

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: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/29/2024 10:26 am
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PART I - COST REPORT STATUS

Provider use only

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

Date: 5/29/2024 Time: 10:26 am

Contractor use only

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

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH MICHIGAN CITY (15-0015) 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	Justin Kats	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 Justin Kats			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	424,368	29,365	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	TOTAL	0	424,368	29,365	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 10:26 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46360		County:		1.00
2.00 Street: 3500 FRANCISCAN WAY		3.00 City: MICHIGAN CITY		4.00		5.00		6.00		2.00

Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			1.00	
					V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:									
3.00 Hospital	FRANCISCAN HEALTH MICHIGAN CITY	150015	33140	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF									5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
17.10 Hospital-Based (CORF) I									17.10
18.00 Renal Dialysis									18.00
19.00 Other									19.00
					From:	To:			
					1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)					01/01/2023	12/31/2023		20.00	
21.00 Type of Control (see instructions)					1			21.00	
					1.00	2.00	3.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 10:26 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	514	74	53	229	6,944	83	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginni ng:	Endi ng:		
						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 I	XI X	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teachi ng Hospi tal s									
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

5/29/2024 10:26 am

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 10:26 am
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		V	XVIII	XIX		
		1.00	2.00	3.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings				
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

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

65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
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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	

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

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
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			1.00				
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			68.00			
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00		
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00		
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00		
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N	0	88.00	
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge		
			1.00	2.00	3.00		
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0	89.00	
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	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	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: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 10:26 am	
		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.	N	N			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			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	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)					107.01	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00	
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N	111.00	
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N			112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N			0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2		118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 10:26 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,549,645	400,901	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	N
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H014
		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	Contractor's Name: WPS		Contractor's Number: 8001
142.00	Street: 1515 DRAGOON TRAIL	PO Box:		
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 10:26 am		
							1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
							1.00	
							1.00	
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	
161.10	CORF		N	N	N	N	161.10	
							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
							1.00	
							1.00	
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	
							1.00	
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. I, 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: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 10:26 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					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	04/17/2024			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/04/2024	Y	04/04/2024		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	04/04/2024	N	04/04/2024		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 10:26 am	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N		21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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				N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N		31.00
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.				N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
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.	HONG		YANG			41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG.YANG@FRANCSANALLIANCE.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 10:26 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR - 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: 15-0015

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	117	42,705	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)		117	42,705	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00	
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		133	48,545	0.00	0	14.00	
15.00 CAH visits					0	15.00	
15.10 REH hours and visits				0.00	0	15.10	
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00	
20.00 NURSING FACILITY	45.00	0	0		0	20.00	
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00	
25.10 CMHC - CORF	99.10				0	25.10	
26.00 RURAL HEALTH CLINIC	88.00				0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		133				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: 15-0015

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,298	6,623	27,523		1.00
2.00	HMO and other (see instructions)	7,982	0			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,298	6,623	27,523		7.00
8.00	INTENSIVE CARE UNIT	1,044	895	3,720		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		168	700		13.00
14.00	Total (see instructions)	10,342	7,686	31,943	0.00	942.00
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY		0	0	0.00	0.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)			0	0.00	0.00
24.00	HOSPICE	0	0	0	0.00	0.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	942.00
28.00	Observation Bed Days		778	3,650		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	211	876		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: 15-0015

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,293	1,804	6,242	1.00
2.00	HMO and other (see instructions)			1,485	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,293	1,804	6,242	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0015

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2024 10:26 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	76,821,332	0	76,821,332	1,958,416.93	39.23
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		0	0	0	0.00	0.00
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)		1,360,549	1,378,164	2,738,713	105,785.68	25.89
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,581,873	0	4,581,873	40,966.00	111.85
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		130,637	0	130,637	871.08	149.97
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		22,209,902	0	22,209,902	573,847.00	38.70
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)		18,455,226	0	18,455,226		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		682,259	0	682,259		
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		0	0	0		
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)		7,211,251	0	7,211,251		
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: 15-0015

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2024 10:26 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,427,585	-1,378,164	1,049,421	23,811.34	44.07
27.00	Administrative & General	5.00	5,134,548	0	5,134,548	132,270.11	38.82
28.00	Administrative & General under contract (see inst.)		1,389,982	0	1,389,982	9,266.00	150.01
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	4,175,236	0	4,175,236	133,486.70	31.28
31.00	Laundry & Linen Service	8.00	105,874	0	105,874	5,849.58	18.10
32.00	Housekeeping	9.00	2,133,779	0	2,133,779	116,809.26	18.27
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,802,992	-1,186,893	616,099	27,709.75	22.23
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,186,893	1,186,893	53,384.04	22.23
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,459,705	0	3,459,705	86,024.64	40.22
39.00	Central Services and Supply	14.00	352,840	0	352,840	13,773.76	25.62
40.00	Pharmacy	15.00	2,935,487	0	2,935,487	60,892.62	48.21
41.00	Medical Records & Medical Records Library	16.00	16,033	0	16,033	417.46	38.41
42.00	Social Service	17.00	0	0	0	0.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0015

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2024 10:26 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	78,211,314	0	78,211,314	1,967,682.93	39.75	1.00
2.00	Excluded area salaries (see instructions)	1,360,549	1,378,164	2,738,713	105,785.68	25.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,850,765	-1,378,164	75,472,601	1,861,897.25	40.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,922,412	0	26,922,412	615,684.08	43.73	4.00
5.00	Subtotal wage-related costs (see inst.)	25,666,477	0	25,666,477	0.00	34.01	5.00
6.00	Total (sum of lines 3 thru 5)	129,439,654	-1,378,164	128,061,490	2,477,581.33	51.69	6.00
7.00	Total overhead cost (see instructions)	23,934,061	-1,378,164	22,555,897	663,695.26	33.99	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2024 10:26 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,955,626	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)	2,677,717	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)	7,262,067	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	322,268	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	5,919,809	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,137,487	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: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/29/2024 10:26 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	SUBPROVIDER - IPF		0	0 3.00
4.00	SUBPROVIDER - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	SKILLED NURSING FACILITY		0	0 8.00
9.00	NURSING FACILITY		0	0 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		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	RENAL DIALYSIS I		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 10:26 am
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.186882	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		54,448,202	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		273,533,714	6.00
7.00	Medicaid cost (line 1 times line 6)		51,118,528	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)	19,348,745	4,686,441	24,035,186
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,615,932	4,686,441	8,302,373
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)	3,615,932	4,686,441	8,302,373
			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)		7,440,651	26.00
27.00	Medicare reimbursable bad debts (see instructions)		256,408	27.00
27.01	Medicare allowable bad debts (see instructions)		394,474	27.01
28.00	Non-Medicare bad debt amount (see instructions)		7,046,177	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,454,870	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		9,757,243	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,757,243	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 10:26 am
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			1.00	
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.186882	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)	19,348,745	4,686,441	24,035,186
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,615,932	4,686,441	8,302,373
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)	3,615,932	4,686,441	8,302,373
			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)		7,440,651	26.00
27.00	Medicare reimbursable bad debts (see instructions)		256,408	27.00
27.01	Medicare allowable bad debts (see instructions)		394,474	27.01
28.00	Non-Medicare bad debt amount (see instructions)		7,046,177	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,454,870	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		9,757,243	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,757,243	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0015

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

Worksheet A
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,677,804	2,677,804	16,655,090	19,332,894	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,223,438	13,223,438	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,427,585	18,858,615	21,286,200	-2,481,949	18,804,251	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,134,548	72,506,368	77,640,916	-13,304,092	64,336,824	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,175,236	17,707,986	21,883,222	-9,206,203	12,677,019	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,874	1,622,864	1,728,738	-5,896	1,722,842	8.00
9.00	00900	HOUSEKEEPING	2,133,779	873,710	3,007,489	-85,550	2,921,939	9.00
10.00	01000	DIETARY	1,802,992	1,454,962	3,257,954	-2,171,116	1,086,838	10.00
11.00	01100	CAFETERIA	0	0	0	2,144,681	2,144,681	11.00
13.00	01300	NURSING ADMINISTRATION	3,459,705	6,058,278	9,517,983	-202,617	9,315,366	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	352,840	897,088	1,249,928	-301,875	948,053	14.00
15.00	01500	PHARMACY	2,935,487	31,842,022	34,777,509	-31,562,748	3,214,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,033	502	16,535	0	16,535	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	INSERVICE EDUCATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,252,265	4,697,254	25,949,519	-3,744,905	22,204,614	30.00
31.00	03100	INTENSIVE CARE UNIT	3,532,682	1,130,529	4,663,211	-659,127	4,004,084	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	651,037	651,037	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,461,269	20,132,849	26,594,118	-16,478,144	10,115,974	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,167,392	1,167,392	52.00
53.00	05300	ANESTHESIOLOGY	78,780	4,088,827	4,167,607	-74,723	4,092,884	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,795,859	3,174,107	6,969,966	-2,139,268	4,830,698	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	1,225,685	415,038	1,640,723	-276,258	1,364,465	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,033,030	1,626,628	2,659,658	-1,069,451	1,590,207	55.00
55.01	05501	WOODLAND CANCER CARE CTR	549,513	155,104	704,617	-127,114	577,503	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,008,113	7,499,799	8,507,912	-6,654,783	1,853,129	59.00
60.00	06000	LABORATORY	0	9,485,057	9,485,057	-861,291	8,623,766	60.00
60.01	06001	FS ED LAB	0	3,255,986	3,255,986	-307	3,255,679	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,741	1,741	0	1,741	63.00
63.01	06301	FS ED BLOOD BANK	0	0	0	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,299,939	772,118	2,072,057	-329,218	1,742,839	65.00
66.00	06600	PHYSICAL THERAPY	1,013,438	2,181,058	3,194,496	-88,701	3,105,795	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	1,156,615	303,828	1,460,443	-139,729	1,320,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,495,036	17,495,036	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,208,188	9,208,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,989,970	66,989,970	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CLINIC	0	0	0	-3	-3	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0015

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

Worksheet A
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	4,205,274	36,872,791	41,078,065	-35,456,746	5,621,319	90.03
91.00	09100	EMERGENCY	4,333,796	2,161,626	6,495,422	-1,015,125	5,480,297	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,970,446	1,941,007	3,911,453	-750,596	3,160,857	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	75,460,783	254,395,546	329,856,329	-1,652,703	328,203,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,347	111,347	0	111,347	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,208,913	1,460,911	2,669,824	-343,093	2,326,731	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	68,494	-29,705	38,789	-12,824	25,965	194.00
194.01	07951	WORKING WELL	0	0	0	2,012,229	2,012,229	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	-1	-1	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	83,142	4,397	87,539	-3,608	83,931	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	76,821,332	255,942,496	332,763,828	0	332,763,828	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0015

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

Worksheet A
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,753,145	13,579,749	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,223,438	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-32,787	18,771,464	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,253,948	54,082,876	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-478,116	12,198,903	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,722,842	8.00
9.00	00900	HOUSEKEEPING	0	2,921,939	9.00
10.00	01000	DIETARY	-989	1,085,849	10.00
11.00	01100	CAFETERIA	-642,799	1,501,882	11.00
13.00	01300	NURSING ADMINISTRATION	-5,164,496	4,150,870	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,164,806	-216,753	14.00
15.00	01500	PHARMACY	774,067	3,988,828	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,766,009	1,782,544	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01080	INSERVICE EDUCATION	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-266,296	21,938,318	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,004,084	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	651,037	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-675,957	9,440,017	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,167,392	52.00
53.00	05300	ANESTHESIOLOGY	-3,981,647	111,237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,924	4,837,622	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	-320	1,364,145	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,240	1,592,447	55.00
55.01	05501	WOODLAND CANCER CARE CTR	-213	577,290	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,853,129	59.00
60.00	06000	LABORATORY	-43,338	8,580,428	60.00
60.01	06001	FS ED LAB	0	3,255,679	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,741	63.00
63.01	06301	FS ED BLOOD BANK	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-314	1,742,525	65.00
66.00	06600	PHYSICAL THERAPY	-852	3,104,943	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	1,320,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,495,036	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,208,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,989,970	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	CLINIC	0	-3	76.00
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					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.03	09003	INFUSION OP SERVICES	-3,404	5,617,915	90.03

