

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: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/23/2024 4:51 pm
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PART I - COST REPORT STATUS

Provider use only

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

Date: 5/23/2024 Time: 4:51 pm

Contractor use only

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

6. Date Received:
 7. Contractor No.

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

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HENDRICKS REGIONAL HEALTH (15-0005) 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	Stanton Risser	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	Stanton Risser		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	420,310	4,411	0	-647,693	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0	0	0		0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	TOTAL	0	420,310	4,411	0	-647,693	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: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/23/2024 4:51 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1000 EAST MAIN STREET	PO Box:	Zip Code: 46122-1409	County: HENDRICKS
2.00	City: DANVILLE	State: IN		2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	HENDRICKS REGIONAL HEALTH	150005	26900	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
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)					9		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

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	703	198	0	2	3,579	254		24.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00			
						Urban/Rural S		Date of Geogr				
						1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00				
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00				
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00				
						Beginning:		Ending:				
						1.00		2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00				
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00				
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01				
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00				
						Y/N		Y/N				
						1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N		N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N		Y		40.00		
						V		XVII		XIX		
						1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital												
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N		Y		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N		N		N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N		N		N		48.00
Teaching Hospitals												
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N						56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.											57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N						58.00

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			V	XVIII	XIX
			1.00	2.00	3.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				59.00
			N		

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	

60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	

61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	

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

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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	

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					1.00	
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00	
					1.00 2.00 3.00	
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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

