,813	35.00
41.00	04100 SUBPROVIDER - IRF		4,439,978	0	4,439,978	41.00
43.00	04300 NURSERY		6,652,258	0	6,652,258	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		16,648,375	0	16,648,375	50.00
51.00	05100 RECOVERY ROOM		1,618,138	0	1,618,138	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,690,303	0	12,690,303	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,794,091	0	13,794,091	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		1,384,576	0	1,384,576	55.00
56.00	05600 RADIOISOTOPE		1,143,573	0	1,143,573	56.00
56.01	03950 CARDIAC CATH LAB		5,712,066	0	5,712,066	56.01
57.00	05700 CT SCAN		2,119,711	0	2,119,711	57.00
58.00	05800 MRI		971,614	0	971,614	58.00
60.00	06000 LABORATORY		17,368,168	0	17,368,168	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,228,692	0	4,228,692	65.00
66.00	06600 PHYSICAL THERAPY	0	6,413,009	0	6,413,009	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,654,414	0	2,654,414	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,244,121	0	1,244,121	68.00
69.00	06900 ELECTROCARDIOLOGY		4,839,373	0	4,839,373	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,665,592	0	1,665,592	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		26,785,804	0	26,785,804	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		21,507,292	0	21,507,292	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		41,701,811	0	41,701,811	73.00
73.01	07301 DIABETES CENTER		3,083,662	0	3,083,662	73.01
74.00	07400 RENAL DIALYSIS		2,191,012	0	2,191,012	74.00
76.00	03480 ONCOLOGY		8,542,847	0	8,542,847	76.00
76.01	03952 ANTI COAGULATION		708,921	0	708,921	76.01
76.02	03951 INFUSION SERVICES		15,398	0	15,398	76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,806,484	0	1,806,484	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE		956,612	0	956,612	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY		140	0	140	90.02
91.00	09100 EMERGENCY		16,502,942	0	16,502,942	91.00
91.01	04950 WOUND CARE		2,141,276	0	2,141,276	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,667,509	0	5,667,509	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,825,733	0	3,825,733	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY		8,102,356	0	8,102,356	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		9,815,838	0	9,815,838	116.00
200.00	Subtotal (see instructions)	0	317,729,221	0	317,729,221	200.00
201.00	Less Observation Beds		5,667,509	0	5,667,509	201.00
202.00	Total (see instructions)	0	312,061,712	0	312,061,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C
Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,737,399		88,737,399		30.00
31.00	03100	INTENSIVE CARE UNIT	38,319,832		38,319,832		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,976,005		10,976,005		35.00
41.00	04100	SUBPROVIDER - IRF	6,976,053		6,976,053		41.00
43.00	04300	NURSERY	12,004,288		12,004,288		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,526,349	179,230,922	273,757,271	0.060814	50.00
51.00	05100	RECOVERY ROOM	6,784,177	26,232,336	33,016,513	0.049010	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,440,512	102,883	14,543,395	0.082582	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,927,406	96,123,303	110,050,709	0.125343	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,052,355	10,386,808	14,439,163	0.095890	55.00
56.00	05600	RADIOISOTOPE	3,828,613	11,329,874	15,158,487	0.075441	56.00
56.01	03950	CARDIAC CATH LAB	28,528,196	24,020,971	52,549,167	0.108699	56.01
57.00	05700	CT SCAN	16,480,247	44,239,624	60,719,871	0.034910	57.00
58.00	05800	MRI	2,971,272	7,438,379	10,409,651	0.093338	58.00
60.00	06000	LABORATORY	54,369,020	69,866,453	124,235,473	0.139800	60.00
65.00	06500	RESPIRATORY THERAPY	15,440,790	1,277,094	16,717,884	0.252944	65.00
66.00	06600	PHYSICAL THERAPY	8,789,428	18,285,868	27,075,296	0.236858	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,638,349	9,528,374	17,166,723	0.154626	67.00
68.00	06800	SPEECH PATHOLOGY	2,488,132	5,029,136	7,517,268	0.165502	68.00
69.00	06900	ELECTROCARDIOLOGY	14,794,835	28,279,072	43,073,907	0.112350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,421,985	4,570,319	5,992,304	0.277955	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,047,527	91,509,067	160,556,594	0.166831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,141,909	81,272,505	126,414,414	0.170133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,186,755	178,768,435	226,955,190	0.183745	73.00
73.01	07301	DIABETES CENTER	0	486	486	6,344.983539	73.01
74.00	07400	RENAL DIALYSIS	3,868,716	2,101,978	5,970,694	0.366961	74.00
76.00	03480	ONCOLOGY	2,489,897	25,395,750	27,885,647	0.306353	76.00
76.01	03952	ANTI COAGULATION	1,670	916,536	918,206	0.772072	76.01
76.02	03951	INFUSION SERVICES	628	462,981	463,609	0.033213	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	158,673	1,872,809	2,031,482	0.889244	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	523,837	10,989,667	11,513,504	0.083086	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	142	142	0.985915	90.02
91.00	09100	EMERGENCY	28,981,155	117,993,795	146,974,950	0.112284	91.00
91.01	04950	WOUND CARE	69,265	6,068,595	6,137,860	0.348864	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,641,972	7,161,268	10,803,240	0.524612	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,886	5,306,739	5,329,625	0.717824	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,135,611	9,135,611		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	27,524,785	27,524,785		116.00
200.00		Subtotal (see instructions)	649,630,133	1,102,422,565	1,752,052,698		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	649,630,133	1,102,422,565	1,752,052,698		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 12:04 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.060814		50.00
51.00	05100 RECOVERY ROOM	0.049010		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.872582		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125343		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.095890		55.00
56.00	05600 RADIOISOTOPE	0.075441		56.00
56.01	03950 CARDIAC CATH LAB	0.108699		56.01
57.00	05700 CT SCAN	0.034910		57.00
58.00	05800 MRI	0.093338		58.00
60.00	06000 LABORATORY	0.139800		60.00
65.00	06500 RESPIRATORY THERAPY	0.252944		65.00
66.00	06600 PHYSICAL THERAPY	0.236858		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.154626		67.00
68.00	06800 SPEECH PATHOLOGY	0.165502		68.00
69.00	06900 ELECTROCARDIOLOGY	0.112350		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.277955		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.170133		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183745		73.00
73.01	07301 DIABETES CENTER	6,344.983539		73.01
74.00	07400 RENAL DIALYSIS	0.366961		74.00
76.00	03480 ONCOLOGY	0.306353		76.00
76.01	03952 ANTI COAGULATION	0.772072		76.01
76.02	03951 INFUSION SERVICES	0.033213		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.889244		90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.083086		90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0.985915		90.02
91.00	09100 EMERGENCY	0.112284		91.00
91.01	04950 WOUND CARE	0.348864		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.524612		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.717824		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 12:04 pm			
			Title XIX	Hospital	Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,810,898		43,810,898	0	43,810,898	30.00
31.00	03100	INTENSIVE CARE UNIT	10,418,821		10,418,821	0	10,418,821	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,555,813		4,555,813	0	4,555,813	35.00
41.00	04100	SUBPROVIDER - IRF	4,439,978		4,439,978	0	4,439,978	41.00
43.00	04300	NURSERY	6,652,258		6,652,258	0	6,652,258	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,648,375		16,648,375	0	16,648,375	50.00
51.00	05100	RECOVERY ROOM	1,618,138		1,618,138	0	1,618,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,690,303		12,690,303	0	12,690,303	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,794,091		13,794,091	0	13,794,091	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,384,576		1,384,576	0	1,384,576	55.00
56.00	05600	RADIOISOTOPE	1,143,573		1,143,573	0	1,143,573	56.00
56.01	03950	CARDIAC CATH LAB	5,712,066		5,712,066	0	5,712,066	56.01
57.00	05700	CT SCAN	2,119,711		2,119,711	0	2,119,711	57.00
58.00	05800	MRI	971,614		971,614	0	971,614	58.00
60.00	06000	LABORATORY	17,368,168		17,368,168	0	17,368,168	60.00
65.00	06500	RESPIRATORY THERAPY	4,228,692	0	4,228,692	0	4,228,692	65.00
66.00	06600	PHYSICAL THERAPY	6,413,009	0	6,413,009	0	6,413,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,654,414	0	2,654,414	0	2,654,414	67.00
68.00	06800	SPEECH PATHOLOGY	1,244,121	0	1,244,121	0	1,244,121	68.00
69.00	06900	ELECTROCARDIOLOGY	4,839,373		4,839,373	0	4,839,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,665,592		1,665,592	0	1,665,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,785,804		26,785,804	0	26,785,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,507,292		21,507,292	0	21,507,292	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,701,811		41,701,811	0	41,701,811	73.00
73.01	07301	DIABETES CENTER	3,083,662		3,083,662	0	3,083,662	73.01
74.00	07400	RENAL DIALYSIS	2,191,012		2,191,012	0	2,191,012	74.00
76.00	03480	ONCOLOGY	8,542,847		8,542,847	0	8,542,847	76.00
76.01	03952	ANTI COAGULATION	708,921		708,921	0	708,921	76.01
76.02	03951	INFUSION SERVICES	15,398		15,398	0	15,398	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,806,484		1,806,484	0	1,806,484	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	956,612		956,612	0	956,612	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	140		140	0	140	90.02
91.00	09100	EMERGENCY	16,502,942		16,502,942	0	16,502,942	91.00
91.01	04950	WOUND CARE	2,141,276		2,141,276	0	2,141,276	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,667,509		5,667,509	0	5,667,509	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,825,733		3,825,733	0	3,825,733	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,102,356		8,102,356	0	8,102,356	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,815,838		9,815,838	0	9,815,838	116.00
200.00		Subtotal (see instructions)	317,729,221	0	317,729,221	0	317,729,221	200.00
201.00		Less Observation Beds	5,667,509		5,667,509		5,667,509	201.00
202.00		Total (see instructions)	312,061,712	0	312,061,712	0	312,061,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 3/28/2024 12:04 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	88,737,399		88,737,399				30.00
31.00	03100	INTENSIVE CARE UNIT	38,319,832		38,319,832				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,976,005		10,976,005				35.00
41.00	04100	SUBPROVIDER - IRF	6,976,053		6,976,053				41.00
43.00	04300	NURSERY	12,004,288		12,004,288				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	94,526,349	179,230,922	273,757,271	0.060814	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,784,177	26,232,336	33,016,513	0.049010	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,440,512	102,883	14,543,395	0.082582	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,927,406	96,123,303	110,050,709	0.125343	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,052,355	10,386,808	14,439,163	0.095890	0.000000		55.00
56.00	05600	RADIOISOTOPE	3,828,613	11,329,874	15,158,487	0.075441	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	28,528,196	24,020,971	52,549,167	0.108699	0.000000		56.01
57.00	05700	CT SCAN	16,480,247	44,239,624	60,719,871	0.034910	0.000000		57.00
58.00	05800	MRI	2,971,272	7,438,379	10,409,651	0.093338	0.000000		58.00
60.00	06000	LABORATORY	54,369,020	69,866,453	124,235,473	0.139800	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	15,440,790	1,277,094	16,717,884	0.252944	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	8,789,428	18,285,868	27,075,296	0.236858	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,638,349	9,528,374	17,166,723	0.154626	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,488,132	5,029,136	7,517,268	0.165502	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,794,835	28,279,072	43,073,907	0.112350	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,421,985	4,570,319	5,992,304	0.277955	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,047,527	91,509,067	160,556,594	0.166831	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,141,909	81,272,505	126,414,414	0.170133	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,186,755	178,768,435	226,955,190	0.183745	0.000000		73.00
73.01	07301	DIABETES CENTER	0	486	486	6,344.983539	0.000000		73.01
74.00	07400	RENAL DIALYSIS	3,868,716	2,101,978	5,970,694	0.366961	0.000000		74.00
76.00	03480	ONCOLOGY	2,489,897	25,395,750	27,885,647	0.306353	0.000000		76.00
76.01	03952	ANTI COAGULATION	1,670	916,536	918,206	0.772072	0.000000		76.01
76.02	03951	INFUSION SERVICES	628	462,981	463,609	0.033213	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	158,673	1,872,809	2,031,482	0.889244	0.000000		90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	523,837	10,989,667	11,513,504	0.083086	0.000000		90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	142	142	0.985915	0.000000		90.02
91.00	09100	EMERGENCY	28,981,155	117,993,795	146,974,950	0.112284	0.000000		91.00
91.01	04950	WOUND CARE	69,265	6,068,595	6,137,860	0.348864	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,641,972	7,161,268	10,803,240	0.524612	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,886	5,306,739	5,329,625	0.717824	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	9,135,611	9,135,611				101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	27,524,785	27,524,785				116.00
200.00		Subtotal (see instructions)	649,630,133	1,102,422,565	1,752,052,698				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	649,630,133	1,102,422,565	1,752,052,698				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 3/28/2024 12:04 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	DIABETES CENTER	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03480	ONCOLOGY	0.000000		76.00
76.01	03952	ANTI COAGULATION	0.000000		76.01
76.02	03951	INFUSION SERVICES	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.000000		90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	04950	WOUND CARE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 3/28/2024 12:04 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,299,105	0	3,299,105	35,984	91.68	30.00	
31.00	INTENSIVE CARE UNIT	856,788		856,788	4,449	192.58	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	672,164		672,164	2,813	238.95	35.00	
41.00	SUBPROVIDER - IRF	826,430	0	826,430	2,848	290.18	41.00	
43.00	NURSERY	1,113,490		1,113,490	2,813	395.84	43.00	
200.00	Total (lines 30 through 199)	6,767,977		6,767,977	48,907		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,379	768,187					30.00
31.00	INTENSIVE CARE UNIT	2,579	496,664					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
41.00	SUBPROVIDER - IRF	1,506	437,011					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	12,464	1,701,862					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 3/28/2024 12:04 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,566,241	273,757,271	0.009374	27,201,314	254,985	50.00
51.00	05100	RECOVERY ROOM	172,018	33,016,513	0.005210	2,026,141	10,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,595,766	14,543,395	0.178484	5,256	938	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,185,934	110,050,709	0.010776	5,718,989	61,628	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	202,875	14,439,163	0.014050	1,290,761	18,135	55.00
56.00	05600	RADIOISOTOPE	30,290	15,158,487	0.001998	1,475,396	2,948	56.00
56.01	03950	CARDIAC CATH LAB	655,979	52,549,167	0.012483	7,905,440	98,684	56.01
57.00	05700	CT SCAN	105,232	60,719,871	0.001733	6,014,965	10,424	57.00
58.00	05800	MRI	67,633	10,409,651	0.006497	959,067	6,231	58.00
60.00	06000	LABORATORY	546,150	124,235,473	0.004396	16,511,526	72,585	60.00
65.00	06500	RESPIRATORY THERAPY	248,371	16,717,884	0.014857	4,376,633	65,024	65.00
66.00	06600	PHYSICAL THERAPY	180,239	27,075,296	0.006657	2,320,143	15,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,317	17,166,723	0.003048	1,992,471	6,073	67.00
68.00	06800	SPEECH PATHOLOGY	28,408	7,517,268	0.003779	402,835	1,522	68.00
69.00	06900	ELECTROCARDIOLOGY	502,885	43,073,907	0.011675	5,314,655	62,049	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,749	5,992,304	0.039175	446,502	17,492	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	293,593	160,556,594	0.001829	21,454,971	39,241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,409	126,414,414	0.001862	17,839,843	33,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	824,370	226,955,190	0.003632	14,686,398	53,341	73.00
73.01	07301	DIABETES CENTER	401,338	486	825.798354	0	0	73.01
74.00	07400	RENAL DIALYSIS	111,804	5,970,694	0.018725	1,258,907	23,573	74.00
76.00	03480	ONCOLOGY	1,464,626	27,885,647	0.052523	2,389,897	125,525	76.00
76.01	03952	ANTI COAGULATION	116,392	918,206	0.126760	932	118	76.01
76.02	03951	INFUSION SERVICES	441	463,609	0.000951	628	1	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	76,500	2,031,482	0.037657	14,373	541	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	20,825	11,513,504	0.001809	323,680	586	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	1	142	0.007042	0	0	90.02
91.00	09100	EMERGENCY	1,392,896	146,974,950	0.009477	7,835,629	74,258	91.00
91.01	04950	WOUND CARE	392,870	6,137,860	0.064008	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	426,780	10,803,240	0.039505	1,596,645	63,075	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	350,036	5,329,625	0.065677	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,482,968	1,558,378,725		151,363,997	1,118,196	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 3/28/2024 12:04 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	1,705,347	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	472,190	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	595,766	0	0	35.00	
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	2,773,303	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	1,705,347	35,984	47.39	30.00	
31.00	03100	INTENSIVE CARE UNIT		472,190	4,449	106.13	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		595,766	2,813	211.79	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,848	0.00	41.00	
43.00	04300	NURSERY		0	2,813	0.00	43.00	
200.00		Total (lines 30 through 199)		2,773,303	48,907		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	397,081					30.00
31.00	03100	INTENSIVE CARE UNIT	273,709					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	670,790					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 pm
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Cost Center Description	Title XVIII			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	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	10,406	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	500,808	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	44,227	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	113,169	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	222,437	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	93,658	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	263,457	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03480	ONCOLOGY	0	0	0	0	0	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL 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	23,414	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	0	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	1,321,612	0	134,711	91.00
91.01	04950	WOUND CARE	0	0	113,169	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	220,608	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	2,663,508	0	398,168	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	10,406	10,406	273,757,271	0.000038	50.00
51.00 05100 RECOVERY ROOM	0	0	0	33,016,513	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	500,808	500,808	14,543,395	0.034435	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	44,227	44,227	110,050,709	0.000402	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	14,439,163	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	113,169	113,169	15,158,487	0.007466	56.00
56.01 03950 CARDIAC CATH LAB	0	222,437	222,437	52,549,167	0.004233	56.01
57.00 05700 CT SCAN	0	0	0	60,719,871	0.000000	57.00
58.00 05800 MRI	0	0	0	10,409,651	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	124,235,473	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,717,884	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	93,658	93,658	27,075,296	0.003459	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	17,166,723	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	7,517,268	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	43,073,907	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,992,304	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	160,556,594	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,414,414	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	263,457	263,457	226,955,190	0.001161	73.00
73.01 07301 DIABETES CENTER	0	0	0	486	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	5,970,694	0.000000	74.00
76.00 03480 ONCOLOGY	0	0	0	27,885,647	0.000000	76.00
76.01 03952 ANTI COAGULATION	0	0	0	918,206	0.000000	76.01
76.02 03951 INFUSION SERVICES	0	0	0	463,609	0.000000	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	23,414	23,414	2,031,482	0.011526	90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	11,513,504	0.000000	90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	142	0.000000	90.02
91.00 09100 EMERGENCY	0	1,456,323	1,456,323	146,974,950	0.009909	91.00
91.01 04950 WOUND CARE	0	113,169	113,169	6,137,860	0.018438	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	220,608	220,608	10,803,240	0.020421	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,329,625	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	3,061,676	3,061,676	1,558,378,725		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 pm
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Cost Center Description	Title XVIII					
	Hospital			PPS		
	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000038	27,201,314	1,034	41,964,795	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	2,026,141	0	6,316,248	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.034435	5,256	181	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000402	5,718,989	2,299	8,871,307	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	1,290,761	0	1,497,644	0	55.00
56.00 05600 RADIOISOTOPE	0.007466	1,475,396	11,015	3,154,719	0	56.00
56.01 03950 CARDIAC CATH LAB	0.004233	7,905,440	33,464	7,304,224	0	56.01
57.00 05700 CT SCAN	0.000000	6,014,965	0	9,070,517	0	57.00
58.00 05800 MRI	0.000000	959,067	0	1,430,354	0	58.00
60.00 06000 LABORATORY	0.000000	16,511,526	0	6,300,731	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.000000	4,376,633	0	210,255	0	65.00
66.00 06600 PHYSICAL THERAPY	0.003459	2,320,143	8,025	244,008	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	1,992,471	0	42,787	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	402,835	0	10,033	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	5,314,655	0	8,394,146	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	446,502	0	897,368	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	21,454,971	0	23,598,583	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	17,839,843	0	28,049,463	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001161	14,686,398	17,051	48,914,606	0	73.00
73.01 07301 DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.000000	1,258,907	0	122,452	0	74.00
76.00 03480 ONCOLOGY	0.000000	2,389,897	0	7,630,552	0	76.00
76.01 03952 ANTI COAGULATION	0.000000	932	0	175,068	0	76.01
76.02 03951 INFUSION SERVICES	0.000000	628	0	83,472	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL 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	0.011526	14,373	166	210,924	0	90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.000000	323,680	0	3,181,685	0	90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	0.000000	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.009909	7,835,629	77,643	15,250,483	0	91.00
91.01 04950 WOUND CARE	0.018438	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.020421	1,596,645	32,605	664,271	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	417,953	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		151,363,997	183,483	224,008,648	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Title XVIII	Hospital	PPS
		13.00	13.01			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,595	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,566	0			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	23,553	0			56.00
56.01	03950 CARDIAC CATH LAB	30,919	0			56.01
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	844	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	56,790	0			73.00
73.01	07301 DIABETES CENTER	0	0			73.01
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03480 ONCOLOGY	0	0			76.00
76.01	03952 ANTI COAGULATION	0	0			76.01
76.02	03951 INFUSION SERVICES	0	0			76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0			78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2,431	0			90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0	0			90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0			90.02
91.00	09100 EMERGENCY	151,117	0			91.00
91.01	04950 WOUND CARE	0	0			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	13,565	0			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	284,380	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 12:04 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.060814	41,964,795	0	0	2,552,047	50.00
51.00	05100 RECOVERY ROOM	0.049010	6,316,248	0	0	309,559	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.872582	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125343	8,871,307	0	0	1,111,956	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.095890	1,497,644	0	0	143,609	55.00
56.00	05600 RADIOISOTOPE	0.075441	3,154,719	0	0	237,995	56.00
56.01	03950 CARDIAC CATH LAB	0.108699	7,304,224	0	0	793,962	56.01
57.00	05700 CT SCAN	0.034910	9,070,517	0	0	316,652	57.00
58.00	05800 MRI	0.093338	1,430,354	0	0	133,506	58.00
60.00	06000 LABORATORY	0.139800	6,300,731	0	0	880,842	60.00
65.00	06500 RESPIRATORY THERAPY	0.252944	210,255	0	0	53,183	65.00
66.00	06600 PHYSICAL THERAPY	0.236858	244,008	0	0	57,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.154626	42,787	0	0	6,616	67.00
68.00	06800 SPEECH PATHOLOGY	0.165502	10,033	0	0	1,660	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112350	8,394,146	0	0	943,082	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.277955	897,368	0	0	249,428	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831	23,598,583	0	0	3,936,975	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.170133	28,049,463	0	0	4,772,139	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183745	48,914,606	0	6,814	8,987,814	73.00
73.01	07301 DIABETES CENTER	6,344.983539	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.366961	122,452	0	0	44,935	74.00
76.00	03480 ONCOLOGY	0.306353	7,630,552	0	0	2,337,642	76.00
76.01	03952 ANTI COAGULATION	0.772072	175,068	0	0	135,165	76.01
76.02	03951 INFUSION SERVICES	0.033213	83,472	0	0	2,772	76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL 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	0.889244	210,924	0	0	187,563	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.083086	3,181,685	0	0	264,353	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0.985915	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.112284	15,250,483	0	0	1,712,385	91.00
91.01	04950 WOUND CARE	0.348864	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.524612	664,271	0	0	348,485	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.717824	417,953	0	0	300,017	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		224,008,648	0	6,814	30,822,137	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)		224,008,648	0	6,814	30,822,137	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 12:04 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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
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	1,252		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03480 ONCOLOGY	0	0		76.00
76.01 03952 ANTI COAGULATION	0	0		76.01
76.02 03951 INFUSION SERVICES	0	0		76.02
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	0	0		90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	1,252		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	1,252		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 3/28/2024 12:04 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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,566,241	273,757,271	0.009374	402,986	3,778	50.00
51.00	05100	RECOVERY ROOM	172,018	33,016,513	0.005210	27,333	142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,595,766	14,543,395	0.178484	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,185,934	110,050,709	0.010776	70,692	762	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	202,875	14,439,163	0.014050	26,632	374	55.00
56.00	05600	RADIOISOTOPE	30,290	15,158,487	0.001998	24,548	49	56.00
56.01	03950	CARDIAC CATH LAB	655,979	52,549,167	0.012483	1,285	16	56.01
57.00	05700	CT SCAN	105,232	60,719,871	0.001733	37,930	66	57.00
58.00	05800	MRI	67,633	10,409,651	0.006497	9,752	63	58.00
60.00	06000	LABORATORY	546,150	124,235,473	0.004396	307,527	1,352	60.00
65.00	06500	RESPIRATORY THERAPY	248,371	16,717,884	0.014857	236,422	3,513	65.00
66.00	06600	PHYSICAL THERAPY	180,239	27,075,296	0.006657	1,470,603	9,790	66.00