5/29/2024 10:26 am

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0015

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

Worksheet A
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY	-687,301	4,792,996	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	-478,562	2,682,295	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,080,050	301,123,576	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,347	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,326,731	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	0	25,965	194.00
194.01	07951	WORKING WELL	0	2,012,229	194.01
194.03	07953	MED WATCHER	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	-1	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	194.19
194.20	07970	CENTER OF HOPE	0	83,931	194.20
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,080,050	305,683,778	200.00

RECLASSIFICATIONS

Provider CCN: 15-0015

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

Worksheet A-6

Date/Time Prepared:
5/29/2024 10:26 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,223,438	1.00
	O		0	13,223,438	
B - CAFETERIA					
1.00	CAFETERIA	11.00	1,186,893	957,788	1.00
	O		1,186,893	957,788	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,208,188	1.00
	O		0	9,208,188	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,703,224	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	O		0	26,703,224	
E - NURSERY AND L&D					
1.00	NURSERY	43.00	436,347	214,690	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	782,425	384,967	2.00
	O		1,218,772	599,657	
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,722,546	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
				19,722,546		
G - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,155,982		1.00
				10,155,982		
H - DRUGS & PHARM						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,989,970		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,752		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
				66,995,932		
I - WORKING WELL						
1.00		0.00	0	0		1.00
2.00	WORKING WELL	194.01	1,378,164	634,066		2.00
			1,378,164	634,066		
500.00	Grand Total: Increases		3,783,829	148,200,821		500.00

RECLASSIFICATIONS

Provider CCN: 15-0015

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

Worksheet A-6
Date/Time Prepared:
5/29/2024 10:26 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,223,438		9	1.00
	O		0	13,223,438			
B - CAFETERIA							
1.00	DIETARY	10.00	1,186,893	957,788		0	1.00
	O		1,186,893	957,788			
C - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,208,188		0	1.00
	O		0	9,208,188			
D - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	53,461		0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,365		0	2.00
3.00	OPERATION OF PLANT	7.00	0	120,338		0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	4,718		0	4.00
5.00	HOUSEKEEPING	9.00	0	2,657		0	5.00
6.00	DIETARY	10.00	0	4,696		0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	25,214		0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	89,391		0	8.00
9.00	PHARMACY	15.00	0	132,518		0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,024,694		0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	467,238		0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	0		0	12.00
13.00	OPERATING ROOM	50.00	0	14,394,494		0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,041,293		0	14.00
15.00	FSED RADIOLOGY - DIAGNOSTIC	54.01	0	65,248		0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	462,432		0	16.00
17.00	WOODLAND CANCER CARE CTR	55.01	0	114,648		0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	6,161,001		0	18.00
19.00	LABORATORY	60.00	0	776,363		0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	262,084		0	20.00
21.00	PHYSICAL THERAPY	66.00	0	35,313		0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	35,087		0	22.00
23.00	CLINIC	76.00	0	2		0	23.00
24.00	INFUSION OP SERVICES	90.03	0	476,177		0	24.00
25.00	EMERGENCY	91.00	0	829,534		0	25.00
26.00	FREE STANDING EMERGENCY DEPT	91.01	0	108,379		0	26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,011		0	27.00
28.00	OMNI HEALTH & FITNESS CHESTERTOWN	194.11	0	1		0	28.00
29.00	BEACON JOINT VENTURE	194.00	0	12,612		0	29.00
30.00	CENTER OF HOPE	194.20	0	255		0	30.00
	O		0	26,703,224			
E - NURSERY AND L&D							
1.00	ADULTS & PEDIATRICS	30.00	1,218,772	599,657		0	1.00
2.00	O	0.00	0	0		0	2.00
	O		1,218,772	599,657			
F - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	249,881		9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,145,954		0	2.00
3.00	OPERATION OF PLANT	7.00	0	9,084,895		0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,178		0	4.00
5.00	HOUSEKEEPING	9.00	0	82,893		0	5.00
6.00	DIETARY	10.00	0	21,739		0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	169,311		0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	218,236		0	8.00
9.00	PHARMACY	15.00	0	13,651		0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	784,025		0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	114,702		0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	0		0	12.00
13.00	OPERATING ROOM	50.00	0	1,964,697		0	13.00
14.00	ANESTHESIOLOGY	53.00	0	44,276		0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,080,733		0	15.00
16.00	FSED RADIOLOGY - DIAGNOSTIC	54.01	0	209,883		0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	587,922		0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	480,243		0	18.00
19.00	LABORATORY	60.00	0	82,119		0	19.00
20.00	FS ED LAB	60.01	0	307		0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	66,213		0	21.00
22.00	PHYSICAL THERAPY	66.00	0	52,956		0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	103,996		0	23.00
24.00	CLINIC	76.00	0	1		0	24.00
25.00	INFUSION OP SERVICES	90.03	0	46,318		0	25.00
26.00	EMERGENCY	91.00	0	135,996		0	26.00

5/29/2024 10:26 am

RECLASSIFICATIONS

Provider CCN: 15-0015

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

Worksheet A-6

Date/Time Prepared:
5/29/2024 10:26 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
27.00	FREE STANDING EMERGENCY DEPT	91.01	0	634,985	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	342,082	0		28.00
29.00	WORKING WELL	194.01	0	1	0		29.00
30.00	CENTER OF HOPE	194.20	0	3,353	0		30.00
	O		0	19,722,546			
G - INTEREST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,155,982	11		1.00
	O		0	10,155,982			
H - DRUGS & PHARM							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	166,377	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1	0		2.00
3.00	OPERATION OF PLANT	7.00	0	970	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	8,092	0		4.00
5.00	PHARMACY	15.00	0	31,416,579	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	117,757	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	77,187	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	0	0		8.00
9.00	OPERATING ROOM	50.00	0	118,953	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	30,447	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,242	0		11.00
12.00	FSED RADIOLOGY - DIAGNOSTIC	54.01	0	1,127	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,097	0		13.00
14.00	WOODLAND CANCER CARE CTR	55.01	0	12,466	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	13,539	0		15.00
16.00	LABORATORY	60.00	0	2,809	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	921	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	432	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	646	0		19.00
20.00	INFUSION OP SERVICES	90.03	0	34,934,251	0		20.00
21.00	EMERGENCY	91.00	0	49,595	0		21.00
22.00	FREE STANDING EMERGENCY DEPT	91.01	0	7,232	0		22.00
23.00	BEACON JOINT VENTURE	194.00	0	212	0		23.00
	O		0	66,995,932			
I - WORKING WELL							
1.00		0.00	0	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,378,164	634,066	0		2.00
	O		1,378,164	634,066			
500.00	Grand Total: Decreases		3,783,829	148,200,821			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0015

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2024 10:26 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,491,736	0	0	0	0	1.00
2.00	Land Improvements	6,201,855	656,618	0	656,618	0	2.00
3.00	Buildings and Fixtures	322,104,842	474,834	0	474,834	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	56,982,728	161,878	0	161,878	0	5.00
6.00	Movable Equipment	94,361,594	7,583,099	0	7,583,099	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	489,142,755	8,876,429	0	8,876,429	0	8.00
9.00	Reconciling Items	-1,671,793	387,066	0	387,066	0	9.00
10.00	Total (line 8 minus line 9)	490,814,548	8,489,363	0	8,489,363	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,491,736	0				1.00
2.00	Land Improvements	6,858,473	2,695,187				2.00
3.00	Buildings and Fixtures	322,579,676	33,925,533				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	57,144,606	33,417,904				5.00
6.00	Movable Equipment	101,944,693	31,481,097				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	498,019,184	101,519,721				8.00
9.00	Reconciling Items	-1,284,727	0				9.00
10.00	Total (line 8 minus line 9)	499,303,911	101,519,721				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0015

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,677,804	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)	2,677,804	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	2,677,804				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,677,804				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0015

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,513,848	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,223,438	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,737,286	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,065,901	0	0	0	13,579,749	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,223,438	2.00
3.00	Total (sum of lines 1-2)	2,065,901	0	0	0	26,803,187	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)	B		OCAP REL COSTS-BLDG & FIXT	1.00		11 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0	0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B		OADMINISTRATIVE & GENERAL	5.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0	0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0	0.00		0 7.00
8.00 Television and radio service (chapter 21)			0	0.00		0 8.00
9.00 Parking lot (chapter 21)			0	0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-11,280,251				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0	0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,037,177				0 12.00
13.00 Laundry and linen service			0	0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-607,418	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	B		OADMINISTRATIVE & GENERAL	5.00		0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0	0.00		0 19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)			0	0.00		0 19.01
20.00 Vending machines	B	-35,381	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00		0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	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		OOCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0015

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

Worksheet A-8

Date/Time Prepared:
5/29/2024 10:26 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00	PROPERTY RENTAL	B	-17,056	OPERATING ROOM	50.00		0 33.00
34.00	RENTAL INCOME	B	-142,499	ADMINISTRATIVE & GENERAL	5.00		0 34.00
35.00	RETAIL SERVICES	B	-980	NURSING ADMINISTRATION	13.00		0 35.00
36.00	SHARED SAVINGS	B	-626,648	ADMINISTRATIVE & GENERAL	5.00		0 36.00
37.00	PROPERTY RENTAL	B	-471,846	OPERATION OF PLANT	7.00		0 37.00
38.00	ADVERTISING EXPENSE	A	-20,543	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 38.00
40.00	ADVERTISING EXPENSE	A	-15,056	ADMINISTRATIVE & GENERAL	5.00		0 40.00
41.00	LOBBYING	A	-6,704	ADMINISTRATIVE & GENERAL	5.00		0 41.00
42.00	OTHER NON-OPERATING EXPENSE	A	0	ADMINISTRATIVE & GENERAL	5.00		0 42.00
45.00	ADVERTISING EXPENSE	A	-1,270	OPERATION OF PLANT	7.00		0 45.00
46.00	PROGRAM FEES	B	-16,277	FREE STANDING EMERGENCY DEPT	91.01		0 46.00
47.00	ADVERTISING EXPENSE	A	0	ADMINISTRATIVE & GENERAL	5.00		0 47.00
48.00	PROGRAM FEES	B	-5,781	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 48.00
49.00	HAF PROVIDER TAX	A	-14,712,839	ADMINISTRATIVE & GENERAL	5.00		0 49.00
49.01	PENSION	A	9,472	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 49.01
49.02	ADVERTISING EXPENSE	A	0	EMERGENCY	91.00		0 49.02
49.03	DISCOUNTS EARNED/REBATES	B	-1,164,806	CENTRAL SERVICES & SUPPLY	14.00		0 49.03
49.04	DISCOUNTS EARNED/REBATES	B	-989	DIETARY	10.00		0 49.04
49.05	DISCOUNTS EARNED/REBATES	B	-3,147	PHARMACY	15.00		0 49.05
49.06	MISCELLANEOUS - OTHER OPERATING	B	-1	OPERATING ROOM	50.00		0 49.06
49.07	DISCOUNTS EARNED/REBATES	B	-2,961	FREE STANDING EMERGENCY DEPT	91.01		0 49.07
49.08	MISCELLANEOUS - OTHER OPERATING	B	-2,487	ADULTS & PEDIATRICS	30.00		0 49.08
49.09	MISCELLANEOUS - OTHER OPERATING	B	3,512	RADIOLOGY-DIAGNOSTIC	54.00		0 49.09
49.10	MISCELLANEOUS - OTHER OPERATING	B	-9,598	ADMINISTRATIVE & GENERAL	5.00		0 49.10
49.11	ADVERTISING EXPENSE	A	-213	WOODLAND CANCER CARE CTR	55.01		0 49.11
49.12	ADVERTISING EXPENSE	A	-314	RESPIRATORY THERAPY	65.00		0 49.12
49.13	MISCELLANEOUS - OTHER OPERATING	B	-33,867	PHARMACY	15.00		0 49.13
49.14	OMNI REVENUE	B	0	OMNI HEALTH & FITNESS CHESTERTOWN	194.11		0 49.14
49.15	MISCELLANEOUS - OTHER OPERATING	B	-897,678	ADMINISTRATIVE & GENERAL	5.00		0 49.15
49.16	MISCELLANEOUS - OTHER OPERATING	B	-291	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 49.16
49.17	ADVERTISING EXPENSE	A	0	RADIOLOGY-THERAPEUTIC	55.00		0 49.17
49.18	ADVERTISING EXPENSE	A	-1,303	NURSING ADMINISTRATION	13.00		0 49.18
49.19	ADVERTISING EXPENSE	A	-384	PHARMACY	15.00		0 49.19
49.20	ADVERTISING EXPENSE	A	-852	PHYSICAL THERAPY	66.00		0 49.20
49.21	ADVERTISING EXPENSE	A	-860	INFUSION OP SERVICES	90.03		0 49.21
49.22	ADVERTISING EXPENSE	A	2,240	RADIOLOGY-THERAPEUTIC	55.00		0 49.22
49.23	ADVERTISING EXPENSE	A	-639	OPERATING ROOM	50.00		0 49.23
49.24	ADVERTISING EXPENSE	A	-2,462	RADIOLOGY-DIAGNOSTIC	54.00		0 49.24
49.25	ADVERTISING EXPENSE	A	-320	RFSD RADIOLOGY - DIAGNOSTIC	54.01		0 49.25
49.26	ADMINISTRATIVE FEE	B	-15,644	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 49.26
49.27	DONATION EXPENSE	A	-18,541	ADMINISTRATIVE & GENERAL	5.00		0 49.27
49.28	ADVERTISING EXPENSE	A	-204	EMERGENCY	91.00		0 49.28
49.29	MISCELLANEOUS - OTHER OPERATING	B	-5,000	NURSING ADMINISTRATION	13.00		0 49.29
49.30	MISCELLANEOUS - OTHER OPERATING	B	-2,544	INFUSION OP SERVICES	90.03		0 49.30
49.31	MISCELLANEOUS - OTHER OPERATING	B	-5,000	OPERATION OF PLANT	7.00		0 49.31
49.32	EDUCATION	B	-1,548	ADMINISTRATIVE & GENERAL	5.00		0 49.32
49.33	EDUCATION	B	-249	EMERGENCY	91.00		0 49.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,080,050				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: 15-0015