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		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)						107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	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.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/23/2024 4:51 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,363,597	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.00
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)		N	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			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.		N	N
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: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/23/2024 4:51 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/23/2024 4:51 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		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	05/31/2024			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
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.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	01/04/2024	Y	01/04/2024		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		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/23/2024 4:51 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
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.		N		33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		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?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	MI CHAEL	ALESSANDRI NI		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959	MALESSANDRI NI@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/23/2024 4:51 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
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	116	42,340	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)		116	42,340	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY					0	13.00	
14.00 Total (see instructions)	43.00	130	47,450	0.00	0	14.00	
15.00 CAH visits					0	15.00	
15.10 REH hours and visits				0.00	0	15.10	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		130				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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,461	477	18,993		1.00
2.00	HMO and other (see instructions)	4,073	3,779			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		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,461	477	18,993		7.00
8.00	INTENSIVE CARE UNIT	739	30	2,618		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		196	1,835		13.00
14.00	Total (see instructions)	6,200	703	23,446	0.00	1,952.33
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			13		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,952.33
28.00	Observation Bed Days		121	4,641		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	254	589		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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,553	221	5,854	1.00
2.00	HMO and other (see instructions)			827	1,483		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	1,553	221	5,854	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2024 4:51 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	206,278,986	0	206,278,986	4,060,841.00	50.80
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,658,180	0	1,658,180	9,186.00	180.51
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		19,295,306	0	19,295,306	106,124.00	181.82
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)		74,888,750	213,597	75,102,347	1,208,526.00	62.14
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,237,554	0	5,237,554	46,393.00	112.90
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		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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)		33,515,372	0	33,515,372		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		15,623,692	0	15,623,692		
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		175,767	0	175,767		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,035,062	0	2,035,062		
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)		0	0	0		
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: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2024 4:51 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4,430,030	-479,287	3,950,743	86,040.00	45.92	26.00
27.00	Administrative & General	17,791,090	289,593	18,080,683	347,512.00	52.03	27.00
28.00	Administrative & General under contract (see inst.)	2,664,101	0	2,664,101	12,274.00	217.05	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,138,781	7,453	3,146,234	101,982.00	30.85	30.00
31.00	Laundry & Linen Service	518,276	1,231	519,507	25,035.00	20.75	31.00
32.00	Housekeeping	3,495,956	8,301	3,504,257	161,607.00	21.68	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,546,542	-1,777,703	768,839	32,228.00	23.86	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,783,749	1,783,749	74,771.00	23.86	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,222,707	10,027	4,232,734	84,879.00	49.87	38.00
39.00	Central Services and Supply	1,467,634	3,485	1,471,119	52,490.00	28.03	39.00
40.00	Pharmacy	3,154,803	7,491	3,162,294	71,172.00	44.43	40.00
41.00	Medical Records & Medical Records Library	741,794	1,761	743,555	25,120.00	29.60	41.00
42.00	Social Service	2,197,903	5,219	2,203,122	51,663.00	42.64	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2024 4:51 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- 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)	189,647,781	0	189,647,781	3,966,991.00	47.81	1.00
2.00	Excluded area salaries (see instructions)	74,888,750	213,597	75,102,347	1,208,526.00	62.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,759,031	-213,597	114,545,434	2,758,465.00	41.53	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,237,554	0	5,237,554	46,393.00	112.90	4.00
5.00	Subtotal wage-related costs (see inst.)	33,691,139	0	33,691,139	0.00	29.41	5.00
6.00	Total (sum of lines 3 thru 5)	153,687,724	-213,597	153,474,127	2,804,858.00	54.72	6.00
7.00	Total overhead cost (see instructions)	46,369,617	-138,680	46,230,937	1,126,773.00	41.03	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2024 4:51 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		5,811,603	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	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		13,930	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)		29,155,135	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,611,548	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		394,199	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)		427,524	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		69,526	14.00
15.00	'Workers' Compensation Insurance		743,734	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		12,993,548	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		129,146	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		51,349,893	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: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/23/2024 4:51 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,237,554	51,349,893	1.00
2.00	Hospital	5,237,554	51,349,893	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/23/2024 4:51 pm