67.00	06700	OCCUPATIONAL THERAPY	52,317	17,166,723	0.003048	1,319,980	4,023	67.00
68.00	06800	SPEECH PATHOLOGY	28,408	7,517,268	0.003779	341,683	1,291	68.00
69.00	06900	ELECTROCARDIOLOGY	502,885	43,073,907	0.011675	41,552	485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,749	5,992,304	0.039175	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	293,593	160,556,594	0.001829	335,343	613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,409	126,414,414	0.001862	314,232	585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	824,370	226,955,190	0.003632	534,149	1,940	73.00
73.01	07301	DIABETES CENTER	401,338	486	825.798354	0	0	73.01
74.00	07400	RENAL DIALYSIS	111,804	5,970,694	0.018725	72,936	1,366	74.00
76.00	03480	ONCOLOGY	1,464,626	27,885,647	0.052523	11,030	579	76.00
76.01	03952	ANTI COAGULATION	116,392	918,206	0.126760	0	0	76.01
76.02	03951	INFUSION SERVICES	441	463,609	0.000951	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	76,500	2,031,482	0.037657	0	0	90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	20,825	11,513,504	0.001809	1,603	3	90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	1	142	0.007042	0	0	90.02
91.00	09100	EMERGENCY	1,392,896	146,974,950	0.009477	35,803	339	91.00
91.01	04950	WOUND CARE	392,870	6,137,860	0.064008	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,803,240	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	350,036	5,329,625	0.065677	18,100	1,189	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,056,188	1,558,378,725		5,642,121	32,318	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 pm
Title XVIII		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	10,406	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	500,808	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	44,227	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	113,169	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	222,437	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	93,658	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	263,457	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03480 ONCOLOGY	0	0	0	0	0	76.00
76.01	03952 ANTI COAGULATION	0	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL 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	23,414	0	0	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	0	0	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	1,321,612	0	134,711	91.00
91.01	04950 WOUND CARE	0	0	113,169	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	2,442,900	0	398,168	95.00
200.00	Total (lines 50 through 199)	0	0	2,442,900	0	398,168	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 pm
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Title XVIII		Subprovider - IRF	PPS
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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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	10,406	10,406	273,757,271	0.000038	50.00
51.00 05100 RECOVERY ROOM	0	0	0	33,016,513	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	500,808	500,808	14,543,395	0.034435	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	44,227	44,227	110,050,709	0.000402	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	14,439,163	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	113,169	113,169	15,158,487	0.007466	56.00
56.01 03950 CARDIAC CATH LAB	0	222,437	222,437	52,549,167	0.004233	56.01
57.00 05700 CT SCAN	0	0	0	60,719,871	0.000000	57.00
58.00 05800 MRI	0	0	0	10,409,651	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	124,235,473	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,717,884	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	93,658	93,658	27,075,296	0.003459	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	17,166,723	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	7,517,268	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	43,073,907	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,992,304	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	160,556,594	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	126,414,414	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	263,457	263,457	226,955,190	0.001161	73.00
73.01 07301 DIABETES CENTER	0	0	0	486	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	5,970,694	0.000000	74.00
76.00 03480 ONCOLOGY	0	0	0	27,885,647	0.000000	76.00
76.01 03952 ANTI COAGULATION	0	0	0	918,206	0.000000	76.01
76.02 03951 INFUSION SERVICES	0	0	0	463,609	0.000000	76.02
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	23,414	23,414	2,031,482	0.011526	90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	0	0	0	11,513,504	0.000000	90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0	0	142	0.000000	90.02
91.00 09100 EMERGENCY	0	1,456,323	1,456,323	146,974,950	0.009909	91.00
91.01 04950 WOUND CARE	0	113,169	113,169	6,137,860	0.018438	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,803,240	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,329,625	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	2,841,068	2,841,068	1,558,378,725		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000038	402,986	15	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	27,333	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.034435	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000402	70,692	28	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	26,632	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.007466	24,548	183	0	0	56.00
56.01 03950 CARDIAC CATH LAB	0.004233	1,285	5	0	0	56.01
57.00 05700 CT SCAN	0.000000	37,930	0	0	0	57.00
58.00 05800 MRI	0.000000	9,752	0	0	0	58.00
60.00 06000 LABORATORY	0.000000	307,527	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.000000	236,422	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.003459	1,470,603	5,087	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	1,319,980	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	341,683	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	41,552	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	335,343	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	314,232	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001161	534,149	620	0	0	73.00
73.01 07301 DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.000000	72,936	0	0	0	74.00
76.00 03480 ONCOLOGY	0.000000	11,030	0	0	0	76.00
76.01 03952 ANTI COAGULATION	0.000000	0	0	0	0	76.01
76.02 03951 INFUSION SERVICES	0.000000	0	0	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00 07700 ALLOGENEIC STEM CELL 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	0.011526	0	0	0	0	90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.000000	1,603	0	0	0	90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	0.000000	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.009909	35,803	355	0	0	91.00
91.01 04950 WOUND CARE	0.018438	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	18,100	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		5,642,121	6,293	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 3/28/2024 12:04 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
		13.00	13.01	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
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	0	73.00
73.01	07301 DIABETES CENTER	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03480 ONCOLOGY	0	0	76.00
76.01	03952 ANTI COAGULATION	0	0	76.01
76.02	03951 INFUSION SERVICES	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0	0	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
91.01	04950 WOUND CARE	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 12:04 pm
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.060814	0	22,524,486	0	0	50.00
51.00	05100 RECOVERY ROOM	0.049010	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.872582	0	18,003	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125343	0	12,333,570	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.095890	0	3,180,483	0	0	55.00
56.00	05600 RADIOISOTOPE	0.075441	0	1,152,686	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.108699	0	0	0	0	56.01
57.00	05700 CT SCAN	0.034910	0	0	0	0	57.00
58.00	05800 MRI	0.093338	0	0	0	0	58.00
60.00	06000 LABORATORY	0.139800	0	17,846,969	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.252944	0	342,280	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.236858	0	3,244,335	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.154626	0	2,665,759	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.165502	0	2,416,415	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112350	0	3,846,865	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.277955	0	1,062,231	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831	0	10,733,862	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.170133	0	6,525,523	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183745	0	21,916,035	0	0	73.00
73.01	07301 DIABETES CENTER	6,344.983539	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.366961	0	1,481,006	0	0	74.00
76.00	03480 ONCOLOGY	0.306353	0	0	0	0	76.00
76.01	03952 ANTI COAGULATION	0.772072	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0.033213	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL 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	0.889244	0	430,464	0	0	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.083086	0	1,880,617	0	0	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0.985915	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.112284	0	45,968,906	0	0	91.00
91.01	04950 WOUND CARE	0.348864	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.524612	0	2,158,038	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.717824	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	161,728,533	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	161,728,533	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 3/28/2024 12:04 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,369,804	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,709	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,545,927	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	304,977	0		55.00
56.00 05600 RADIOISOTOPE	86,960	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	2,495,006	0		60.00
65.00 06500 RESPIRATORY THERAPY	86,578	0		65.00
66.00 06600 PHYSICAL THERAPY	768,447	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	412,196	0		67.00
68.00 06800 SPEECH PATHOLOGY	399,922	0		68.00
69.00 06900 ELECTROCARDIOLOGY	432,195	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	295,252	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,790,741	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,110,207	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,026,962	0		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	543,471	0		74.00
76.00 03480 ONCOLOGY	0	0		76.00
76.01 03952 ANTI COAGULATION	0	0		76.01
76.02 03951 INFUSION SERVICES	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	382,788	0		90.00
90.01 09001 CLINIC - OUTPATIENT INFUSION SERVICE	156,253	0		90.01
90.02 09002 CLINIC - HOME INF PHARMACOTHERAPY	0	0		90.02
91.00 09100 EMERGENCY	5,161,573	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,132,133	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	22,517,101	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	22,517,101	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 12:04 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,984	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,984	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,329	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)		8,379	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,810,898	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)		43,810,898	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,810,898	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,217.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,201,516	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)		10,201,516	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 3/28/2024 12:04 pm	
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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,418,821	4,449	2,341.83	2,579	6,039,580		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	4,555,813	2,813	1,619.56	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,194,719		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)					37,435,815		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,935,641		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,301,679		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,237,320		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,198,495		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					4,655		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,217.51		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,667,509		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,299,105	43,810,898	0.075303	5,667,509	426,780	90.00
91.00	Nursing Program cost	1,705,347	43,810,898	0.038925	5,667,509	220,608	91.00
92.00	Allied health cost	0	43,810,898	0.000000	5,667,509	0	92.00
93.00	All other Medical Education	0	43,810,898	0.000000	5,667,509	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,848	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,848	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)		2,848	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,506	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,439,978	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)		4,439,978	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,439,978	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,558.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,347,824	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,347,824	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Component CCN: 15-T109				Date/Time Prepared: 3/28/2024 12:04 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,012,770		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)				3,360,594		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)				437,011		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				38,611		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				475,622		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,884,972		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 3/28/2024 12:04 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
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	826,430	4,439,978	0.186134	0	0	90.00
91.00	Nursing Program cost	0	4,439,978	0.000000	0	0	91.00
92.00	Allied health cost	0	4,439,978	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,439,978	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,607,058	30.00
31.00	03100	INTENSIVE CARE UNIT		12,567,654	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.060814	27,201,314	1,654,221 50.00
51.00	05100	RECOVERY ROOM	0.049010	2,026,141	99,301 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.872582	5,256	4,586 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125343	5,718,989	716,835 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.095890	1,290,761	123,771 55.00
56.00	05600	RADIOISOTOPE	0.075441	1,475,396	111,305 56.00
56.01	03950	CARDIAC CATH LAB	0.108699	7,905,440	859,313 56.01
57.00	05700	CT SCAN	0.034910	6,014,965	209,982 57.00
58.00	05800	MRI	0.093338	959,067	89,517 58.00
60.00	06000	LABORATORY	0.139800	16,511,526	2,308,311 60.00
65.00	06500	RESPIRATORY THERAPY	0.252944	4,376,633	1,107,043 65.00
66.00	06600	PHYSICAL THERAPY	0.236858	2,320,143	549,544 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.154626	1,992,471	308,088 67.00
68.00	06800	SPEECH PATHOLOGY	0.165502	402,835	66,670 68.00
69.00	06900	ELECTROCARDIOLOGY	0.112350	5,314,655	597,101 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.277955	446,502	124,107 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831	21,454,971	3,579,354 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.170133	17,839,843	3,035,146 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183745	14,686,398	2,698,552 73.00
73.01	07301	DIABETES CENTER	6,344.983539	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.366961	1,258,907	461,970 74.00
76.00	03480	ONCOLOGY	0.306353	2,389,897	732,152 76.00
76.01	03952	ANTI COAGULATION	0.772072	932	720 76.01
76.02	03951	INFUSION SERVICES	0.033213	628	21 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.889244	14,373	12,781 90.00
90.01	09001	CLINIC - OUTPATIENT INFUSION SERVICE	0.083086	323,680	26,893 90.01
90.02	09002	CLINIC - HOME INF PHARMACOTHERAPY	0.985915	0	0 90.02
91.00	09100	EMERGENCY	0.112284	7,835,629	879,816 91.00
91.01	04950	WOUND CARE	0.348864	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.524612	1,596,645	837,619 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.717824	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		151,363,997	21,194,719 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		151,363,997	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/28/2024 12:04 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY		3,671,214		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.060814	402,986	24,507	50.00
51.00	05100 RECOVERY ROOM	0.049010	27,333	1,340	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.872582	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125343	70,692	8,861	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.095890	26,632	2,554	55.00
56.00	05600 RADIOISOTOPE	0.075441	24,548	1,852	56.00
56.01	03950 CARDIAC CATH LAB	0.108699	1,285	140	56.01
57.00	05700 CT SCAN	0.034910	37,930	1,324	57.00
58.00	05800 MRI	0.093338	9,752	910	58.00
60.00	06000 LABORATORY	0.139800	307,527	42,992	60.00
65.00	06500 RESPIRATORY THERAPY	0.252944	236,422	59,802	65.00
66.00	06600 PHYSICAL THERAPY	0.236858	1,470,603	348,324	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.154626	1,319,980	204,103	67.00
68.00	06800 SPEECH PATHOLOGY	0.165502	341,683	56,549	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112350	41,552	4,668	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.277955	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831	335,343	55,946	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.170133	314,232	53,461	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183745	534,149	98,147	73.00
73.01	07301 DIABETES CENTER	6,344.983539	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.366961	72,936	26,765	74.00
76.00	03480 ONCOLOGY	0.306353	11,030	3,379	76.00
76.01	03952 ANTI COAGULATION	0.772072	0	0	76.01
76.02	03951 INFUSION SERVICES	0.033213	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.889244	0	0	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.083086	1,603	133	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0.985915	0	0	90.02
91.00	09100 EMERGENCY	0.112284	35,803	4,020	91.00
91.01	04950 WOUND CARE	0.348864	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.524612	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.717824	18,100	12,993	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,642,121	1,012,770	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)		5,642,121		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/28/2024 12:04 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		16,044,516		30.00
31.00	03100 INTENSIVE CARE UNIT		6,609,418		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		6,622,774		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.060814	14,740,644	896,438	50.00
51.00	05100 RECOVERY ROOM	0.049010	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.872582	5,505,277	4,803,806	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125343	1,979,073	248,063	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.095890	699,827	67,106	55.00
56.00	05600 RADIOISOTOPE	0.075441	488,299	36,838	56.00
56.01	03950 CARDIAC CATH LAB	0.108699	0	0	56.01
57.00	05700 CT SCAN	0.034910	0	0	57.00
58.00	05800 MRI	0.093338	0	0	58.00
60.00	06000 LABORATORY	0.139800	10,613,253	1,483,733	60.00
65.00	06500 RESPIRATORY THERAPY	0.252944	3,547,175	897,237	65.00
66.00	06600 PHYSICAL THERAPY	0.236858	1,088,079	257,720	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.154626	939,511	145,273	67.00
68.00	06800 SPEECH PATHOLOGY	0.165502	571,855	94,643	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112350	2,171,781	244,000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.277955	264,240	73,447	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831	9,077,756	1,514,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.170133	3,362,011	571,989	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183745	8,458,882	1,554,277	73.00
73.01	07301 DIABETES CENTER	6,344.983539	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.366961	364,680	133,823	74.00
76.00	03480 ONCOLOGY	0.306353	0	0	76.00
76.01	03952 ANTI COAGULATION	0.772072	0	0	76.01
76.02	03951 INFUSION SERVICES	0.033213	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.889244	110,975	98,684	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.083086	188,763	15,684	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0.985915	0	0	90.02
91.00	09100 EMERGENCY	0.112284	4,976,464	558,777	91.00
91.01	04950 WOUND CARE	0.348864	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.524612	719,846	377,640	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.717824	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		69,868,391	14,073,629	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)		69,868,391		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 3/28/2024 12:04 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY		582,682		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.060814	0	0	50.00
51.00	05100 RECOVERY ROOM	0.049010	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.872582	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125343	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.095890	0	0	55.00
56.00	05600 RADIOISOTOPE	0.075441	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.108699	0	0	56.01
57.00	05700 CT SCAN	0.034910	0	0	57.00
58.00	05800 MRI	0.093338	0	0	58.00
60.00	06000 LABORATORY	0.139800	2,145	300	60.00
65.00	06500 RESPIRATORY THERAPY	0.252944	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.236858	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.154626	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.165502	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112350	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.277955	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.166831	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.170133	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183745	0	0	73.00
73.01	07301 DIABETES CENTER	6,344.983539	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.366961	0	0	74.00
76.00	03480 ONCOLOGY	0.306353	0	0	76.00
76.01	03952 ANTI COAGULATION	0.772072	0	0	76.01
76.02	03951 INFUSION SERVICES	0.033213	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.889244	0	0	90.00
90.01	09001 CLINIC - OUTPATIENT INFUSION SERVICE	0.083086	0	0	90.01
90.02	09002 CLINIC - HOME INF PHARMACOTHERAPY	0.985915	0	0	90.02
91.00	09100 EMERGENCY	0.112284	2,838	319	91.00
91.01	04950 WOUND CARE	0.348864	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.524612	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.717824	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,983	619	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)		4,983		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Hospital	PPS
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	20,176,109	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	7,120,730	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	504,302	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	122,799	0	2.04
3.00	Managed Care Simulated Payments	0	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	164.25		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00		5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)	0.00		5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00		6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00		7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00		8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/28/2024 12:04 pm	
		Title XVIII	Hospital	PPS	
			Before GEO Recl ass	On/After GEO Recl ass	
			1.00	1.01	
29.00	Total IME payment (sum of lines 22 and 28)		0	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.09		30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.74		31.00
32.00	Sum of lines 30 and 31		29.83		32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.82	13.82	33.00
34.00	Disproportionate share adjustment (see instructions)		943,106	0	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		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)		3,944,044	3,147,711	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,949,928	791,228	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		3,741,156		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before GEO Recl ass	On/After GEO Recl ass	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		32,269,960	338,242	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0	48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			32,608,202	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,191,857	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			762,181	53.00
54.00	Special add-on payments for new technologies			47,505	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			670,790	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			183,483	58.00
59.00	Total (sum of amounts on lines 49 through 58)			36,464,018	59.00
60.00	Primary payer payments			2,519	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			36,461,499	61.00
62.00	Deductibles billed to program beneficiaries			2,696,572	62.00
63.00	Coinurance billed to program beneficiaries			37,600	63.00
64.00	Allowable bad debts (see instructions)			141,468	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			91,954	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			44,377	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			33,819,281	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)			-75,961	70.93
70.94	HRR adjustment amount (see instructions)			-51,269	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 3/28/2024 12:04 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
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		1.00	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)			87,305	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			33,604,746	71.00
71.01	Sequestration adjustment (see instructions)			672,095	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			32,699,553	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)			233,098	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			596,900	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/28/2024 12:04 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
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	20,176,109	0	20,176,109			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,120,730	0		7,120,730	0	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	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	504,302	0	504,302			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	122,799	0		122,799	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1382	0.1382	0.1382	0.1382	0.1382	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	943,106	0	697,085	246,021	0	11.00
11.01	Uncompensated care payments	36.00	3,741,156	0	2,949,928	791,228	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,608,202	0	24,327,424	8,280,778	0	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	32,608,202	0	24,327,424	8,280,778	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,191,857	0	1,614,897	576,960	0	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/28/2024 12:04 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
17.00	Special add-on payments for new technologies	54.00	47,505	0	47,505	0	0	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 (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	25,989,826	8,857,738	0	19.00
		W/S L, line	(Amounts from L)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
20.00	Capital DRG other than outlier	1.00	2,068,870	0	1,520,271	548,599	0	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	122,987	0	94,626	28,361	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	0.0000	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	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	2,191,857	0	1,614,897	576,960	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
27.00	Low volume adjustment factor				0.000000	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/28/2024 12:04 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
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	20,176,109			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	7,120,730			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	504,302			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	122,799			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	0			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	0			6.00
6.01	IME payment adjustment for managed care (see instructions)	0			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	0			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	0			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	943,106			11.00
11.01	Uncompensated care payments	3,741,156			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	32,608,202			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	32,608,202			15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. 1, if applicable)	2,191,857			16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0109