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2024 10:26 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	2,002,614	10,092,695
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,336,936	0
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	43,694,929	37,482,081
4.00	15.00	PHARMACY	COEP / PHARMACY	373,072	-438,393
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,766,009	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			50,173,560	47,136,383

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0015

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2024 10:26 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	39,483	34,483	5,000	197,500	40	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	5,184,179	5,128,237	55,942	197,500	284	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	276,438	259,813	16,625	197,500	133	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	658,261	658,261	0	246,400	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,014,104	3,978,854	35,250	239,400	282	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	-5,874	-5,874	0	197,500	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	59,857	42,037	17,820	260,300	132	7.00
8.00	91.00	AGGREGATE-EMERGENCY	686,848	686,848	0	197,500	0	8.00
9.00	91.01	AGGREGATE-FREE STANDING EMERGENCY DE	459,324	459,324	0	197,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			11,372,620	11,241,983	130,637		871	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	3,798	190	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	26,966	1,348	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	12,629	631	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	32,457	1,623	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	16,519	826	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	91.01	AGGREGATE-FREE STANDING EMERGENCY DE	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			92,369	4,618	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	3,798	1,202	35,685		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	26,966	28,976	5,157,213		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	12,629	3,996	263,809		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	658,261		4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	32,457	2,793	3,981,647		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	-5,874		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	16,519	1,301	43,338		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	686,848		8.00
9.00	91.01	AGGREGATE-FREE STANDING EMERGENCY DE	0	0	0	459,324		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	92,369	38,268	11,280,251		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,579,749	13,579,749			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,223,438		13,223,438		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,771,464	66,110	22,811	18,860,385	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	54,082,876	1,182,874	1,393,393	1,278,040	57,937,183
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	12,198,903	2,246,177	1,764,373	1,039,258	17,248,711
8.00 00800	LAUNDRY & LINEN SERVICE	1,722,842	41,259	2,032	26,353	1,792,486
9.00 00900	HOUSEKEEPING	2,921,939	507,577	143,012	531,119	4,103,647
10.00 01000	DIETARY	1,085,849	138,693	37,366	153,353	1,415,261
11.00 01100	CAFETERIA	1,501,882	269,988	0	295,430	2,067,300
13.00 01300	NURSING ADMINISTRATION	4,150,870	64,051	321,375	861,155	5,397,451
14.00 01400	CENTRAL SERVICES & SUPPLY	-216,753	499,701	365,961	87,825	736,734
15.00 01500	PHARMACY	3,988,828	180,101	20,349	730,672	4,919,950
16.00 01600	MEDICAL RECORDS & LIBRARY	1,782,544	20,227	0	3,991	1,806,762
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	INSERVICE EDUCATION	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,938,318	3,166,072	992,432	4,986,537	31,083,359
31.00 03100	INTENSIVE CARE UNIT	4,004,084	400,596	191,199	879,320	5,475,199
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00 04300	NURSERY	651,037	123,568	0	108,611	883,216
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,440,017	1,609,305	2,955,780	1,608,274	15,613,376
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,167,392	221,121	0	194,753	1,583,266
53.00 05300	ANESTHESIOLOGY	111,237	5,221	76,388	19,609	212,455
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,837,622	593,406	1,857,575	944,827	8,233,430
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	1,364,145	0	213,442	305,085	1,882,672
55.00 05500	RADIOLOGY-THERAPEUTIC	1,592,447	97,404	901,425	257,131	2,848,407
55.01 05501	WOODLAND CANCER CARE CTR	577,290	60,203	2,000	136,779	776,272
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,853,129	158,890	828,289	250,929	3,091,237
60.00 06000	LABORATORY	8,580,428	248,687	141,677	0	8,970,792
60.01 06001	FS ED LAB	3,255,679	0	0	0	3,255,679
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,741	11,754	0	0	13,495
63.01 06301	FS ED BLOOD BANK	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,742,525	59,845	114,235	323,568	2,240,173
66.00 06600	PHYSICAL THERAPY	3,104,943	44,451	61,278	252,255	3,462,927
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,320,714	266,736	178,828	287,893	2,054,171
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,495,036	0	0	0	17,495,036
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,208,188	0	0	0	9,208,188
73.00 07300	DRUGS CHARGED TO PATIENTS	66,989,970	0	0	0	66,989,970
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CLINIC	-3	0	0	0	-3
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 09003 INFUSION OP SERVICES	5,617,915	95,853	76,484	1,046,735	6,836,987	90.03
91.00 09100 EMERGENCY	4,792,996	562,022	232,922	1,078,725	6,666,665	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	2,682,295	637,857	105,603	490,464	3,916,219	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	301,123,576	13,579,749	13,000,229	18,178,691	300,218,673	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	111,347	0	0	0	111,347	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,326,731	0	14,851	300,911	2,642,493	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 BEACON JOINT VENTURE	25,965	0	0	17,049	43,014	194.00
194.01 07951 WORKING WELL	2,012,229	0	202,570	343,039	2,557,838	194.01
194.03 07953 MED WATCHER	0	0	0	0	0	194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	-1	0	0	0	-1	194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	194.19
194.20 07970 CENTER OF HOPE	83,931	0	5,788	20,695	110,414	194.20
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	305,683,778	13,579,749	13,223,438	18,860,385	305,683,778	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,937,183				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	4,033,732	0	21,282,443		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	419,185	0	87,072	2,298,743	8.00
9.00	00900	HOUSEKEEPING	959,667	0	1,071,186	0	6,134,500
10.00	01000	DIETARY	330,969	0	292,697	919	89,223
11.00	01100	CAFETERIA	483,453	0	569,780	0	173,687
13.00	01300	NURSING ADMINISTRATION	1,262,232	0	135,173	0	41,205
14.00	01400	CENTRAL SERVICES & SUPPLY	172,290	0	1,054,565	0	321,465
15.00	01500	PHARMACY	1,150,565	0	380,084	0	115,862
16.00	01600	MEDICAL RECORDS & LIBRARY	422,524	0	42,686	0	13,012
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	INSERVICE EDUCATION	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,269,061	0	6,681,661	1,425,224	2,036,788
31.00	03100	INTENSIVE CARE UNIT	1,280,414	0	845,415	114,938	257,710
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00	04300	NURSERY	206,546	0	260,777	690	79,493
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,651,297	0	3,396,266	121,832	1,035,291
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	370,258	0	466,653	0	142,251
53.00	05300	ANESTHESIOLOGY	49,684	0	11,018	0	3,359
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,925,445	0	1,252,319	92,410	381,747
54.01	05401	FS ED RADIOLOGY - DIAGNOSTIC	440,276	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	666,120	0	205,561	1,148	62,662
55.01	05501	WOODLAND CANCER CARE CTR	181,537	0	127,051	22,986	38,729
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	722,907	0	335,320	690	102,216
60.00	06000	LABORATORY	2,097,883	0	524,827	0	159,984
60.01	06001	FS ED LAB	761,363	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,156	0	24,806	0	7,562
63.01	06301	FS ED BLOOD BANK	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	523,880	0	126,296	0	38,499
66.00	06600	PHYSICAL THERAPY	809,830	0	93,809	68,962	28,596
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	480,382	0	562,917	11,495	171,595
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,091,337	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,153,399	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	15,665,981	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	CLINIC	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							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.03	09003	INFUSION OP SERVICES	1,598,877	0	202,288	690	61,664
91.00	09100	EMERGENCY	1,559,046	0	1,186,087	229,873	361,557

5/29/2024 10:26 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.01	09101	FREE STANDING EMERGENCY DEPT	915,835	0	1,346,129	91,948	410,343	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	56,659,131	0	21,282,443	2,183,805	6,134,500	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,039	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	617,965	0	0	114,938	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	10,059	0	0	0	0	194.00
194.01	07951	WORKING WELL	598,168	0	0	0	0	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	25,821	0	0	0	0	194.20
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)	57,937,183	0	21,282,443	2,298,743	6,134,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/29/2024 10:26 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,129,069					10.00
11.00	01100	CAFETERIA	0	3,294,220				11.00
13.00	01300	NURSING ADMINISTRATION	0	210,066	7,046,127			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	33,623	0	2,318,677		14.00
15.00	01500	PHARMACY	0	148,712	0	11,619	6,726,792	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,016	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	INSERVICE EDUCATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,882,474	1,082,582	3,091,976	89,847	0	30.00
31.00	03100	INTENSIVE CARE UNIT	246,595	191,833	722,594	40,968	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	384,478	725,935	1,262,143	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,345	290	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	237,239	14,525	91,303	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	74,255	20,334	5,721	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	53,634	32,390	40,547	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	31,744	94,119	10,053	0	55.01
56.00	05600	RADIO SOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,613	138,854	540,209	0	59.00
60.00	06000	LABORATORY	0	0	0	68,073	0	60.00
60.01	06001	FS ED LAB	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	FS ED BLOOD BANK	0	0	0	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	71,410	0	22,980	0	65.00
66.00	06600	PHYSICAL THERAPY	0	56,021	0	3,096	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	68,769	189,981	3,076	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	6,726,792	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CLINIC	0	0	0	0	0	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0	239,219	497,755	41,752	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	253,796	1,007,565	72,735	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	103,865	444,014	9,503	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,129,069	3,294,220	6,980,332	2,313,625	6,726,792	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	29,630	89	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	0	0	17,429	1,106	0	194.00
194.01	07951	WORKING WELL	0	0	16,703	3,834	0	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	0	2,033	23	0	194.20
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)	2,129,069	3,294,220	7,046,127	2,318,677	6,726,792	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			EDUCATION			
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,286,000					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01080 INSERVICE EDUCATION	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	126,588	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	23,435	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	2,254	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	254,412	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,042	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	16,389	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	234,115	0	0	0	0	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	50,078	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	49,814	0	0	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	11,314	0	0	0	0	55.01
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	84,786	0	0	0	0	59.00
60.00 06000 LABORATORY	175,908	0	0	0	0	60.00
60.01 06001 FS ED LAB	29,293	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,565	0	0	0	0	63.00
63.01 06301 FS ED BLOOD BANK	35	0	0	0	0	63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	32,116	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	31,461	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	53,061	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	471,132	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	55,253	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	342,250	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CLINIC	1,091	0	0	0	0	76.00
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						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