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.228543	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		48,874,976	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		3,755,582	5.00
6.00	Medicaid charges		278,878,237	6.00
7.00	Medicaid cost (line 1 times line 6)		63,735,669	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		11,105,111	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)		11,105,111	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)	11,704,414	3,901,809	15,606,223
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,674,962	3,901,809	6,576,771
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)	2,674,962	3,901,809	6,576,771
			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)		14,723,877	26.00
27.00	Medicare reimbursable bad debts (see instructions)		156,327	27.00
27.01	Medicare allowable bad debts (see instructions)		240,503	27.01
28.00	Non-Medicare bad debt amount (see instructions)		14,483,374	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,394,250	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		9,971,021	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,076,132	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/23/2024 4:51 pm
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				1.00	
PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)			0.228543	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)	11,704,414	3,901,809	15,606,223	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,674,962	3,901,809	6,576,771	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	2,674,962	3,901,809	6,576,771	23.00
				1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
25.01	Charges for insured patients' liability (see instructions)			0	25.01
26.00	Bad debt amount (see instructions)			14,723,877	26.00
27.00	Medicare reimbursable bad debts (see instructions)			156,327	27.00
27.01	Medicare allowable bad debts (see instructions)			240,503	27.01
28.00	Non-Medicare bad debt amount (see instructions)			14,483,374	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,394,250	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			9,971,021	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,971,021	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		24,322,542	24,322,542	3,323,339	27,645,881	1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,430,030	54,106,808	58,536,838	-2,813,160	55,723,678	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	17,791,090	52,544,732	70,335,822	-3,012,322	67,323,500	5.00	
7.00 00700 OPERATION OF PLANT	3,138,781	10,716,814	13,855,595	94,698	13,950,293	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	518,276	-365,008	153,268	8,411	161,679	8.00	
9.00 00900 HOUSEKEEPING	3,495,956	1,140,558	4,636,514	-66,978	4,569,536	9.00	
10.00 01000 DIETARY	2,546,542	2,153,658	4,700,200	-3,291,464	1,408,736	10.00	
11.00 01100 CAFETERIA	0	0	0	3,288,725	3,288,725	11.00	
13.00 01300 NURSING ADMINISTRATION	4,222,707	779,644	5,002,351	-41,010	4,961,341	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,467,634	947,727	2,415,361	-161,338	2,254,023	14.00	
15.00 01500 PHARMACY	3,154,803	35,029,193	38,183,996	-34,228,677	3,955,319	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	741,794	500,502	1,242,296	15,049	1,257,345	16.00	
17.00 01700 SOCIAL SERVICE	2,197,903	122,863	2,320,766	17,449	2,338,215	17.00	
23.00 02300 PARAMED PRGM-EMS	0	0	0	342,662	342,662	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	22,092,828	5,244,026	27,336,854	-6,026,596	21,310,258	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,857,928	1,039,750	3,897,678	-421,640	3,476,038	31.00	
43.00 04300 NURSERY	0	853	853	1,595,858	1,596,711	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,129,809	16,655,430	19,785,239	-5,640,309	14,144,930	50.00	
50.01 05001 ENDOSCOPY	1,548,410	886,224	2,434,634	-697,648	1,736,986	50.01	
51.00 05100 RECOVERY ROOM	2,124,412	337,751	2,462,163	-258,116	2,204,047	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,341	3,341	3,488,086	3,491,427	52.00	
53.00 05300 ANESTHESIOLOGY	8,225,728	660,761	8,886,489	-204,205	8,682,284	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,916,549	2,982,927	10,899,476	-1,006,732	9,892,744	54.00	
54.01 05401 RADIATION-ONCOLOGY	869,756	1,075,535	1,945,291	138,265	2,083,556	54.01	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
56.01 05601 NUCLEAR MEDICINE	409,654	857,571	1,267,225	-438,594	828,631	56.01	
59.00 05900 CARDIAC CATHETERIZATION	718,688	4,330,022	5,048,710	-1,767,572	3,281,138	59.00	
60.00 06000 LABORATORY	4,342,682	8,920,282	13,262,964	18,309	13,281,273	60.00	
64.00 06400 INTRAVENOUS THERAPY	2,026,776	394,844	2,421,620	-279,542	2,142,078	64.00	
65.00 06500 RESPIRATORY THERAPY	2,261,790	545,318	2,807,108	-96,623	2,710,485	65.00	
66.00 06600 PHYSICAL THERAPY	8,445,609	707,006	9,152,615	-108,546	9,044,069	66.00	
67.00 06700 OCCUPATIONAL THERAPY	716,617	27,742	744,359	27,356	771,715	67.00	
68.00 06800 SPEECH PATHOLOGY	485,269	12,812	498,081	-469	497,612	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,242,366	318,229	1,560,595	-58,520	1,502,075	69.00	
69.01 06901 CARDIAC REHAB	907,890	20,129	928,019	-7,212	920,807	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	777,818	106,912	884,730	-76,408	808,322	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,254,541	14,254,541	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	37,493,218	37,493,218	73.00	
73.01 07301 ULTRA SOUND	687,247	350,447	1,037,694	-49,864	987,830	73.01	
74.00 07400 RENAL DIALYSIS	0	321,598	321,598	-308	321,290	74.00	
76.00 03950 WOUND CARE	1,023,136	1,067,430	2,090,566	-107,009	1,983,557	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							
90.00 09000 CLINIC	1,723,300	4,409,774	6,133,074	-1,038,133	5,094,941	90.00	
91.00 09100 EMERGENCY	13,150,458	2,306,344	15,456,802	-1,085,883	14,370,919	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	131,390,236	235,583,091	366,973,327	1,121,088	368,094,415	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	63,796,389	23,660,322	87,456,711	-1,146,698	86,310,013	192.00	
192.01 19201 HEALTH TRACKS	5,116,846	1,194,387	6,311,233	11,949	6,323,182	192.01	
194.00 07950 PRIMARY CARE CLINIC	609,095	2,689,216	3,298,311	1,446	3,299,757	194.00	
194.01 07951 PARTNERS IN CARE	0	0	0	0	0	194.01	
194.02 07952 OCCUPATIONAL MEDICINE	860,920	586,949	1,447,869	2,044	1,449,913	194.02	
194.03 07953 FOUNDATION	121,490	4,852	126,342	288	126,630	194.03	
194.04 07954 SCHOOL & TOWN CLINICS	1,770,874	162,378	1,933,252	3,679	1,936,931	194.04	
194.05 07955 MANAGED FACILITY	460,490	197,086	657,576	1,093	658,669	194.05	
194.06 07956 RENTAL PROPERTIES	0	88,327	88,327	0	88,327	194.06	
194.07 07957 SNF NON CERTIFIED	2,152,646	247,792	2,400,438	5,111	2,405,549	194.07	
200.00	TOTAL (SUM OF LINES 118 through 199)	206,278,986	264,414,400	470,693,386	0	470,693,386	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	50,013	27,695,894	1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-30,212	55,693,466	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-19,883,719	47,439,781	5.00
7.00	00700 OPERATION OF PLANT	-10,161	13,940,132	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	161,679	8.00
9.00	00900 HOUSEKEEPING	-98,000	4,471,536	9.00
10.00	01000 DIETARY	0	1,408,736	10.00