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/28/2024 12:04 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
17.00	Special add-on payments for new technologies	47,505			17.00
17.01	Net organ acquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	34,847,564			19.00
		5.00			
20.00	Capital DRG other than outlier	2,068,870			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	122,987			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	0			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	0			25.00
26.00	Total prospective capital payments (see instructions)	2,191,857			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2024 12:04 pm
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				Title XVIII		Hospital		PPS	
				On/After 10/01					
				Urban	Rural				
				0	1.00	2.00	3.00	3.01	
Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01							
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	20,176,109	20,176,109				0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,120,730		7,120,730			0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0				0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0			0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00							2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0				0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	504,302	504,302					2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	122,799		122,799			0	2.03
3.00	Operating outlier reconciliation	2.01	0	0				0	3.00
4.00	Managed care simulated payments	3.00	0	0				0	4.00
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000			0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0				0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0				0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0				0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0				0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0				0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0				0	9.01
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1382	0.1382	0.1382			0.1382	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	943,106	697,085	246,021			0	11.00
11.01	Uncompensated care payments	36.00	3,741,156	2,949,928	791,228			0	11.01
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0			0	12.00
13.00	Subtotal (see instructions)	47.00	32,608,202	24,327,424	8,280,778			0	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	32,608,202	24,327,424	8,280,778			0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,191,857	1,614,897	576,960			0	16.00
17.00	Special add-on payments for new technologies	54.00	47,505	47,505	0			0	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			25,989,826	8,857,738			0	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0109