5/29/2024 10:26 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
					IN SERVICE EDUCATION				
			16.00	17.00	18.00	19.00	20.00		
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	43,016	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	157,767	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	33,825	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,286,000	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	0	0	0	0	0	0	194.00
194.01	07951	WORKING WELL	0	0	0	0	0	0	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,286,000	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01080 INSERVICE EDUCATION						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING PROGRAM						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	54,769,560	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	9,199,101	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	1,432,976	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	26,445,030	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,566,470	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	302,540	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	12,462,533	0	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	2,473,336	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	3,960,283	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	1,293,805	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	5,058,832	0	59.00
60.00 06000 LABORATORY	0	0	0	11,997,467	0	60.00
60.01 06001 FS ED LAB	0	0	0	4,046,335	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	51,584	0	63.00
63.01 06301 FS ED BLOOD BANK	0	0	0	35	0	63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	3,055,354	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,554,702	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	3,595,447	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	22,057,505	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,416,840	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	89,724,993	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CLINIC	0	0	0	1,088	0	76.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.03 09003 INFUSION OP SERVICES	0	0	0	9,522,248	0 90.03
91.00 09100 EMERGENCY	0	0	0	11,495,091	0 91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	7,271,681	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00 09900 CMHC	0	0	0	0	0 99.00
99.10 09910 CORF	0	0	0	0	0 99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0 106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0 107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0 108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE					113.00
114.00 11400 UTILIZATION REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00 11600 HOSPICE					0 116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	298,754,836	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	137,386	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	3,405,115	0 192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950 BEACON JOINT VENTURE	0	0	0	71,608	0 194.00
194.01 07951 WORKING WELL	0	0	0	3,176,543	0 194.01
194.03 07953 MED WATCHER	0	0	0	0	0 194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	0	0	0 194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	-1	0 194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	0	0	0 194.16
194.19 07969 HEALTH PARTNERS	0	0	0	0	0 194.19
194.20 07970 CENTER OF HOPE	0	0	0	138,291	0 194.20
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	0	0	305,683,778	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 INSERVICE EDUCATION		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	54,769,560	30.00
31.00	03100 INTENSIVE CARE UNIT	9,199,101	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	1,432,976	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	26,445,030	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,566,470	52.00
53.00	05300 ANESTHESIOLOGY	302,540	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,462,533	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	2,473,336	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	3,960,283	55.00
55.01	05501 WOODLAND CANCER CARE CTR	1,293,805	55.01
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,058,832	59.00
60.00	06000 LABORATORY	11,997,467	60.00
60.01	06001 FS ED LAB	4,046,335	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	51,584	63.00
63.01	06301 FS ED BLOOD BANK	35	63.01
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,055,354	65.00
66.00	06600 PHYSICAL THERAPY	4,554,702	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,595,447	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,057,505	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,416,840	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	89,724,993	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03020 CLINIC	1,088	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.03	09003 INFUSION OP SERVICES	9,522,248	90.03
91.00	09100 EMERGENCY	11,495,091	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	7,271,681	91.01

5/29/2024 10:26 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Total	
		26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS		92.00
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
	SPECIAL PURPOSE COST CENTERS		
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	298,754,836	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	137,386	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,405,115	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 BEACON JOINT VENTURE	71,608	194.00
194.01	07951 WORKING WELL	3,176,543	194.01
194.03	07953 MED WATCHER	0	194.03
194.10	07960 DUNELAND FITNESS CTR	0	194.10
194.11	07961 OMNI HEALTH & FITNESS CHESTERTOWN	-1	194.11
194.16	07966 PHYSICIAN PRACTICE MD WISW	0	194.16
194.19	07969 HEALTH PARTNERS	0	194.19
194.20	07970 CENTER OF HOPE	138,291	194.20
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	305,683,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	66,110	22,811	88,921	88,921 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,182,874	1,393,393	2,576,267	6,028 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	2,246,177	1,764,373	4,010,550	4,902 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	41,259	2,032	43,291	124 8.00
9.00 00900	HOUSEKEEPING	0	507,577	143,012	650,589	2,505 9.00
10.00 01000	DIETARY	0	138,693	37,366	176,059	723 10.00
11.00 01100	CAFETERIA	0	269,988	0	269,988	1,393 11.00
13.00 01300	NURSING ADMINISTRATION	0	64,051	321,375	385,426	4,062 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	499,701	365,961	865,662	414 14.00
15.00 01500	PHARMACY	0	180,101	20,349	200,450	3,446 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	20,227	0	20,227	19 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01080	INSERVICE EDUCATION	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,166,072	992,432	4,158,504	23,485 30.00
31.00 03100	INTENSIVE CARE UNIT	0	400,596	191,199	591,795	4,147 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	123,568	0	123,568	512 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,609,305	2,955,780	4,565,085	7,586 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	221,121	0	221,121	919 52.00
53.00 05300	ANESTHESIOLOGY	0	5,221	76,388	81,609	92 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	593,406	1,857,575	2,450,981	4,456 54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	213,442	213,442	1,439 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	97,404	901,425	998,829	1,213 55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	60,203	2,000	62,203	645 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	158,890	828,289	987,179	1,184 59.00
60.00 06000	LABORATORY	0	248,687	141,677	390,364	0 60.00
60.01 06001	FS ED LAB	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	11,754	0	11,754	0 63.00
63.01 06301	FS ED BLOOD BANK	0	0	0	0	0 63.01
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	59,845	114,235	174,080	1,526 65.00
66.00 06600	PHYSICAL THERAPY	0	44,451	61,278	105,729	1,190 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	266,736	178,828	445,564	1,358 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	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03020	CLINIC	0	0	0	0	0 76.00
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						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

5/29/2024 10:26 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 09003 INFUSION OP SERVICES	0	95,853	76,484	172,337	4,937	90.03
91.00 09100 EMERGENCY	0	562,022	232,922	794,944	5,088	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	637,857	105,603	743,460	2,313	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	13,579,749	13,000,229	26,579,978	85,706	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	14,851	14,851	1,419	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 BEACON JOINT VENTURE	0	0	0	0	80	194.00
194.01 07951 WORKING WELL	0	0	202,570	202,570	1,618	194.01
194.03 07953 MED WATCHER	0	0	0	0	0	194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	194.19
194.20 07970 CENTER OF HOPE	0	0	5,788	5,788	98	194.20
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	13,579,749	13,223,438	26,803,187	88,921	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 10:26 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,582,295				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	179,783	0	4,195,235		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,683	0	17,164	79,262	8.00
9.00	00900	HOUSEKEEPING	42,772	0	211,154	0	907,020
10.00	01000	DIETARY	14,751	0	57,697	32	13,192
11.00	01100	CAFETERIA	21,547	0	112,316	0	25,681
13.00	01300	NURSING ADMINISTRATION	56,258	0	26,646	0	6,092
14.00	01400	CENTRAL SERVICES & SUPPLY	7,679	0	207,878	0	47,530
15.00	01500	PHARMACY	51,281	0	74,923	0	17,131
16.00	01600	MEDICAL RECORDS & LIBRARY	18,832	0	8,414	0	1,924
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	INSERVICE EDUCATION	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	323,982	0	1,317,100	49,142	301,150
31.00	03100	INTENSIVE CARE UNIT	57,068	0	166,650	3,963	38,104
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00	04300	NURSERY	9,206	0	51,405	24	11,754
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	162,738	0	669,478	4,201	153,074
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,502	0	91,987	0	21,033
53.00	05300	ANESTHESIOLOGY	2,214	0	2,172	0	497
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,817	0	246,860	3,186	56,443
54.01	05401	FS ED RADIOLOGY - DIAGNOSTIC	19,623	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	29,689	0	40,521	40	9,265
55.01	05501	WOODLAND CANCER CARE CTR	8,091	0	25,045	793	5,726
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	32,220	0	66,099	24	15,113
60.00	06000	LABORATORY	93,503	0	103,455	0	23,655
60.01	06001	FS ED LAB	33,934	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	141	0	4,890	0	1,118
63.01	06301	FS ED BLOOD BANK	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	23,349	0	24,896	0	5,692
66.00	06600	PHYSICAL THERAPY	36,094	0	18,492	2,378	4,228
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	21,411	0	110,963	396	25,371
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	182,351	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,977	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	698,268	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	CLINIC	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							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.03	09003	INFUSION OP SERVICES	71,262	0	39,875	24	9,117
91.00	09100	EMERGENCY	69,487	0	233,804	7,926	53,458

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
91.01	09101	FREE STANDING EMERGENCY DEPT	40,819	0	265,351	3,170	60,672	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,525,332	0	4,195,235	75,299	907,020	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,161	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,543	0	0	3,963	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	448	0	0	0	0	194.00
194.01	07951	WORKING WELL	26,660	0	0	0	0	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	1,151	0	0	0	0	194.20
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)	2,582,295	0	4,195,235	79,262	907,020	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/29/2024 10:26 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	262,454					10.00
11.00	01100	CAFETERIA	0	430,925				11.00
13.00	01300	NURSING ADMINISTRATION	0	27,479	505,963			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,398	0	1,036,653		14.00
15.00	01500	PHARMACY	0	19,453	0	5,195	371,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	133	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	INSERVICE EDUCATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	232,056	141,617	222,028	40,170	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,398	25,094	51,887	18,317	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,295	52,127	564,285	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,222	21	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,034	1,043	40,821	0	54.00
54.01	05401	FS ED RADIOLOGY - DIAGNOSTIC	0	9,713	1,460	2,558	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,016	2,326	18,128	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	4,152	6,758	4,494	0	55.01
56.00	05600	RADIO SOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,574	9,971	241,524	0	59.00
60.00	06000	LABORATORY	0	0	0	30,435	0	60.00
60.01	06001	FS ED LAB	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	FS ED BLOOD BANK	0	0	0	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,341	0	10,274	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,328	0	1,384	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	8,996	13,642	1,375	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	371,879	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CLINIC	0	0	0	0	0	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0	31,293	35,742	18,667	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	33,200	72,350	32,519	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	13,587	31,883	4,249	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	262,454	430,925	501,238	1,034,395	371,879	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,128	40	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	0	0	1,252	494	0	194.00
194.01	07951	WORKING WELL	0	0	1,199	1,714	0	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	0	146	10	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	96,908	0	201.00
202.00		TOTAL (sum lines 118 through 201)	262,454	430,925	505,963	1,133,561	371,879	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EDUCATION	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	49,549					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01080 INSERVICE EDUCATION	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,744	0	0			30.00
31.00 03100 INTENSIVE CARE UNIT	508	0	0			31.00
32.00 03200 CORONARY CARE UNIT	0	0	0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0			40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0			41.00
43.00 04300 NURSERY	49	0	0			43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0			44.00
45.00 04500 NURSING FACILITY	0	0	0			45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,515	0	0			50.00
51.00 05100 RECOVERY ROOM	0	0	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	88	0	0			52.00
53.00 05300 ANESTHESIOLOGY	355	0	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,075	0	0			54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	1,086	0	0			54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	1,080	0	0			55.00
55.01 05501 WOODLAND CANCER CARE CTR	245	0	0			55.01
56.00 05600 RADIOISOTOPE	0	0	0			56.00
57.00 05700 CT SCAN	0	0	0			57.00
58.00 05800 MRI	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	1,838	0	0			59.00
60.00 06000 LABORATORY	3,813	0	0			60.00
60.01 06001 FSED LAB	635	0	0			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	56	0	0			63.00
63.01 06301 FSED BLOOD BANK	1	0	0			63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	696	0	0			65.00
66.00 06600 PHYSICAL THERAPY	682	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	1,150	0	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,206	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,198	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,419	0	0			73.00
74.00 07400 RENAL DIALYSIS	0	0	0			74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00 03020 CLINIC	24	0	0			76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0			77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0			78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00