11.00	01100 CAFETERIA	-1,263,053	2,025,672	11.00
13.00	01300 NURSING ADMINISTRATION	-69,092	4,892,249	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	2,254,023	14.00
15.00	01500 PHARMACY	0	3,955,319	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-2,491	1,254,854	16.00
17.00	01700 SOCIAL SERVICE	-205	2,338,010	17.00
23.00	02300 PARAMED ED PRGM-EMS	-9,625	333,037	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-5,608,831	15,701,427	30.00
31.00	03100 INTENSIVE CARE UNIT	-14,123	3,461,915	31.00
43.00	04300 NURSERY	0	1,596,711	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-7,265	14,137,665	50.00
50.01	05001 ENDOSCOPY	0	1,736,986	50.01
51.00	05100 RECOVERY ROOM	0	2,204,047	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,491,427	52.00
53.00	05300 ANESTHESIOLOGY	-9,583,620	-901,336	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-199,486	9,693,258	54.00
54.01	05401 RADIATION-ONCOLOGY	0	2,083,556	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0	828,631	56.01
59.00	05900 CARDIAC CATHETERIZATION	-1,985,032	1,296,106	59.00
60.00	06000 LABORATORY	-101,282	13,179,991	60.00
64.00	06400 INTRAVENOUS THERAPY	0	2,142,078	64.00
65.00	06500 RESPIRATORY THERAPY	-19,378	2,691,107	65.00
66.00	06600 PHYSICAL THERAPY	-1,144,246	7,899,823	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	771,715	67.00
68.00	06800 SPEECH PATHOLOGY	0	497,612	68.00
69.00	06900 ELECTROCARDIOLOGY	-183,525	1,318,550	69.00
69.01	06901 CARDIAC REHAB	0	920,807	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	808,322	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,254,541	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	37,493,218	73.00
73.01	07301 ULTRA SOUND	-3,941	983,889	73.01
74.00	07400 RENAL DIALYSIS	0	321,290	74.00
76.00	03950 WOUND CARE	-600,547	1,383,010	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				
90.00	09000 CLINIC	0	5,094,941	90.00
91.00	09100 EMERGENCY	-6,451,543	7,919,376	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-47,219,364	320,875,051	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	86,310,013	192.00
192.01	19201 HEALTH TRACKS	0	6,323,182	192.01
194.00	07950 PRIMARY CARE CLINIC	0	3,299,757	194.00
194.01	07951 PARTNERS IN CARE	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	1,449,913	194.02
194.03	07953 FOUNDATION	0	126,630	194.03
194.04	07954 SCHOOL & TOWN CLINICS	0	1,936,931	194.04
194.05	07955 MANAGED FACILITY	0	658,669	194.05
194.06	07956 RENTAL PROPERTIES	0	88,327	194.06
194.07	07957 SNF NON CERTIFIED	0	2,405,549	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	-47,219,364	423,474,022	200.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:
5/23/2024 4:51 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,493,218	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
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
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
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
0			0	37,493,218	
B - MOB RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	65,395	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	78,511	2.00
3.00	OPERATION OF PLANT	7.00	0	87,888	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	55,706	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,300	5.00
6.00	SOCIAL SERVICE	17.00	0	12,249	6.00
7.00	PARAMED ED PRGM-EMS	23.00	0	2,932	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	37,190	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,264	9.00
10.00	RADIATION-ONCOLOGY	54.01	0	172,999	10.00
11.00	LABORATORY	60.00	0	8,489	11.00
12.00	INTRAVENOUS THERAPY	64.00	0	38,887	12.00
13.00	PHYSICAL THERAPY	66.00	0	48,577	13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	37,544	14.00
15.00	ULTRA SOUND	73.01	0	24,898	15.00
16.00	CLINIC	90.00	0	263,730	16.00
0			0	1,051,559	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,779,524	1,504,976	1.00
0			1,779,524	1,504,976	
D - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,254,541	1.00
2.00		0.00	0	0	2.00
0			0	14,254,541	
E - BONUS/PTO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	42,830	0	1.00
2.00	OPERATION OF PLANT	7.00	7,453	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	1,231	0	3.00
4.00	HOUSEKEEPING	9.00	8,301	0	4.00
5.00	DIETARY	10.00	1,821	0	5.00
6.00	CAFETERIA	11.00	4,225	0	6.00
7.00	NURSING ADMINISTRATION	13.00	10,027	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	3,485	0	8.00
9.00	PHARMACY	15.00	7,491	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,761	0	10.00
11.00	SOCIAL SERVICE	17.00	5,219	0	11.00
12.00	PARAMED ED PRGM-EMS	23.00	671	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	40,885	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	6,786	0	14.00
15.00	NURSERY	43.00	3,633	0	15.00
16.00	OPERATING ROOM	50.00	7,432	0	16.00
17.00	ENDOSCOPY	50.01	3,677	0	17.00
18.00	RECOVERY ROOM	51.00	5,044	0	18.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:
5/23/2024 4:51 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	7,941	0	19.00
20.00	ANESTHESIOLOGY	53.00	19,532	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	18,798	0	21.00
22.00	RADIATION-ONCOLOGY	54.01	2,065	0	22.00
23.00	NUCLEAR MEDICINE	56.01	973	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	1,707	0	24.00
25.00	LABORATORY	60.00	10,312	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	4,813	0	26.00
27.00	RESPIRATORY THERAPY	65.00	5,371	0	27.00
28.00	PHYSICAL THERAPY	66.00	20,054	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	1,702	0	29.00
30.00	SPEECH PATHOLOGY	68.00	1,152	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	2,950	0	31.00
32.00	CARDIAC REHAB	69.01	2,156	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	1,847	0	33.00
34.00	ULTRASOUND	73.01	1,632	0	34.00
35.00	CLINIC	90.00	4,092	0	35.00
36.00	EMERGENCY	91.00	30,555	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	150,899	0	37.00
38.00	HEALTH TRACKS	192.01	12,149	0	38.00
39.00	PRIMARY CARE CLINIC	194.00	1,446	0	39.00
40.00	OCCUPATIONAL MEDICINE	194.02	2,044	0	40.00
41.00	FOUNDATION	194.03	288	0	41.00
42.00	SCHOOL & TOWN CLINICS	194.04	4,204	0	42.00
43.00	MANAGED FACILITY	194.05	1,093	0	43.00
44.00	SNF NON CERTIFIED	194.07	5,111	0	44.00
45.00	WOUND CARE	76.00	2,429	0	45.00
			479,287	0	
F - MEDICAL SUPPLY RECLASS					
1.00	OPERATING ROOM	50.00	0	7,420,744	1.00
2.00	ELECTROCARDIOLOGY	69.00	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
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
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
			0	7,420,744	
H - CHILDBIRTH CENTER RECLASS					
1.00	NURSERY	43.00	1,529,990	62,235	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,344,118	136,027	2.00
			4,874,108	198,262	
I - MEDICAL DIRECTOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	246,763	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			246,763	0	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
J - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,323,339	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
	0		0	3,323,339	
K - EMS EDUCATION RECLASS					
1.00	PARAMED ED PRGM-EMS	23.00	134,941	56,604	1.00
	0		134,941	56,604	
L - EMS CLINICAL PRECEPTOR RECLASS					
1.00	PARAMED ED PRGM-EMS	23.00	147,514	0	1.00
	0		147,514	0	
500.00	Grand Total: Increases		7,662,137	65,303,243	500.00