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/28/2024 12:04 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural		
		0	1.00	2.00	3.00	3.01		
20.00	Capital DRG other than outlier	1.00	2,068,870	1,520,271	548,599	0	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	122,987	94,626	28,361	0	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	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	2,191,857	1,614,897	576,960	0	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural		
		0	1.00	2.00	3.00	3.01		
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	-75,961	0	-75,961	0	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-51,269	0	-51,269	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
		0	1.00	2.00	Urban 3.00	Rural 3.01		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	87,305	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Hospital	PPS
		Total (cols. 2 and 3) 4.00		
1.00	DRG amounts other than outlier payments			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	20,176,109		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	7,120,730		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0		1.04
2.00	Outlier payments for discharges (see instructions)			2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0		2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	504,302		2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	122,799		2.03
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
6.01	IME payment adjustment for managed care (see instructions)	0		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	IME payment adjustment factor (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0		8.01
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	0		9.01
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	943,106		11.00
11.01	Uncompensated care payments	3,741,156		11.01
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	32,608,202		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	32,608,202		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	2,191,857		16.00
17.00	Special add-on payments for new technologies	47,505		17.00
17.01	Net organ acquisition cost			17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	34,847,564		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Hospital	PPS
		4.00		
20.00	Capital DRG other than outlier	2,068,870		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0		20.01
21.00	Capital DRG outlier payments	122,987		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0		21.01
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (see instructions)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (see instructions)	0		25.00
26.00	Total prospective capital payments (see instructions)	2,191,857		26.00
		4.00		
27.00				27.00
28.00	Low volume adjustment prior to October 1	0		28.00
29.00	Low volume adjustment on or after October 1	0		29.00
30.00	HVBP payment adjustment (see instructions)	-75,961		30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0		30.01
31.00	HRR adjustment (see instructions)	-51,269		31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	0		31.01
		(Amt. to Wkst. E, Pt. A)		
		4.00		
32.00	HAC Reduction Program adjustment (see instructions)	87,305		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,252	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,537,757	2.00
3.00	OPPS or REH payments		26,717,606	3.00
4.00	Outlier payment (see instructions)		480,756	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		284,380	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,252	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,814	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)		6,814	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		6,814	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,562	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)		1,252	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)		27,482,742	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,425,704	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		23,058,290	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		23,058,290	30.00
31.00	Primary payer payments		6,741	31.00
32.00	Subtotal (line 30 minus line 31)		23,051,549	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		310,863	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		202,061	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		234,524	36.00
37.00	Subtotal (see instructions)		23,253,610	37.00
38.00	MSP-LCC reconciliation amount from PS&R		8	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,253,602	40.00
40.01	Sequestration adjustment (see instructions)		465,072	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		22,757,867	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		30,663	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0109