5/29/2024 10:26 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
					INSERVICE EDUCATION			
			16.00	17.00	18.00	19.00	20.00	
90.00	09000	CLINIC	0	0	0	0		90.00
90.03	09003	INFUSION OP SERVICES	933	0	0	0		90.03
91.00	09100	EMERGENCY	3,420	0	0	0		91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	733	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,549	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	BEACON JOINT VENTURE	0	0	0	0		194.00
194.01	07951	WORKING WELL	0	0	0	0		194.01
194.03	07953	MED WATCHER	0	0	0	0		194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0		194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0		194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0		194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0		194.19
194.20	07970	CENTER OF HOPE	0	0	0	0		194.20
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	49,549	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01080	INSERVICE EDUCATION					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			6,811,978		0 30.00
31.00 03100	INTENSIVE CARE UNIT			987,931		0 31.00
32.00 03200	CORONARY CARE UNIT			0		0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT			0		0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT			0		0 34.00
40.00 04000	SUBPROVIDER - IPF			0		0 40.00
41.00 04100	SUBPROVIDER - IRF			0		0 41.00
43.00 04300	NURSERY			196,518		0 43.00
44.00 04400	SKILLED NURSING FACILITY			0		0 44.00
45.00 04500	NURSING FACILITY			0		0 45.00
46.00 04600	OTHER LONG TERM CARE			0		0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			6,234,384		0 50.00
51.00 05100	RECOVERY ROOM			0		0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			351,650		0 52.00
53.00 05300	ANESTHESIOLOGY			88,182		0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,925,716		0 54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC			249,321		0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC			1,108,107		0 55.00
55.01 05501	WOODLAND CANCER CARE CTR			118,152		0 55.01
56.00 05600	RADIOISOTOPE			0		0 56.00
57.00 05700	CT SCAN			0		0 57.00
58.00 05800	MRI			0		0 58.00
59.00 05900	CARDIAC CATHETERIZATION			1,360,726		0 59.00
60.00 06000	LABORATORY			645,225		0 60.00
60.01 06001	FS ED LAB			34,569		0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL			0		0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			17,959		0 63.00
63.01 06301	FS ED BLOOD BANK			1		0 63.01
64.00 06400	INTRAVENOUS THERAPY			0		0 64.00
65.00 06500	RESPIRATORY THERAPY			249,854		0 65.00
66.00 06600	PHYSICAL THERAPY			177,505		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			630,226		0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			0		0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			192,557		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			97,175		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			1,077,566		0 73.00
74.00 07400	RENAL DIALYSIS			0		0 74.00
75.00 07500	ASC (NON-DISTINCT PART)			0		0 75.00
76.00 03020	CLINIC			24		0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION			0		0 77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY			0		0 78.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC				0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				0	0 89.00
90.00 09000 CLINIC				0	0 90.00
90.03 09003 INFUSION OP SERVICES				384,187	0 90.03
91.00 09100 EMERGENCY				1,306,196	0 91.00
91.01 09101 FREE STANDING EMERGENCY DEPT				1,166,237	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS				0	0 94.00
95.00 09500 AMBULANCE SERVICES				0	0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED				0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD				0	0 97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS				0	0 98.00
99.00 09900 CMHC				0	0 99.00
99.10 09910 CORF				0	0 99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM				0	0 100.00
101.00 10100 HOME HEALTH AGENCY				0	0 101.00
102.00 10200 OPIOID TREATMENT PROGRAM				0	0 102.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION				0	0 105.00
106.00 10600 HEART ACQUISITION				0	0 106.00
107.00 10700 LIVER ACQUISITION				0	0 107.00
108.00 10800 LUNG ACQUISITION				0	0 108.00
109.00 10900 PANCREAS ACQUISITION				0	0 109.00
110.00 11000 INTESTINAL ACQUISITION				0	0 110.00
111.00 11100 ISLET ACQUISITION				0	0 111.00
113.00 11300 INTEREST EXPENSE					113.00
114.00 11400 UTILIZATION REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)				0	0 115.00
116.00 11600 HOSPICE				0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	26,411,946	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,161	0 190.00
191.00 19100 RESEARCH				0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				49,944	0 192.00
193.00 19300 NONPAID WORKERS				0	0 193.00
194.00 07950 BEACON JOINT VENTURE				2,274	0 194.00
194.01 07951 WORKING WELL				233,761	0 194.01
194.03 07953 MED WATCHER				0	0 194.03
194.10 07960 DUNELAND FITNESS CTR				0	0 194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN				0	0 194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW				0	0 194.16
194.19 07969 HEALTH PARTNERS				0	0 194.19
194.20 07970 CENTER OF HOPE				7,193	0 194.20
200.00 Cross Foot Adjustments	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	96,908	0 201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	26,803,187	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 INSERVICE EDUCATION		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,811,978	30.00
31.00	03100 INTENSIVE CARE UNIT	987,931	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	196,518	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	6,234,384	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	351,650	52.00
53.00	05300 ANESTHESIOLOGY	88,182	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,925,716	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	249,321	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,108,107	55.00
55.01	05501 WOODLAND CANCER CARE CTR	118,152	55.01
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,360,726	59.00
60.00	06000 LABORATORY	645,225	60.00
60.01	06001 FS ED LAB	34,569	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	17,959	63.00
63.01	06301 FS ED BLOOD BANK	1	63.01
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	249,854	65.00
66.00	06600 PHYSICAL THERAPY	177,505	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	630,226	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	192,557	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	97,175	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,077,566	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03020 CLINIC	24	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.03	09003 INFUSION OP SERVICES	384,187	90.03
91.00	09100 EMERGENCY	1,306,196	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	1,166,237	91.01

5/29/2024 10:26 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Total	
		26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS		92.00
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
	SPECIAL PURPOSE COST CENTERS		
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	26,411,946	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,161	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	49,944	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 BEACON JOINT VENTURE	2,274	194.00
194.01	07951 WORKING WELL	233,761	194.01
194.03	07953 MED WATCHER	0	194.03
194.10	07960 DUNELAND FITNESS CTR	0	194.10
194.11	07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	194.11
194.16	07966 PHYSICIAN PRACTICE MD WISW	0	194.16
194.19	07969 HEALTH PARTNERS	0	194.19
194.20	07970 CENTER OF HOPE	7,193	194.20
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	96,908	201.00
202.00	TOTAL (sum lines 118 through 201)	26,803,187	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	455,194				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,664,601			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,216	13,222	75,771,911		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	39,650	807,642	5,134,548	-57,937,183	247,746,599
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	75,292	1,022,670	4,175,236	0	17,248,711
8.00 00800	LAUNDRY & LINEN SERVICE	1,383	1,178	105,874	0	1,792,486
9.00 00900	HOUSEKEEPING	17,014	82,893	2,133,779	0	4,103,647
10.00 01000	DIETARY	4,649	21,658	616,099	0	1,415,261
11.00 01100	CAFETERIA	9,050	0	1,186,893	0	2,067,300
13.00 01300	NURSING ADMINISTRATION	2,147	186,276	3,459,705	0	5,397,451
14.00 01400	CENTRAL SERVICES & SUPPLY	16,750	212,119	352,840	0	736,734
15.00 01500	PHARMACY	6,037	11,795	2,935,487	0	4,919,950
16.00 01600	MEDICAL RECORDS & LIBRARY	678	0	16,033	0	1,806,762
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	INSERVICE EDUCATION	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	106,127	575,236	20,033,493	0	31,083,359
31.00 03100	INTENSIVE CARE UNIT	13,428	110,823	3,532,682	0	5,475,199
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
43.00 04300	NURSERY	4,142	0	436,347	0	883,216
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	53,944	1,713,236	6,461,269	0	15,613,376
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,412	0	782,425	0	1,583,266
53.00 05300	ANESTHESIOLOGY	175	44,276	78,780	0	212,455
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,891	1,076,692	3,795,859	0	8,233,430
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	123,716	1,225,685	0	1,882,672
55.00 05500	RADIOLOGY-THERAPEUTIC	3,265	522,486	1,033,030	0	2,848,407
55.01 05501	WOODLAND CANCER CARE CTR	2,018	1,159	549,513	0	776,272
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	5,326	480,095	1,008,113	0	3,091,237
60.00 06000	LABORATORY	8,336	82,119	0	0	8,970,792
60.01 06001	FS ED LAB	0	0	0	0	3,255,679
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	394	0	0	0	13,495
63.01 06301	FS ED BLOOD BANK	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,006	66,213	1,299,939	0	2,240,173
66.00 06600	PHYSICAL THERAPY	1,490	35,518	1,013,438	0	3,462,927
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	8,941	103,653	1,156,615	0	2,054,171
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,495,036
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,208,188
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	66,989,970
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CLINIC	0	0	0	3	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00					
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	3,213	44,332	4,205,274	0	6,836,987	90.03
91.00	09100	EMERGENCY	18,839	135,007	4,333,796	0	6,666,665	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	21,381	61,210	1,970,446	0	3,916,219	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	455,194	7,535,224	73,033,198	-57,937,180	242,281,493	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	111,347	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,608	1,208,913	0	2,642,493	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	0	0	68,494	0	43,014	194.00
194.01	07951	WORKING WELL	0	117,414	1,378,164	0	2,557,838	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	1	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	3,355	83,142	0	110,414	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,579,749	13,223,438	18,860,385		57,937,183	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	29.832882	1.725261	0.248910		0.233857	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			88,921		2,582,295	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001174		0.010423	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: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	413,328					6.00
7.00	00700	75,292	338,036				7.00
8.00	00800	1,383	1,383	632,534			8.00
9.00	00900	17,014	17,014	0	319,639		9.00
10.00	01000	4,649	4,649	253	4,649	135,336	10.00
11.00	01100	9,050	9,050	0	9,050	0	11.00
13.00	01300	2,147	2,147	0	2,147	0	13.00
14.00	01400	16,750	16,750	0	16,750	0	14.00
15.00	01500	6,037	6,037	0	6,037	0	15.00
16.00	01600	678	678	0	678	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	106,127	106,127	392,171	106,127	119,661	30.00
31.00	03100	13,428	13,428	31,627	13,428	15,675	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,142	4,142	190	4,142	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	53,944	53,944	33,524	53,944	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	7,412	7,412	0	7,412	0	52.00
53.00	05300	175	175	0	175	0	53.00
54.00	05400	19,891	19,891	25,428	19,891	0	54.00
54.01	05401	0	0	0	0	0	54.01
55.00	05500	3,265	3,265	316	3,265	0	55.00
55.01	05501	2,018	2,018	6,325	2,018	0	55.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	5,326	5,326	190	5,326	0	59.00
60.00	06000	8,336	8,336	0	8,336	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	394	394	0	394	0	63.00
63.01	06301	0	0	0	0	0	63.01
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,006	2,006	0	2,006	0	65.00
66.00	06600	1,490	1,490	18,976	1,490	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,941	8,941	3,163	8,941	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.03	09003	INFUSION OP SERVICES	3,213	3,213	190	3,213		0 90.03
91.00	09100	EMERGENCY	18,839	18,839	63,253	18,839		0 91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	21,381	21,381	25,301	21,381		0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0		0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		0 98.00
99.00	09900	CMHC	0	0	0	0		0 99.00
99.10	09910	CORF	0	0	0	0		0 99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0		0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		0 101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		0 102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		0 111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		0 115.00
116.00	11600	HOSPICE	0	0	0	0		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	413,328	338,036	600,907	319,639	135,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0 190.00
191.00	19100	RESEARCH	0	0	0	0		0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	31,627	0		0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		0 193.00
194.00	07950	BEACON JOINT VENTURE	0	0	0	0		0 194.00
194.01	07951	WORKING WELL	0	0	0	0		0 194.01
194.03	07953	MED WATCHER	0	0	0	0		0 194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0		0 194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0		0 194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0		0 194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0		0 194.19
194.20	07970	CENTER OF HOPE	0	0	0	0		0 194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	21,282,443	2,298,743	6,134,500	2,129,069	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	62.959102	3.634181	19.191963	15.731727	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	4,195,235	79,262	907,020	262,454	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	12.410616	0.125309	2.837639	1.939277	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: 15-0015