RECLASSIFICATIONS

Provider CCN: 15-0005

Period:
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To 12/31/2023

Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,329,612	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	92,364	0	2.00	
3.00	DIETARY	10.00	0	23	0	3.00	
4.00	HOUSEKEEPING	9.00	0	93	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	56	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,186	0	6.00	
7.00	PHARMACY	15.00	0	34,107,911	0	7.00	
9.00	ADULTS & PEDIATRICS	30.00	0	34,542	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	5,608	0	10.00	
11.00	OPERATING ROOM	50.00	0	56,924	0	11.00	
12.00	ENDOSCOPY	50.01	0	13,185	0	12.00	
13.00	RECOVERY ROOM	51.00	0	7,295	0	13.00	
15.00	ANESTHESIOLOGY	53.00	0	36	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	268,171	0	16.00	
17.00	RADIATION-ONCOLOGY	54.01	0	1,751	0	17.00	
18.00	NUCLEAR MEDICINE	56.01	0	425,853	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	30,515	0	19.00	
20.00	LABORATORY	60.00	0	492	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	15,352	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	4,675	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	48,728	0	23.00	
25.00	ELECTROCARDIOLOGY	69.00	0	22,620	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	39	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	538	0	27.00	
28.00	WOUND CARE	76.00	0	600	0	28.00	
29.00	CLINIC	90.00	0	14,388	0	29.00	
30.00	EMERGENCY	91.00	0	10,661	0	30.00	
0			0	37,493,218			
B - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,051,559	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
0			0	1,051,559			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,779,524	1,504,976	0	1.00	
0			1,779,524	1,504,976			
D - IMPLANTABLE DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	12,982,627	0	1.00	
2.00	CLINIC	90.00	0	1,271,914	0	2.00	
0			0	14,254,541			
E - BONUS/PTO RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	479,287	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	