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

Worksheet E-1
Part I
Date/Time Prepared:
3/28/2024 12:04 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		32,457,253		22,757,867		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	09/13/2023	242,300		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)		242,300		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)		32,699,553		22,757,867		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		233,098		30,663		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		32,932,651		22,788,530		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: 15-0109
Component CCN: 15-T109

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

Worksheet E-1
Part I
Date/Time Prepared:
3/28/2024 12:04 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		3,362,724		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,362,724		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		77,833		0	6.02
7.00	Total Medicare program liability (see instructions)		3,284,891		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 3/28/2024 12:04 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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,886,134 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0120 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			75,905 3.00
4.00	Outlier Payments			442,754 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)			7.802740 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,404,793 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,404,793 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,404,793 19.00
20.00	Deductibles			51,156 20.00
21.00	Subtotal (line 19 minus line 20)			3,353,637 21.00
22.00	Coinsurance			8,000 22.00
23.00	Subtotal (line 21 minus line 22)			3,345,637 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)			3,345,637 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)			6,293 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,351,930 32.00
32.01	Sequestration adjustment (see instructions)			67,039 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,362,724 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)			-77,833 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			442,754 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2024 12:04 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			22,517,101	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	22,517,101	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	22,517,101	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		69,868,391	161,728,533	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)		69,868,391	161,728,533	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		69,868,391	161,728,533	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		69,868,391	139,211,432	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	22,517,101	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	22,517,101	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	22,517,101	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	22,517,101	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	22,517,101	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	22,517,101	40.00
41.00	Interim payments		0	22,525,699	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	-8,598	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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 3/28/2024 12:04 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	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	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		4,983	0	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)		4,983	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		4,983	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,983	0	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	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 3/28/2024 12:04 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0109