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	64,860					11.00
13.00	01300	NURSING ADMINISTRATION	4,136	48,512				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	662	0	26,444,111			14.00
15.00	01500	PHARMACY	2,928	0	132,518	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20	0	0	0	1,598,625,232	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	INSERVICE EDUCATION	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,315	21,288	1,024,694	0	88,523,351	30.00
31.00	03100	INTENSIVE CARE UNIT	3,777	4,975	467,238	0	16,387,905	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	1,576,515	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,570	4,998	14,394,494	0	177,910,720	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,826,891	52.00
53.00	05300	ANESTHESIOLOGY	184	2	0	0	11,461,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,671	100	1,041,293	0	163,716,627	54.00
54.01	05401	FS ED RADIOLOGY - DIAGNOSTIC	1,462	140	65,248	0	35,019,661	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,056	223	462,432	0	34,834,856	55.00
55.01	05501	WOODLAND CANCER CARE CTR	625	648	114,648	0	7,911,766	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	839	956	6,161,001	0	59,291,086	59.00
60.00	06000	LABORATORY	0	0	776,363	0	123,012,865	60.00
60.01	06001	FS ED LAB	0	0	0	0	20,484,608	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,793,738	63.00
63.01	06301	FS ED BLOOD BANK	0	0	0	0	24,411	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,406	0	262,084	0	22,458,954	65.00
66.00	06600	PHYSICAL THERAPY	1,103	0	35,313	0	22,000,698	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	1,354	1,308	35,087	0	37,105,897	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	329,484,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	38,638,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	239,335,892	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CLINIC	0	0	0	0	763,157	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

5/29/2024 10:26 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	4,710	3,427	476,177	0	30,081,087	90.03
91.00	09100	EMERGENCY	4,997	6,937	829,534	0	110,326,342	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	2,045	3,057	108,379	0	23,653,578	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,860	48,059	26,386,503	100	1,598,625,232	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	204	1,011	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	BEACON JOINT VENTURE	0	120	12,612	0	0	194.00
194.01	07951	WORKING WELL	0	115	43,728	0	0	194.01
194.03	07953	MED WATCHER	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	14	257	0	0	194.20
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)	3,294,220	7,046,127	2,318,677	6,726,792	2,286,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	50.789701	145.245032	0.087682	67,267.920000	0.001430	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	430,925	505,963	1,133,561	371,879	49,549	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.643925	10.429646	0.039202	3,718.790000	0.000031	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: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS	
		INSERVICE EDUCATION (TIME SPENT)			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	18.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	0					17.00
18.00 01080 INSERVICE EDUCATION	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 FS ED LAB	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01 06301 FS ED BLOOD BANK	0	0	0	0	0	63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CLINIC	0	0	0	0	0	76.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS	
		INSERVICE EDUCATION (TIME SPENT)			SERVICES-SALARY & FRINGES APPROVED (ASSIGNED TIME)	
		17.00			18.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 09003 INFUSION OP SERVICES	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 BEACON JOINT VENTURE	0	0	0	0	0	194.00
194.01 07951 WORKING WELL	0	0	0	0	0	194.01
194.03 07953 MED WATCHER	0	0	0	0	0	194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	194.19
194.20 07970 CENTER OF HOPE	0	0	0	0	0	194.20
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
18.00 01080 INSERVICE EDUCATION			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING PROGRAM			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	41.00
43.00 04300 NURSERY	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	46.00
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
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 FS ED LAB	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01 06301 FS ED BLOOD BANK	0	0	63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 CLINIC	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.03 09003 INFUSION OP SERVICES	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 09900 CMHC	0	0	99.00
99.10 09910 CORF	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS			
105.00 10500 KIDNEY ACQUISITION	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	111.00
113.00 11300 INTEREST EXPENSE			113.00
114.00 11400 UTILIZATION REVIEW-SNF			114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 11600 HOSPICE			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	193.00
194.00 07950 BEACON JOINT VENTURE	0	0	194.00
194.01 07951 WORKING WELL	0	0	194.01
194.03 07953 MED WATCHER	0	0	194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	194.16
194.19 07969 HEALTH PARTNERS	0	0	194.19
194.20 07970 CENTER OF HOPE	0	0	194.20
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

		Title XVIII		Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,769,560		54,769,560	3,996	54,773,556	30.00
31.00	03100	INTENSIVE CARE UNIT	9,199,101		9,199,101	0	9,199,101	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	1,432,976		1,432,976	0	1,432,976	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,445,030		26,445,030	0	26,445,030	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,566,470		2,566,470	0	2,566,470	52.00
53.00	05300	ANESTHESIOLOGY	302,540		302,540	2,793	305,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,462,533		12,462,533	0	12,462,533	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	2,473,336		2,473,336	0	2,473,336	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,960,283		3,960,283	0	3,960,283	55.00
55.01	05501	WOODLAND CANCER CARE CTR	1,293,805		1,293,805	0	1,293,805	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,058,832		5,058,832	0	5,058,832	59.00
60.00	06000	LABORATORY	11,997,467		11,997,467	1,301	11,998,768	60.00
60.01	06001	FS ED LAB	4,046,335		4,046,335	0	4,046,335	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,584		51,584	0	51,584	63.00
63.01	06301	FS ED BLOOD BANK	35		35	0	35	63.01
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,055,354	0	3,055,354	0	3,055,354	65.00
66.00	06600	PHYSICAL THERAPY	4,554,702	0	4,554,702	0	4,554,702	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	3,595,447		3,595,447	0	3,595,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,057,505		22,057,505	0	22,057,505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,416,840		11,416,840	0	11,416,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,724,993		89,724,993	0	89,724,993	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	CLINIC	1,088		1,088	0	1,088	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	9,522,248		9,522,248	0	9,522,248	90.03
91.00	09100	EMERGENCY	11,495,091		11,495,091	0	11,495,091	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	7,271,681		7,271,681	0	7,271,681	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,413,342		6,413,342	0	6,413,342	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	305,168,178	0	305,168,178	8,090	305,176,268		200.00
201.00		Less Observation Beds	6,413,342		6,413,342		6,413,342		201.00
202.00		Total (see instructions)	298,754,836	0	298,754,836	8,090	298,762,926		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,688,046		77,688,046		30.00
31.00	03100	INTENSIVE CARE UNIT	16,387,905		16,387,905		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
43.00	04300	NURSERY	1,576,515		1,576,515		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,468,596	138,442,124	177,910,720	0.148642	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,420,210	406,681	2,826,891	0.907877	52.00
53.00	05300	ANESTHESIOLOGY	3,280,516	8,180,524	11,461,040	0.026397	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,558,357	122,158,270	163,716,627	0.076123	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	2,327,259	32,692,402	35,019,661	0.070627	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,009,613	27,825,243	34,834,856	0.113687	55.00
55.01	05501	WOODLAND CANCER CARE CTR	86,034	7,825,732	7,911,766	0.163529	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,735,207	25,555,879	59,291,086	0.085322	59.00
60.00	06000	LABORATORY	52,371,293	70,641,572	123,012,865	0.097530	60.00
60.01	06001	FS ED LAB	838,663	19,645,945	20,484,608	0.197531	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,171,010	622,728	1,793,738	0.028758	63.00
63.01	06301	FS ED BLOOD BANK	0	24,411	24,411	0.001434	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	19,729,743	2,729,211	22,458,954	0.136042	65.00
66.00	06600	PHYSICAL THERAPY	6,997,835	15,002,863	22,000,698	0.207025	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,769,483	23,336,414	37,105,897	0.096897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,416,014	309,068,898	329,484,912	0.066945	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,487,249	27,151,426	38,638,675	0.295477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,844,715	204,491,177	239,335,892	0.374892	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	CLINIC	47,380	715,777	763,157	0.001426	76.00
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							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.03	09003	INFUSION OP SERVICES	32,238	30,048,849	30,081,087	0.316553	90.03
91.00	09100	EMERGENCY	32,603,708	77,722,634	110,326,342	0.104192	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	2,924,700	20,728,878	23,653,578	0.307424	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,835,305	10,835,305	0.591893	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00

5/29/2024 10:26 am

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			Title XVIII			Hospital	PPS
			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			
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	422,772,289	1,175,852,943	1,598,625,232		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	422,772,289	1,175,852,943	1,598,625,232		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 10:26 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.148642		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.907877		52.00
53.00	05300	ANESTHESIOLOGY	0.026641		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076123		54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.070627		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.113687		55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.163529		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085322		59.00
60.00	06000	LABORATORY	0.097541		60.00
60.01	06001	FS ED LAB	0.197531		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.028758		63.00
63.01	06301	FS ED BLOOD BANK	0.001434		63.01
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.136042		65.00
66.00	06600	PHYSICAL THERAPY	0.207025		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.096897		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066945		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.295477		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.374892		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	CLINIC	0.001426		76.00
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					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.03	09003	INFUSION OP SERVICES	0.316553		90.03
91.00	09100	EMERGENCY	0.104192		91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.307424		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.591893		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

5/29/2024 10:26 am

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 10:26 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
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: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

		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	54,769,560		54,769,560	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,199,101		9,199,101	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
43.00	04300	NURSERY	1,432,976		1,432,976	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,445,030		26,445,030	0	0	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,566,470		2,566,470	0	0	52.00
53.00	05300	ANESTHESIOLOGY	302,540		302,540	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,462,533		12,462,533	0	0	54.00
54.01	05401	FS ED RADIOLOGY - DIAGNOSTIC	2,473,336		2,473,336	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,960,283		3,960,283	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	1,293,805		1,293,805	0	0	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,058,832		5,058,832	0	0	59.00
60.00	06000	LABORATORY	11,997,467		11,997,467	0	0	60.00
60.01	06001	FS ED LAB	4,046,335		4,046,335	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,584		51,584	0	0	63.00
63.01	06301	FS ED BLOOD BANK	35		35	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,055,354	0	3,055,354	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,554,702	0	4,554,702	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	3,595,447		3,595,447	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,057,505		22,057,505	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,416,840		11,416,840	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,724,993		89,724,993	0	0	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	CLINIC	1,088		1,088	0	0	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	9,522,248		9,522,248	0	0	90.03
91.00	09100	EMERGENCY	11,495,091		11,495,091	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	7,271,681		7,271,681	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,412,904		6,412,904	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

			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		
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	305,167,740	0	305,167,740	0		0	200.00
201.00		Less Observation Beds	6,412,904		6,412,904				201.00
202.00		Total (see instructions)	298,754,836	0	298,754,836	0		0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

			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	0		0				30.00
31.00	03100	INTENSIVE CARE UNIT	0		0				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
43.00	04300	NURSERY	0		0				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000		54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0.000000	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000		60.00
60.01	06001	FS ED LAB	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
63.01	06301	FS ED BLOOD BANK	0	0	0	0.000000	0.000000		63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03020	CLINIC	0	0	0	0.000000	0.000000		76.00
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									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.03	09003	INFUSION OP SERVICES	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000		91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0.000000	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000	0.000000		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0.000000	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000		109.00

5/29/2024 10:26 am

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description			Title XIX			Hospital	Cost	
			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				
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 10:26 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
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
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	FS ED LAB	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
63.01	06301	FS ED BLOOD BANK	0.000000		63.01
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	CLINIC	0.000000		76.00
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					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.03	09003	INFUSION OP SERVICES	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0.000000		105.00
106.00	10600	HEART ACQUISITION	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0.000000		111.00