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

Worksheet G
Date/Time Prepared:
3/28/2024 12:04 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	61,899,891	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	76,847,550	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,773,832	0	0	0	6.00
7.00	Inventory	6,581,269	0	0	0	7.00
8.00	Prepaid expenses	4,978,060	0	0	0	8.00
9.00	Other current assets	4,767,988	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)	137,300,926	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,225,919	0	0	0	12.00
13.00	Land improvements	-2,363,054	0	0	0	13.00
14.00	Accumulated depreciation	-1,864,265	0	0	0	14.00
15.00	Buildings	340,275,962	0	0	0	15.00
16.00	Accumulated depreciation	-128,915,305	0	0	0	16.00
17.00	Leasehold improvements	1,247,401	0	0	0	17.00
18.00	Accumulated depreciation	-472,584	0	0	0	18.00
19.00	Fixed equipment	92,370,265	0	0	0	19.00
20.00	Accumulated depreciation	-34,994,952	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	284,509,387	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,219,622	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	89,600,182	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	90,819,804	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	512,630,117	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,832,502	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,999,924	0	0	0	38.00
39.00	Payroll taxes payable	10,496,239	0	0	0	39.00
40.00	Notes and loans payable (short term)	364,030	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-3,842,219	0	0	0	43.00
44.00	Other current liabilities	6,848,886	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,699,362	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,983,724	0	0	0	46.00
47.00	Notes payable	8,634,907	0	0	0	47.00
48.00	Unsecured loans	798,458	0	0	0	48.00
49.00	Other long term liabilities	1,622,858	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,039,947	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	43,739,309	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	468,890,808				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)	468,890,808	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	512,630,117	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

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

Worksheet G-1

Date/Time Prepared:
3/28/2024 12:04 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		456,931,556		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		11,959,252				2.00
3.00	Total (sum of line 1 and line 2)		468,890,808		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		468,890,808		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		468,890,808		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0109

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	100,741,687		100,741,687	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,976,053		6,976,053	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)	107,717,740		107,717,740	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,319,832		38,319,832	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	10,976,005		10,976,005	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	49,295,837		49,295,837	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	157,013,577		157,013,577	17.00
18.00	Ancillary services	459,220,335	916,970,826	1,376,191,161	18.00
19.00	Outpatient services	33,396,223	148,791,341	182,187,564	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		9,135,611	9,135,611	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	27,524,785	27,524,785	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	649,630,135	1,102,422,563	1,752,052,698	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		379,949,643		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		379,949,643		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

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

Worksheet G-3

Date/Time Prepared:
3/28/2024 12:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,752,052,698	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,372,730,705	2.00
3.00	Net patient revenues (line 1 minus line 2)	379,321,993	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	379,949,643	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-627,650	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	86,815	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	1,276,372	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,015,353	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	366	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,910,138	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	23,273	21.00
22.00	Rental of hospital space	1,702,594	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	5,571,991	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	12,586,902	25.00
26.00	Total (line 5 plus line 25)	11,959,252	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,959,252	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet H

HHA CCN: 15-7124

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 pm

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		3,471	3,471	1.00
2.00	Capital Related - Movable Equipment			0		8,861	8,861	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	64,958	64,958	3.00
4.00	Transportation	0	0	93,656	0	0	93,656	4.00
5.00	Administrative and General	985,296	710	0	124,885	45,058	1,155,949	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,437,125	1,036	0	0	0	1,438,161	6.00
7.00	Physical Therapy	865,605	624	0	0	0	866,229	7.00
8.00	Occupational Therapy	404,491	292	0	0	0	404,783	8.00
9.00	Speech Pathology	82,667	60	0	0	0	82,727	9.00
10.00	Medical Social Services	58,336	42	0	0	0	58,378	10.00
11.00	Home Health Aide	33,720	24	0	0	0	33,744	11.00
12.00	Supplies (see instructions)	0	0	0	0	74,636	74,636	12.00
13.00	Drugs	0	0	0	0	2,588	2,588	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,867,240	2,788	93,656	124,885	199,572	4,288,141	24.00
		Reclassified	Reclassified	Adjustments	Net Expenses			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	-3,471	0	0	0			1.00
2.00	Capital Related - Movable Equipment	-6,731	2,130	0	2,130			2.00
3.00	Plant Operation & Maintenance	0	64,958	0	64,958			3.00
4.00	Transportation	0	93,656	0	93,656			4.00
5.00	Administrative and General	0	1,155,949	-7,137	1,148,812			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,438,161	0	1,438,161			6.00
7.00	Physical Therapy	0	866,229	0	866,229			7.00
8.00	Occupational Therapy	0	404,783	0	404,783			8.00
9.00	Speech Pathology	0	82,727	0	82,727			9.00
10.00	Medical Social Services	0	58,378	0	58,378			10.00
11.00	Home Health Aide	0	33,744	0	33,744			11.00
12.00	Supplies (see instructions)	-74,636	0	0	0			12.00
13.00	Drugs	-2,588	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Tel emedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-87,426	4,200,715	-7,137	4,193,578			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0109	Period: From 01/01/2023	Worksheet H-1 Part I
		HHA CCN: 15-7124	To 12/31/2023	Date/Time Prepared: 3/28/2024 12:04 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	2,130	2,130			0	2.00
3.00	Plant Operation & Maintenance	64,958	0	64,958		0	3.00
4.00	Transportation	93,656	0	0	93,656	0	4.00
5.00	Administrative and General	1,148,812	0	2,130	64,958	93,656	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,438,161	0	0	0	1,438,161	6.00
7.00	Physical Therapy	866,229	0	0	0	866,229	7.00
8.00	Occupational Therapy	404,783	0	0	0	404,783	8.00
9.00	Speech Pathology	82,727	0	0	0	82,727	9.00
10.00	Medical Social Services	58,378	0	0	0	58,378	10.00
11.00	Home Health Aide	33,744	0	0	0	33,744	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,193,578	0	2,130	64,958	93,656	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,309,556					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	653,030	2,091,191				6.00
7.00	Physical Therapy	393,331	1,259,560				7.00
8.00	Occupational Therapy	183,801	588,584				8.00
9.00	Speech Pathology	37,564	120,291				9.00
10.00	Medical Social Services	26,508	84,886				10.00
11.00	Home Health Aide	15,322	49,066				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		4,193,578				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2023 To 12/31/2023		Worksheet H-1 Part II Date/Time Prepared: 3/28/2024 12:04 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		100			0	2.00
3.00	Plant Operation & Maintenance	0	0	100		0	3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	0	100	100	100	-1,309,556	2,884,022
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,438,161
7.00	Physical Therapy	0	0	0	0	0	866,229
8.00	Occupational Therapy	0	0	0	0	0	404,783
9.00	Speech Pathology	0	0	0	0	0	82,727
10.00	Medical Social Services	0	0	0	0	0	58,378
11.00	Home Health Aide	0	0	0	0	0	33,744
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	100	100	100	-1,309,556	2,884,022
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	2,130	64,958	93,656		1,309,556
26.00	Unit Cost Multiplier	0.000000	21.300000	649.580000	936.560000		0.454073

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	29,924	12,664	18,383	0	20,790	1.00
2.00 Skilled Nursing Care	2,091,191	107,749	45,602	66,159	0	74,823	2.00
3.00 Physical Therapy	1,259,560	64,890	27,463	39,850	0	45,067	3.00
4.00 Occupational Therapy	588,584	30,324	12,834	18,622	0	21,060	4.00
5.00 Speech Pathology	120,291	6,197	2,623	3,806	0	4,304	5.00
6.00 Medical Social Services	84,886	4,383	1,855	2,686	0	3,037	6.00
7.00 Home Health Aide	49,066	2,521	1,067	1,552	0	1,755	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	4,193,578	245,988	104,108	151,058	0	170,836	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	228	0	795	82,784	35,614	57,018	1.00
2.00 Skilled Nursing Care	821	0	2,861	2,389,206	1,027,836	205,309	2.00
3.00 Physical Therapy	494	0	1,723	1,439,047	619,078	123,644	3.00
4.00 Occupational Therapy	231	0	805	672,460	289,292	57,781	4.00
5.00 Speech Pathology	47	0	165	137,433	59,124	11,808	5.00
6.00 Medical Social Services	33	0	116	96,996	41,728	8,351	6.00
7.00 Home Health Aide	19	0	67	56,047	24,111	4,804	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,873	0	6,532	4,873,973	2,096,783	468,715	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	16,647	0	19,115	42,604	211	1.00
2.00	Skilled Nursing Care	0	59,942	0	68,792	153,329	757	2.00
3.00	Physical Therapy	0	36,099	0	41,435	92,353	457	3.00
4.00	Occupational Therapy	0	16,870	0	19,362	43,156	214	4.00
5.00	Speech Pathology	0	3,447	0	3,957	8,820	44	5.00
6.00	Medical Social Services	0	2,438	0	2,792	6,224	31	6.00
7.00	Home Health Aide	0	1,403	0	1,614	3,597	18	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	136,846	0	157,067	350,083	1,732	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	
		15.00	16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0	2,088	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	7,515	0	0	0	0	2.00
3.00	Physical Therapy	0	4,526	0	0	0	0	3.00
4.00	Occupational Therapy	0	2,115	0	0	0	0	4.00
5.00	Speech Pathology	0	432	0	0	0	0	5.00
6.00	Medical Social Services	0	305	0	0	0	0	6.00
7.00	Home Health Aide	0	176	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	17,157	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	256,081	0	256,081				1.00
2.00 Skilled Nursing Care	3,912,686	0	3,912,686	127,701	4,040,387		2.00
3.00 Physical Therapy	2,356,639	0	2,356,639	76,914	2,433,553		3.00
4.00 Occupational Therapy	1,101,250	0	1,101,250	35,941	1,137,191		4.00
5.00 Speech Pathology	225,065	0	225,065	7,345	232,410		5.00
6.00 Medical Social Services	158,865	0	158,865	5,185	164,050		6.00
7.00 Home Health Aide	91,770	0	91,770	2,995	94,765		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	8,102,356	0	8,102,356	256,081	8,102,356		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.032637			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-2
Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUIS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	1,270	1,270	470,611	0	16,607	9,083	1.00
2.00	Skilled Nursing Care	4,573	4,573	1,693,780	0	59,767	32,689	2.00
3.00	Physical Therapy	2,754	2,754	1,020,193	0	35,999	19,689	3.00
4.00	Occupational Therapy	1,287	1,287	476,729	0	16,822	9,201	4.00
5.00	Speech Pathology	263	263	97,431	0	3,438	1,880	5.00
6.00	Medical Social Services	186	186	68,754	0	2,426	1,327	6.00
7.00	Home Health Aide	107	107	39,741	0	1,402	767	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	10,440	10,440	3,867,239	0	136,461	74,636	20.00
21.00	Total cost to be allocated	245,988	104,108	151,058	0	170,836	1,873	21.00
22.00	Unit cost multiplier	23.562069	9.972031	0.039061	0.000000	1.251903	0.025095	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5.05	5A.06	5.06	7.00	8.00	
1.00	Administrative and General	1,111,727	1,111,727	0	82,784	1,270	0	1.00
2.00	Skilled Nursing Care	4,001,231	4,001,231	0	2,389,206	4,573	0	2.00
3.00	Physical Therapy	2,410,009	2,410,009	0	1,439,047	2,754	0	3.00
4.00	Occupational Therapy	1,126,181	1,126,181	0	672,460	1,287	0	4.00
5.00	Speech Pathology	230,162	230,162	0	137,433	263	0	5.00
6.00	Medical Social Services	162,419	162,419	0	96,996	186	0	6.00
7.00	Home Health Aide	93,882	93,882	0	56,047	107	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,135,611	9,135,611		4,873,973	10,440	0	20.00
21.00	Total cost to be allocated	0	6,532		2,096,783	468,715	0	21.00
22.00	Unit cost multiplier	0.000000	0.000715		0.430200	44.896073	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2023

Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Home Health Agency I

PPS

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	1,270	0	16,607	16,607	9,083		1.00
2.00 Skilled Nursing Care	4,573	0	59,767	59,767	32,689		2.00
3.00 Physical Therapy	2,754	0	35,999	35,999	19,689		3.00
4.00 Occupational Therapy	1,287	0	16,822	16,822	9,201		4.00
5.00 Speech Pathology	263	0	3,438	3,438	1,880		5.00
6.00 Medical Social Services	186	0	2,426	2,426	1,327		6.00
7.00 Home Health Aide	107	0	1,402	1,402	767		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	10,440	0	136,461	136,461	74,636		20.00
21.00 Total cost to be allocated	136,846	0	157,067	350,083	1,732		21.00
22.00 Unit cost multiplier	13.107854	0.000000	1.151003	2.565444	0.023206	0.000000	22.00
Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
	16.00	17.00	20.00	23.00	23.01		
1.00 Administrative and General	1,111,727	0	0	0	0		1.00
2.00 Skilled Nursing Care	4,001,231	0	0	0	0		2.00
3.00 Physical Therapy	2,410,009	0	0	0	0		3.00
4.00 Occupational Therapy	1,126,181	0	0	0	0		4.00
5.00 Speech Pathology	230,162	0	0	0	0		5.00
6.00 Medical Social Services	162,419	0	0	0	0		6.00
7.00 Home Health Aide	93,882	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	9,135,611	0	0	0	0		20.00
21.00 Total cost to be allocated	17,157	0	0	0	0		21.00
22.00 Unit cost multiplier	0.001878	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2023 To 12/31/2023		Worksheet H-3 Part I Date/Time Prepared: 3/28/2024 12:04 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	4,040,387		4,040,387	11,172	361.65		
2.00	Physical Therapy	3.00	2,433,553	0	2,433,553	7,139	340.88		
3.00	Occupational Therapy	4.00	1,137,191	0	1,137,191	3,110	365.66		
4.00	Speech Pathology	5.00	232,410	0	232,410	584	397.96		
5.00	Medical Social Services	6.00	164,050		164,050	368	445.79		
6.00	Home Health Aide	7.00	94,765		94,765	59	1,606.19		
7.00	Total (sum of lines 1-6)		8,102,356	0	8,102,356	22,432	7.00		
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00			
Limitation Cost Computation									
8.00	Skilled Nursing Care		23844	0	0		8.00		
8.01	Skilled Nursing Care		26900	0	535		8.01		
8.02	Skilled Nursing Care		29200	0	2,227		8.02		
8.03	Skilled Nursing Care		33140	0	3		8.03		
8.04	Skilled Nursing Care		45460	0	1,891		8.04		
8.05	Skilled Nursing Care		99915	0	0		8.05		
9.00	Physical Therapy		23844	0	0		9.00		
9.01	Physical Therapy		26900	0	291		9.01		
9.02	Physical Therapy		29200	0	1,601		9.02		
9.03	Physical Therapy		33140	0	0		9.03		
9.04	Physical Therapy		45460	0	1,273		9.04		
9.05	Physical Therapy		99915	0	0		9.05		
10.00	Occupational Therapy		23844	0	0		10.00		
10.01	Occupational Therapy		26900	0	141		10.01		
10.02	Occupational Therapy		29200	0	669		10.02		
10.03	Occupational Therapy		33140	0	0		10.03		
10.04	Occupational Therapy		45460	0	447		10.04		
10.05	Occupational Therapy		99915	0	0		10.05		
11.00	Speech Pathology		23844	0	0		11.00		
11.01	Speech Pathology		26900	0	11		11.01		
11.02	Speech Pathology		29200	0	126		11.02		
11.03	Speech Pathology		33140	0	0		11.03		
11.04	Speech Pathology		45460	0	90		11.04		
11.05	Speech Pathology		99915	0	0		11.05		
12.00	Medical Social Services		23844	0	0		12.00		
12.01	Medical Social Services		26900	0	12		12.01		
12.02	Medical Social Services		29200	0	86		12.02		
12.03	Medical Social Services		33140	0	0		12.03		
12.04	Medical Social Services		45460	0	62		12.04		
12.05	Medical Social Services		99915	0	0		12.05		
13.00	Home Health Aide		23844	0	0		13.00		
13.01	Home Health Aide		26900	0	1		13.01		
13.02	Home Health Aide		29200	0	24		13.02		
13.03	Home Health Aide		33140	0	0		13.03		
13.04	Home Health Aide		45460	0	7		13.04		
13.05	Home Health Aide		99915	0	0		13.05		
14.00	Total (sum of lines 8-13)			0	9,497		14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2023 To 12/31/2023	Worksheet H-3 Part I Date/Time Prepared: 3/28/2024 12:04 pm
				Title XVIII	Home Health Agency I	PPS
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000
16.00	Cost of Drugs	9.00	0	0	0	0.000000
Program Visits						
Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	0	4,656	0	1,683,842	1.00
2.00	Physical Therapy	0	3,165	0	1,078,885	2.00
3.00	Occupational Therapy	0	1,257	0	459,635	3.00
4.00	Speech Pathology	0	227	0	90,337	4.00
5.00	Medical Social Services	0	160	0	71,326	5.00
6.00	Home Health Aide	0	32	0	51,398	6.00
7.00	Total (sum of lines 1-6)	0	9,497	0	3,435,423	7.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2023 To 12/31/2023		Worksheet H-3 Part I Date/Time Prepared: 3/28/2024 12:04 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges				Cost of Services				
	Part A	Part B		Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	0	16.00
Cost Center Description									
		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,683,842							1.00
2.00	Physical Therapy	1,078,885							2.00
3.00	Occupational Therapy	459,635							3.00
4.00	Speech Pathology	90,337							4.00
5.00	Medical Social Services	71,326							5.00
6.00	Home Health Aide	51,398							6.00
7.00	Total (sum of lines 1-6)	3,435,423							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
8.02	Skilled Nursing Care								8.02
8.03	Skilled Nursing Care								8.03
8.04	Skilled Nursing Care								8.04
8.05	Skilled Nursing Care								8.05
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
9.03	Physical Therapy								9.03
9.04	Physical Therapy								9.04
9.05	Physical Therapy								9.05
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
10.03	Occupational Therapy								10.03
10.04	Occupational Therapy								10.04
10.05	Occupational Therapy								10.05
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
11.03	Speech Pathology								11.03
11.04	Speech Pathology								11.04
11.05	Speech Pathology								11.05
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
12.03	Medical Social Services								12.03
12.04	Medical Social Services								12.04
12.05	Medical Social Services								12.05
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
13.03	Home Health Aide								13.03
13.04	Home Health Aide								13.04
13.05	Home Health Aide								13.05
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet H-3

HHA CCN: 15-7124

To 12/31/2023

Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.236858	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.154626	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.165502	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.166831	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.183745	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	6,344.983539	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2023 To 12/31/2023	Worksheet H-4 Part I-11 Date/Time Prepared: 3/28/2024 12:04 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	2,863	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-2,863
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,861,556
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	241,073
13.00	Total PPS Reimbursement - LUPA Episodes		0	37,157
14.00	Total PPS Reimbursement - PEP Episodes		0	1,692
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	55,251
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,193,866
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,193,866
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,193,866
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	2,193,866
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,193,866
31.01	Sequestration adjustment (see instructions)		0	43,878
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,149,990
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	-2
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-5
Date/Time Prepared:
3/28/2024 12:04 pm
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		0		2,149,990	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			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			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. H-4, Part II, column as appropriate, line 32)		0		2,149,990	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		2	6.02
7.00	Total Medicare program liability (see instructions)		0		2,149,988	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		112,080	112,080	-112,080	0
2.00	CAP REL COSTS-MVBLE EQUIP*		426,009	426,009	-426,009	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	268,621	2,027,173	2,295,794	0	2,295,794
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	562,865	0	562,865	0	562,865
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,796	10,796	0	10,796
11.00	MEDICAL RECORDS*	41,648	0	41,648	0	41,648
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	77,292	0	77,292	0	77,292
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	308,850	308,850	0	308,850
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	3,150	0	3,150	0	3,150
27.00	NURSE PRACTITIONER**	120,619	0	120,619	0	120,619
28.00	REGISTERED NURSE**	1,988,500	0	1,988,500	0	1,988,500
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	299,681	0	299,681	0	299,681
34.00	SPIRITUAL COUNSELING**	290,133	0	290,133	0	290,133
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	320,439	0	320,439	0	320,439
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	251,277	251,277	0	251,277
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	104,930	104,930	-104,930	0
42.50	DRUGS CHARGED TO PATIENTS**	0	400,057	400,057	-400,058	-1
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
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*	0	0	0	0	0
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	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	3,972,948	3,641,172	7,614,120	-1,043,077	6,571,043

* 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: 15-0109

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
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*	-411,240	1,884,554	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	562,865	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	10,796	10.00
11.00	MEDICAL RECORDS*	0	41,648	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	77,292	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	308,850	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	3,150	26.00
27.00	NURSE PRACTITIONER**	0	120,619	27.00
28.00	REGISTERED NURSE**	0	1,988,500	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	299,681	33.00
34.00	SPIRITUAL COUNSELING**	0	290,133	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	320,439	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	251,277	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	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	-1	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
NONREIMBURSABLE COST CENTERS				
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
100.00	TOTAL	-411,240	6,159,803	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: 15-0109