5/29/2024 10:26 am

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 10:26 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,811,978	0	6,811,978	31,173	218.52	30.00
31.00	INTENSIVE CARE UNIT	987,931		987,931	3,720	265.57	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	196,518		196,518	700	280.74	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	7,996,427		7,996,427	35,593		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,298	2,031,799				30.00
31.00	INTENSIVE CARE UNIT	1,044	277,255				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	10,342	2,309,054				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,234,384	177,910,720	0.035042	13,789,075	483,197	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,650	2,826,891	0.124395	8,391	1,044	52.00
53.00	05300	ANESTHESIOLOGY	88,182	11,461,040	0.007694	1,214,905	9,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,925,716	163,716,627	0.017871	17,944,652	320,689	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	249,321	35,019,661	0.007119	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,108,107	34,834,856	0.031810	4,107,268	130,652	55.00
55.01	05501	WOODLAND CANCER CARE CTR	118,152	7,911,766	0.014934	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,360,726	59,291,086	0.022950	7,830,284	179,705	59.00
60.00	06000	LABORATORY	645,225	123,012,865	0.005245	19,250,189	100,967	60.00
60.01	06001	FS ED LAB	34,569	20,484,608	0.001688	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,959	1,793,738	0.010012	0	0	63.00
63.01	06301	FS ED BLOOD BANK	1	24,411	0.000041	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	249,854	22,458,954	0.011125	5,093,575	56,666	65.00
66.00	06600	PHYSICAL THERAPY	177,505	22,000,698	0.008068	3,014,245	24,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	630,226	37,105,897	0.016985	8,457,188	143,645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	192,557	329,484,912	0.000584	5,252,072	3,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,175	38,638,675	0.002515	5,176,881	13,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,077,566	239,335,892	0.004502	12,312,819	55,432	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CLINIC	24	763,157	0.000031	2,128	0	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.03	09003	INFUSION OP SERVICES	384,187	30,081,087	0.012772	0	0	90.03
91.00	09100	EMERGENCY	1,306,196	110,326,342	0.011839	7,820,745	92,590	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,166,237	23,653,578	0.049305	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	797,602	10,835,305	0.073611	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	19,213,121	1,502,972,766		111,274,417	1,614,340	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	31,173	0.00	9,298	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,720	0.00	1,044	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY	0	0	700	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	35,593	0.00	10,342	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description	Title XVIII				Hospital		Total
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	FS ED LAB	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	FS ED BLOOD BANK	0	0	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	CLINIC	0	0	0	0	76.00
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							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 10:26 am
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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	0	0	177,910,720	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,826,891	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	11,461,040	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	163,716,627	0.000000	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	35,019,661	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	34,834,856	0.000000	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	7,911,766	0.000000	55.01
56.00 05600 RADIO SOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59,291,086	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	123,012,865	0.000000	60.00
60.01 06001 FSED LAB	0	0	0	20,484,608	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,793,738	0.000000	63.00
63.01 06301 FSED BLOOD BANK	0	0	0	24,411	0.000000	63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	22,458,954	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	22,000,698	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	37,105,897	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	329,484,912	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,638,675	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	239,335,892	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00 03020 CLINIC	0	0	0	763,157	0.000000	76.00
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						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.03 09003 INFUSION OP SERVICES	0	0	0	30,081,087	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	110,326,342	0.000000	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	23,653,578	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,835,305	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	0	1,502,972,766		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	13,789,075	0	24,745,685	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	8,391	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,214,905	0	2,082,335	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,944,652	0	36,171,036	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	4,107,268	0	6,531,550	0	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.000000	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,830,284	0	5,433,496	0	59.00
60.00	06000 LABORATORY	0.000000	19,250,189	0	5,133,516	0	60.00
60.01	06001 FS ED LAB	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
63.01	06301 FS ED BLOOD BANK	0.000000	0	0	0	0	63.01
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,093,575	0	213,358	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,014,245	0	72,256	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,457,188	0	12,874,106	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	5,252,072	0	4,512,423	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,176,881	0	6,090,268	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	12,312,819	0	67,236,883	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020 CLINIC	0.000000	2,128	0	301,527	0	76.00
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							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.03	09003 INFUSION OP SERVICES	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	7,820,745	0	11,628,671	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,041,360	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		111,274,417	0	184,068,470	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.148642	24,745,685	0	0	3,678,248	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.907877	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026397	2,082,335	0	0	54,967	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076123	36,171,036	0	0	2,753,448	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.070627	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.113687	6,531,550	0	0	742,552	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.163529	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085322	5,433,496	0	0	463,597	59.00
60.00	06000	LABORATORY	0.097530	5,133,516	0	0	500,672	60.00
60.01	06001	FS ED LAB	0.197531	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028758	0	0	0	0	63.00
63.01	06301	FS ED BLOOD BANK	0.001434	0	0	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.136042	213,358	0	0	29,026	65.00
66.00	06600	PHYSICAL THERAPY	0.207025	72,256	0	0	14,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096897	12,874,106	0	0	1,247,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066945	4,512,423	0	0	302,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.295477	6,090,268	0	0	1,799,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.374892	67,236,883	0	525	25,206,570	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	CLINIC	0.001426	301,527	0	0	430	76.00
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								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0.316553	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.104192	11,628,671	0	0	1,211,614	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.307424	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.591893	1,041,360	0	0	616,374	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		184,068,470	0	525	38,621,537	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		184,068,470	0	525	38,621,537	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 10:26 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 FS ED LAB	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 FS ED BLOOD BANK	0	0		63.01
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	197		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CLINIC	0	0		76.00
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				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.03 09003 INFUSION OP SERVICES	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	197	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	197	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description	Title XIX			Hospital	Cost	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,811,978	0	6,811,978	31,173	218.52	30.00
31.00	INTENSIVE CARE UNIT	987,931		987,931	3,720	265.57	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	196,518		196,518	700	280.74	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	7,996,427		7,996,427	35,593		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
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INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	6,623	1,447,258
31.00	INTENSIVE CARE UNIT	895	237,685
32.00	CORONARY CARE UNIT	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	SUBPROVIDER - IPF	0	0
41.00	SUBPROVIDER - IRF	0	0
43.00	NURSERY	168	47,164
44.00	SKILLED NURSING FACILITY	0	0
45.00	NURSING FACILITY	0	0
200.00	Total (lines 30 through 199)	7,686	1,732,107

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Title XIX			Hospital	Cost		
		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	6,234,384	0	0.000000	9,902,053	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,650	0	0.000000	590,912	0	52.00
53.00	05300	ANESTHESIOLOGY	88,182	0	0.000000	882,593	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,925,716	0	0.000000	9,158,877	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	249,321	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,108,107	0	0.000000	2,902,345	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	118,152	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,360,726	0	0.000000	2,482,002	0	59.00
60.00	06000	LABORATORY	645,225	0	0.000000	11,236,232	0	60.00
60.01	06001	FS ED LAB	34,569	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,959	0	0.000000	0	0	63.00
63.01	06301	FS ED BLOOD BANK	1	0	0.000000	0	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	249,854	0	0.000000	1,988,640	0	65.00
66.00	06600	PHYSICAL THERAPY	177,505	0	0.000000	789,347	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	630,226	0	0.000000	2,967,531	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	192,557	0	0.000000	2,310,160	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,175	0	0.000000	1,775,659	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,077,566	0	0.000000	6,411,343	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CLINIC	24	0	0.000000	45,252	0	76.00
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								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.03	09003	INFUSION OP SERVICES	384,187	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	1,306,196	0	0.000000	4,566,946	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,166,237	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	797,605	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	19,213,124	0		58,009,892	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	31,173	0.00	6,623	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,720	0.00	895	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY	0	0	700	0.00	168	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	35,593	0.00	7,686	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description	Title XIX					Hospital Cost	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 FSED BLOOD LAB	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
63.01 06301 FSED BLOOD BANK	0	0	0	0	0	0	63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 03020 CLINIC	0	0	0	0	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.03 09003 INFUSION OP SERVICES	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 10:26 am
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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)	Title XIX	
						Hospital	Cost
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0.000000		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000		54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0.000000		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000		55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	0	0.000000		55.01
56.00 05600 RADIO SOTOPE	0	0	0	0	0.000000		56.00
57.00 05700 CT SCAN	0	0	0	0	0.000000		57.00
58.00 05800 MRI	0	0	0	0	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000		59.00
60.00 06000 LABORATORY	0	0	0	0	0.000000		60.00
60.01 06001 FSED LAB	0	0	0	0	0.000000		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000		63.00
63.01 06301 FSED BLOOD BANK	0	0	0	0	0.000000		63.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0.000000		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00
76.00 03020 CLINIC	0	0	0	0	0.000000		76.00
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							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000		89.00
90.00 09000 CLINIC	0	0	0	0	0.000000		90.00
90.03 09003 INFUSION OP SERVICES	0	0	0	0	0.000000		90.03
91.00 09100 EMERGENCY	0	0	0	0	0.000000		91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	0	0.000000		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000		98.00
200.00	Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 10:26 am
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9,902,053	0	26,929,453	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	590,912	0	11,530	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	882,593	0	2,379,578	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,158,877	0	33,314,927	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,902,345	0	10,798,627	0	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.000000	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,482,002	0	2,101,110	0	59.00
60.00	06000 LABORATORY	0.000000	11,236,232	0	21,537,924	0	60.00
60.01	06001 FS ED LAB	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
63.01	06301 FS ED BLOOD BANK	0.000000	0	0	0	0	63.01
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,988,640	0	238,375	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	789,347	0	2,392,123	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,967,531	0	4,282,462	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	2,310,160	0	3,752,520	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,775,659	0	5,338,917	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,411,343	0	50,658,132	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020 CLINIC	0.000000	45,252	0	413,569	0	76.00
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							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.03	09003 INFUSION OP SERVICES	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	4,566,946	0	28,597,974	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	2,266,331	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		58,009,892	0	195,013,552	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 10:26 am
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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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.000000	26,929,453	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	11,530	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	2,379,578	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	33,314,927	0	0	0 54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	0	0	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	10,798,627	0	0	0 55.00
55.01 05501 WOODLAND CANCER CARE CTR	0.000000	0	0	0	0 55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	2,101,110	0	0	0 59.00
60.00 06000 LABORATORY	0.000000	21,537,924	0	0	0 60.00
60.01 06001 FS ED LAB	0.000000	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
63.01 06301 FS ED BLOOD BANK	0.000000	0	0	0	0 63.01
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	238,375	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.000000	2,392,123	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	4,282,462	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	3,752,520	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,338,917	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	50,658,132	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00 03020 CLINIC	0.000000	413,569	0	0	0 76.00
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					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.03 09003 INFUSION OP SERVICES	0.000000	0	0	0	0 90.03
91.00 09100 EMERGENCY	0.000000	28,597,974	0	0	0 91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,266,331	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)	195,013,552	0	0	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)	195,013,552	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 10:26 am
	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	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 FS ED LAB	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 FS ED BLOOD BANK	0	0		63.01
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CLINIC	0	0		76.00
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				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.03 09003 INFUSION OP SERVICES	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	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)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2024 10:26 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,173	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)		27,523	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)		9,298	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)		54,773,556	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)		54,773,556	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)		54,773,556	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)		1,757.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,337,330	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		16,337,330	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
Title XVIII			Hospital		PPS		Date/Time Prepared: 5/29/2024 10:26 am	
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	9,199,101	3,720	2,472.88	1,044	2,581,687			43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0			44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0			45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0			46.00
47.00 OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,916,870			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)					34,835,887			49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,309,054			50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,614,340			51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,923,394			52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,912,493			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)					3,650			87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,757.08			88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,413,342			89.00

5/29/2024 10:26 am

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 10:26 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,811,978	54,773,556	0.124366	6,413,342	797,602	90.00
91.00	Nursing Program cost	0	54,773,556	0.000000	6,413,342	0	91.00
92.00	Allied health cost	0	54,773,556	0.000000	6,413,342	0	92.00
93.00	All other Medical Education	0	54,773,556	0.000000	6,413,342	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 10:26 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,173	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)		27,523	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,623	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)		700	15.00
16.00	Nursery days (title V or XIX only)		168	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)		54,769,560	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)		54,769,560	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)		54,769,560	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)		1,756.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,636,346	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)		11,636,346	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 10:26 am		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	1,432,976	700	2,047.11	168	343,914	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,199,101	3,720	2,472.88	895	2,213,228	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	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)					14,193,488	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					0	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)					3,650	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,756.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,412,904	89.00

5/29/2024 10:26 am

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0015		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 10:26 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,811,978	54,769,560	0.124375	6,412,904	797,605	90.00
91.00	Nursing Program cost	0	54,769,560	0.000000	6,412,904	0	91.00
92.00	Allied health cost	0	54,769,560	0.000000	6,412,904	0	92.00
93.00	All other Medical Education	0	54,769,560	0.000000	6,412,904	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 10:26 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,970,102	30.00
31.00	03100	INTENSIVE CARE UNIT		4,629,216	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.148642	13,789,075	2,049,636 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.907877	8,391	7,618 52.00
53.00	05300	ANESTHESIOLOGY	0.026641	1,214,905	32,366 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076123	17,944,652	1,366,001 54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.070627	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.113687	4,107,268	466,943 55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.163529	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.085322	7,830,284	668,095 59.00
60.00	06000	LABORATORY	0.097541	19,250,189	1,877,683 60.00
60.01	06001	FS ED LAB	0.197531	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028758	0	0 63.00
63.01	06301	FS ED BLOOD BANK	0.001434	0	0 63.01
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.136042	5,093,575	692,940 65.00
66.00	06600	PHYSICAL THERAPY	0.207025	3,014,245	624,024 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.096897	8,457,188	819,476 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.066945	5,252,072	351,600 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.295477	5,176,881	1,529,649 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.374892	12,312,819	4,615,977 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	CLINIC	0.001426	2,128	3 76.00
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					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.03	09003	INFUSION OP SERVICES	0.316553	0	0 90.03
91.00	09100	EMERGENCY	0.104192	7,820,745	814,859 91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.307424	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.591893	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		111,274,417	15,916,870 200.00
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)		111,274,417	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 10:26 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,361,072	30.00
31.00	03100	INTENSIVE CARE UNIT		2,413,728	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		642,277	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000	9,902,053	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	590,912	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	882,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,158,877	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,902,345	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,482,002	59.00
60.00	06000	LABORATORY	0.000000	11,236,232	60.00
60.01	06001	FS ED LAB	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
63.01	06301	FS ED BLOOD BANK	0.000000	0	63.01
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,988,640	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	789,347	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,967,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,310,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,775,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,411,343	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CLINIC	0.000000	45,252	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.03	09003	INFUSION OP SERVICES	0.000000	0	90.03
91.00	09100	EMERGENCY	0.000000	4,566,946	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		58,009,892	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)		58,009,892	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,047,542	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,905,362	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		279,808	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		67,590	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		123.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.77	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.06	31.00
32.00	Sum of lines 30 and 31		27.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.17	33.00
34.00	Disproportionate share adjustment (see instructions)		698,343	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000413255	0.000381699	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	2,840,883	2,266,529	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	2,124,824	569,728	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,694,552		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	26,693,197		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		26,693,197	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,950,689	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		0	53.00
54.00	Special add-on payments for new technologies		73,130	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,717,016	59.00
60.00	Primary payer payments		14,555	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,702,461	61.00
62.00	Deductibles billed to program beneficiaries		2,550,856	62.00
63.00	Coinurance billed to program beneficiaries		64,800	63.00
64.00	Allowable bad debts (see instructions)		131,488	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		85,467	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		36,056	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,172,272	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)		-4,616	70.93
70.94	HRR adjustment amount (see instructions)		-115,428	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 10:26 am	
		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)			86,261	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			25,965,967	71.00
71.01	Sequestration adjustment (see instructions)			519,319	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			25,022,280	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)			424,368	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			490,403	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: 15-0015

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2024 10:26 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,047,542	0	17,047,542		17,047,542	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,905,362	0		5,905,362	5,905,362	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	279,808	0	279,808		279,808	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,590	0		67,590	67,590	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		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		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	0.1217	0.1217	0.1217	0.1217		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	698,343	0	518,672	179,671	698,343	11.00
11.01	Uncompensated care payments	36.00	2,694,552	0	2,124,824	569,728	2,694,552	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	26,693,197	0	19,970,846	6,722,351	26,693,197	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	26,693,197	0	19,970,846	6,722,351	26,693,197	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,950,689	0	0	1,950,689	1,950,689	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0015

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2024 10:26 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	73,130	0	0	73,130	73,130	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	19,970,846	8,746,170	28,717,016	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,736,603	0	0	1,736,603	1,736,603	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	113,363	0	0	113,363	113,363	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		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	0.0580	0.0580	0.0000	0.0580		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	100,723	0	0	100,723	100,723	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,950,689	0	0	1,950,689	1,950,689	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0015

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2024 10:26 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,047,542	17,047,542		17,047,542	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,905,362		5,905,362	5,905,362	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	279,808	279,808		279,808	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,590		67,590	67,590	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	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		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	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		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1217	0.1217	0.1217		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	698,343	518,672	179,671	698,343	11.00
11.01	Uncompensated care payments	36.00	2,694,552	2,124,824	569,728	2,694,552	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	26,693,197	19,970,846	6,722,351	26,693,197	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	26,693,197	19,970,846	6,722,351	26,693,197	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,950,689	0	1,950,689	1,950,689	16.00
17.00	Special add-on payments for new technologies	54.00	73,130	0	73,130	73,130	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			19,970,846	8,746,170	28,717,016	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,736,603	0	1,736,603	1,736,603	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	113,363	0	113,363	113,363	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		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	0.0580	0.0000	0.0580		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	100,723	0	100,723	100,723	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,950,689	0	1,950,689	1,950,689	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-4,616	0	-4,616	-4,616	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	-115,428	0	-115,428	-115,428	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	86,261	86,261	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		197	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,621,537	2.00
3.00	OPPS or REH payments		23,114,689	3.00
4.00	Outlier payment (see instructions)		37,504	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		197	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		525	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)		525	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)		525	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		328	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)		197	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)		23,152,193	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)		4,191,785	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)		18,960,605	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		18,960,605	30.00
31.00	Primary payer payments		1,699	31.00
32.00	Subtotal (line 30 minus line 31)		18,958,906	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)		262,986	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		170,941	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		191,448	36.00
37.00	Subtotal (see instructions)		19,129,847	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)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,129,839	40.00
40.01	Sequestration adjustment (see instructions)		382,597	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		18,717,877	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		29,365	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0015

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2024 10:26 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		25,022,280		18,717,877	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		25,022,280		18,717,877	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		424,368		29,365	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		25,446,648		18,747,242	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: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2024 10:26 am	
		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		14,193,488		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)		14,193,488	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)		14,193,488	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		58,009,892	195,013,552	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)		58,009,892	195,013,552	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)		58,009,892	195,013,552	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		43,816,404	195,013,552	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)		14,193,488	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		24.00
25.00	Capital exception payments (see instructions)		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)		14,193,488	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)		14,193,488	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		14,193,488	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		14,193,488	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		14,193,488	0	40.00
41.00	Interim payments		14,193,488	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/29/2024 10:26 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0015

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

Worksheet G

Date/Time Prepared:
5/29/2024 10:26 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	86,065,495	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	57,349,364	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,932,016	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,807,606	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)	157,154,481	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,491,736	0	0	0	12.00
13.00	Land improvements	6,858,473	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	322,749,420	0	0	0	15.00
16.00	Accumulated depreciation	-213,278,330	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	160,204,282	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)	286,025,581	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,759,794	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	20,516,268	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	26,276,062	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	469,456,124	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,932,225	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,050,229	0	0	0	38.00
39.00	Payroll taxes payable	1	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	199,414	0	0	0	43.00
44.00	Other current liabilities	904,512	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,086,381	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,728,020	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,728,020	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	31,814,401	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	437,641,723				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)	437,641,723	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	469,456,124	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0015

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

Worksheet G-1

Date/Time Prepared:
5/29/2024 10:26 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		414,146,898		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,745,332			2.00
3.00	Total (sum of line 1 and line 2)		437,892,230		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		437,892,230		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CHANGE IN FUND BALANCE	250,506		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		250,506		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		437,641,724		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	CHANGE IN FUND BALANCE		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: 15-0015

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2024 10:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	79,264,561		79,264,561	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	79,264,561		79,264,561	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,387,905		16,387,905	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,387,905		16,387,905	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	95,652,466		95,652,466	17.00
18.00	Ancillary services	291,559,177	1,036,517,277	1,328,076,454	18.00
19.00	Outpatient services	35,560,646	139,335,666	174,896,312	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NRCC AND OTHER	0	11,471,063	11,471,063	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	422,772,289	1,187,324,006	1,610,096,295	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		332,763,828		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)		332,763,828		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0015

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

Worksheet G-3

Date/Time Prepared:
5/29/2024 10:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,610,096,295	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,259,656,588	2.00
3.00	Net patient revenues (line 1 minus line 2)	350,439,707	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	332,763,828	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,675,879	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	6,935,749	24.00
24.01	NON OPERATING REVENUE	304,363	24.01
24.02	CAPITATION AND EQUITY IN AFFILIATES	-1,170,659	24.02
24.03	OTHER	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.11	OTHER (SPECIFY)	0	24.11
24.12	OTHER (SPECIFY)	0	24.12
24.13	OTHER (SPECIFY)	0	24.13
24.14	OTHER (SPECIFY)	0	24.14
24.15	OTHER (SPECIFY)	0	24.15
24.16	OTHER (SPECIFY)	0	24.16
24.17	OTHER (SPECIFY)	0	24.17
24.18	OTHER (SPECIFY)	0	24.18
24.19	OTHER (SPECIFY)	0	24.19
24.20	OTHER (SPECIFY)	0	24.20
24.21	OTHER (SPECIFY)	0	24.21
24.22	OTHER (SPECIFY)	0	24.22
24.23	OTHER (SPECIFY)	0	24.23
24.24	OTHER (SPECIFY)	0	24.24
24.25	OTHER (SPECIFY)	0	24.25
24.26	OTHER (SPECIFY)	0	24.26
24.27	OTHER (SPECIFY)	0	24.27
24.28	OTHER (SPECIFY)	0	24.28
24.29	OTHER (SPECIFY)	0	24.29
24.30	OTHER (SPECIFY)	0	24.30
24.31	OTHER (SPECIFY)	0	24.31
24.32	OTHER (SPECIFY)	0	24.32
24.33	OTHER (SPECIFY)	0	24.33
24.34	OTHER (SPECIFY)	0	24.34
24.35	OTHER (SPECIFY)	0	24.35
24.36	OTHER (SPECIFY)	0	24.36
24.37	OTHER (SPECIFY)	0	24.37
24.38	OTHER (SPECIFY)	0	24.38
24.39	OTHER (SPECIFY)	0	24.39
24.40	OTHER (SPECIFY)	0	24.40
24.41	OTHER (SPECIFY)	0	24.41
24.42	OTHER (SPECIFY)	0	24.42
24.43	OTHER (SPECIFY)	0	24.43
24.44	OTHER (SPECIFY)	0	24.44
24.45	OTHER (SPECIFY)	0	24.45
24.46	OTHER (SPECIFY)	0	24.46
24.47	OTHER (SPECIFY)	0	24.47
24.48	OTHER (SPECIFY)	0	24.48
24.49	OTHER (SPECIFY)	0	24.49
24.50	COVID-19 PHE Funding	0	24.50

5/29/2024 10:26 am

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet G-3 Date/Time Prepared: 5/29/2024 10:26 am
				1.00
25.00	Total other income (sum of lines 6-24)			6,069,453 25.00
26.00	Total (line 5 plus line 25)			23,745,332 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)			23,745,332 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0015	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/29/2024 10:26 am
		Title XVIII	Hospital	PPS
			Urban Post 10/1	Rural Pre 10/1
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,736,603	0
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		113,363	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)		88.00	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) (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)		3.77	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.06	8.00
9.00	Sum of lines 7 and 8		27.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.80	10.00
11.00	Disproportionate share adjustment (see instructions)		100,723	11.00
12.00	Total prospective capital payments (see instructions)		1,950,689	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0
2.00	Program inpatient ancillary capital cost (see instructions)			0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0
4.00	Capital cost payment factor (see instructions)			0
5.00	Total inpatient program capital cost (line 3 x line 4)			0
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0
3.00	Net program inpatient capital costs (line 1 minus line 2)			0
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0
8.00	Capital minimum payment level (line 5 plus line 7)			0
9.00	Current year capital payments (from Part I, line 12, as applicable)			0
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0
15.00	Current year allowable operating and capital payment (see instructions)			0
16.00	Current year operating and capital costs (see instructions)			0
17.00	Current year exception offset amount (see instructions)			0