Period: From 01/01/2023

Worksheet 0-1

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	3	0	3	0	3 27.00
28.00	REGISTERED NURSE	47	0	47	0	47 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	7	0	7	0	7 33.00
34.00	SPIRITUAL COUNSELING	7	0	7	0	7 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	8	0	8	0	8 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	6	6	0	6 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	2	2	0	2 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	9	9	0	9 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 *	72	17	89	0	89 100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	3	3 27.00
28.00	REGISTERED NURSE	0	47	47 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	7	7 33.00
34.00	SPIRITUAL COUNSELING	0	7	7 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	8	8 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	6	6 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	2	2 42.00
42.50	DRUGS CHARGED TO PATIENTS	0	9	9 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	89	89 100.00

* 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: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-2 Date/Time Prepared: 3/28/2024 12:04 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	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	3,139	0	3,139	0	3,139	26.00
27.00	NURSE PRACTITIONER	120,205	0	120,205	0	120,205	27.00
28.00	REGISTERED NURSE	1,981,678	0	1,981,678	0	1,981,678	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	298,652	0	298,652	0	298,652	33.00
34.00	SPIRITUAL COUNSELING	289,137	0	289,137	0	289,137	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	319,339	0	319,339	0	319,339	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	250,415	250,415	0	250,415	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	104,571	104,571	-104,655	-84	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	398,685	398,685	-399,007	-322	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 *	3,012,150	753,671	3,765,821	-503,662	3,262,159	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	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	3,139	26.00
27.00	NURSE PRACTITIONER	0	120,205	27.00
28.00	REGISTERED NURSE	0	1,981,678	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	298,652	33.00
34.00	SPIRITUAL COUNSELING	0	289,137	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	319,339	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	250,415	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	-84	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	-322	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	3,262,159	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: 15-0109

Period: From 01/01/2023

Worksheet 0-3

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	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	6	0	6	0	26.00
27.00	NURSE PRACTITIONER	238	0	238	0	27.00
28.00	REGISTERED NURSE	3,925	0	3,925	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	592	0	592	0	33.00
34.00	SPIRITUAL COUNSELING	573	0	573	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	633	0	633	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	496	496	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	207	207	-173	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	790	790	-661	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 *	5,967	1,493	7,460	-834	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	6	26.00
27.00	NURSE PRACTITIONER	0	238	27.00
28.00	REGISTERED NURSE	0	3,925	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	592	33.00
34.00	SPIRITUAL COUNSELING	0	573	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	633	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	496	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	34	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	129	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	6,626	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: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-4 Date/Time Prepared: 3/28/2024 12:04 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	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	5	0	5	0	5	26.00
27.00	NURSE PRACTITIONER	173	0	173	0	173	27.00
28.00	REGISTERED NURSE	2,850	0	2,850	0	2,850	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	430	0	430	0	430	33.00
34.00	SPIRITUAL COUNSELING	416	0	416	0	416	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	459	0	459	0	459	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	360	360	0	360	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	150	150	-102	48	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	573	573	-390	183	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 *	4,333	1,083	5,416	-492	4,924	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	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	5	26.00
27.00	NURSE PRACTITIONER	0	173	27.00
28.00	REGISTERED NURSE	0	2,850	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	430	33.00
34.00	SPIRITUAL COUNSELING	0	416	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	459	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	360	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	48	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	183	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	4,924	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: 15-0109

Period: From 01/01/2023

Worksheet 0-5

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 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	
GENERAL SERVICE COST CENTERS					
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	155,187	155,187	3.00
4.00	ADMINISTRATIVE & GENERAL	1,884,554	3,121,505	5,006,059	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	562,865	325,216	888,081	9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,796	2,435	13,231	10.00
11.00	MEDICAL RECORDS	41,648	51,692	93,340	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	77,292	0	77,292	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	308,850	0	308,850	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	89	0	89	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,262,159	0	3,262,159	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	6,626	0	6,626	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,924	0	4,924	53.00
NONREIMBURSABLE COST CENTERS					
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	0	0	0	99.00
100.00	TOTAL	6,159,803	3,656,035	9,815,838	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 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	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	155,187	0	0	155,187	3.00
4.00	ADMINISTRATIVE & GENERAL	5,006,059	0	0	0	5,006,059
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	888,081	0	0	0	888,081
10.00	ROUTINE MEDICAL SUPPLIES	13,231	0	0	0	13,231
11.00	MEDICAL RECORDS	93,340	0	0	0	93,340
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	77,292	0	0	0	77,292
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	308,850	0	0	0	308,850
16.00	OTHER GENERAL SERVICE	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	89			0	89
51.00	HOSPICE ROUTINE HOME CARE	3,262,159			0	3,262,159
52.00	HOSPICE INPATIENT RESPIRE CARE	6,626	0	0	0	6,626
53.00	HOSPICE GENERAL INPATIENT CARE	4,924	0	0	155,187	160,111
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	9,815,838	0	0	155,187	9,815,838

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	5,006,059					4.00
5.00	0	0				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	924,323	0		0		9.00
10.00	13,771	0		0		10.00
11.00	97,149	0		0		11.00
12.00	0	0		0		12.00
13.00	80,446	0		0		13.00
14.00	0	0		0		14.00
15.00	321,454	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
LEVEL OF CARE						
50.00	93					50.00
51.00	3,395,282					51.00
52.00	6,896	0	0	0	0	52.00
53.00	166,645	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		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		0		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						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	5,006,059	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 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	
GENERAL SERVICE COST CENTERS						
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	1,812,404					9.00
10.00	0	27,002				10.00
11.00	0		190,489			11.00
12.00	0			0		12.00
13.00	0			0	157,738	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	1	4	0	4	50.00
51.00	0	26,909	189,836	0	157,197	51.00
52.00	0	53	376	0	311	52.00
53.00	1,812,404	39	273	0	226	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	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	0	64.00
65.00	0			0	0	65.00
66.00	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	71.00
99.00	0	0	0	0	0	99.00
100.00	1,812,404	27,002	190,489	0	157,738	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2023

Part I
Date/Time Prepared:
3/28/2024 12:04 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	
GENERAL SERVICE COST CENTERS						
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	0					14.00
15.00	0	630,304				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	15	0		206	50.00
51.00	0	628,141	0		7,659,524	51.00
52.00	0	1,244	0	0	15,506	52.00
53.00	0	904	0	0	2,140,602	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	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		0	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	0	630,304	0	0	9,815,838	100.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	RECONCILIATION	ADMINISTRATIVE & GENERAL	
		(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	100			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-5,006,059	4,809,779	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	888,081	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	13,231	10.00
11.00	MEDICAL RECORDS	0	0	0	0	93,340	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	77,292	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	308,850	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
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	89	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	3,262,159	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	6,626	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	100	0	160,111	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	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	0	0	0	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						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)			155,187		5,006,059	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	1,551.870000		1.040809	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2023

Part II
Date/Time Prepared:
3/28/2024 12:04 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	
GENERAL SERVICE COST CENTERS							
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	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		100	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
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	100	53.00
NONREIMBURSABLE COST CENTERS							
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	0		0		0	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)					1,812,404	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	18,124.040000	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2023

Part II
Date/Time Prepared:
3/28/2024 12:04 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
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	42,554					10.00
11.00	MEDICAL RECORDS		42,554				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	42,554	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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	1	1	0	1	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	42,408	42,408	0	42,408	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	84	84	0	84	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	61	61	0	61	0	53.00
NONREIMBURSABLE COST CENTERS							
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)	27,002	190,489	0	157,738	0	100.00
101.00	UNIT COST MULTIPLIER	0.634535	4.476406	0.000000	3.706773	0.000000	101.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
3/28/2024 12:04 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		
GENERAL SERVICE COST CENTERS						
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	42,554				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	42,408	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	84	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	61	0	0		53.00
NONREIMBURSABLE COST CENTERS						
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					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	630,304	0	0		100.00
101.00	UNIT COST MULTIPLIER	14.811863	0.000000	0.000000		101.00

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

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-7

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 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	0.236858	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.154626	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.165502	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.183745	0	0	0	4.00
4.01	DIABETES CENTER	73.01	6,344.983539	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.139800	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.166831	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.095890	0	0	0	9.00
10.00	ONCOLOGY	76.00	0.306353	0	0	0	10.00
10.01	ANTI COAGULATION	76.01	0.772072	0	0	0	10.01
10.02	INFUSION SERVICES	76.02	0.033213	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
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
4.01	DIABETES CENTER	0	0	0	0	0	4.01
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
10.00	ONCOLOGY	0	0	0	0	0	10.00
10.01	ANTI COAGULATION	0	0	0	0	0	10.01
10.02	INFUSION SERVICES	0	0	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period: From 01/01/2023

Worksheet 0-8

Hospice CCN: 15-1563

To 12/31/2023

Date/Time Prepared: 3/28/2024 12:04 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			206	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			206.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	1 206	0 0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			7,659,524	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			42,408	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			180.62	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	40,540	1,000		9.00
10.00	Program cost (line 8 times line 9)	7,322,335	180,620		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			15,506	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			84	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			184.60	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	75	7		14.00
15.00	Program cost (line 13 times line 14)	13,845	1,292		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,140,602	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			61	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			35,091.84	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	58	3		19.00
20.00	Program cost (line 18 times line 19)	2,035,327	105,276		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			9,815,838	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			42,554	22.00
23.00	Average cost per diem (line 21 divided by line 22)			230.67	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 3/28/2024 12:04 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		2,068,870	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		122,987		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)		106.58		3.00
4.00	Number of interns & residents (see instructions)		0.00		4.00
5.00	Indirect medical education percentage (see instructions)		0.00		5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		2,191,857		12.00
				1.00	
PART II - PAYMENT UNDER REASONABLE COST					
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
				1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS					
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0	14.00
15.00	Current year allowable operating and capital payment (see instructions)			0	15.00
16.00	Current year operating and capital costs (see instructions)			0	16.00
17.00	Current year exception offset amount (see instructions)			0	17.00