RECLASSIFICATIONS

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Period:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
0		479,287	0				
F - MEDICAL SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69,656	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	32,964	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	643	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	48,526	0	4.00	
5.00	HOUSEKEEPING	9.00	0	75,186	0	5.00	
6.00	DIETARY	10.00	0	8,762	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	50,981	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	163,637	0	8.00	
9.00	PHARMACY	15.00	0	128,257	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	12	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	19	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	997,759	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	422,818	0	13.00	
14.00	ENDOSCOPY	50.01	0	659,615	0	14.00	
15.00	RECOVERY ROOM	51.00	0	255,865	0	15.00	
17.00	ANESTHESIOLOGY	53.00	0	223,701	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	860,623	0	18.00	
19.00	RADIATION-ONCOLOGY	54.01	0	35,048	0	19.00	
20.00	NUCLEAR MEDICINE	56.01	0	13,714	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,738,764	0	21.00	
23.00	INTRAVENOUS THERAPY	64.00	0	307,890	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	97,319	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	128,449	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	11,890	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	1,621	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	38,850	0	28.00	
29.00	CARDIAC REHAB	69.01	0	9,368	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	77,717	0	30.00	
31.00	ULTRA SOUND	73.01	0	76,394	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	269	0	32.00	
33.00	WOUND CARE	76.00	0	108,838	0	33.00	
34.00	CLINIC	90.00	0	8,871	0	34.00	
35.00	EMERGENCY	91.00	0	766,718	0	35.00	
0			0	7,420,744			
H - CHILDBIRTH CENTER RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	4,874,108	198,262	0	1.00	
2.00		0.00	0	0	0	2.00	
0			4,874,108	198,262			
I - MEDICAL DIRECTOR RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	246,038	0	0	1.00	
2.00	HEALTH TRACKS	192.01	200	0	0	2.00	
3.00	SCHOOL & TOWN CLINICS	194.04	525	0	0	3.00	
0			246,763	0			

RECLASSIFICATIONS

Provider CCN: 15-0005

Period:
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Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - INTEREST EXPENSE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,255,098	11		1.00
2.00	OPERATING ROOM	50.00	0	28,934	0		2.00
3.00	ENDOSCOPY	50.01	0	28,525	0		3.00
4.00	CLINIC	90.00	0	10,782	0		4.00
			0	3,323,339			
K - EMS EDUCATION RECLASS							
1.00	EMERGENCY	91.00	134,941	56,604	0		1.00
			134,941	56,604			
L - EMS CLINICAL PRECEPTOR RECLASS							
1.00	EMERGENCY	91.00	147,514	0	0		1.00
			147,514	0			
500.00	Grand Total: Decreases		7,662,137	65,303,243			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part I
Date/Time Prepared:
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		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	23,602,369	0	0	0	0	1.00
2.00	Land Improvements	10,231,133	279,445	0	279,445	0	2.00
3.00	Buildings and Fixtures	306,215,423	11,813,629	0	11,813,629	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	179,418,960	19,258,819	0	19,258,819	3,052,498	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	519,467,885	31,351,893	0	31,351,893	3,052,498	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	519,467,885	31,351,893	0	31,351,893	3,052,498	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,602,369	0				1.00
2.00	Land Improvements	10,510,578	0				2.00
3.00	Buildings and Fixtures	318,029,052	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	195,625,281	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	547,767,280	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	547,767,280	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

Period:
From 01/01/2023
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Worksheet A-7
Part II
Date/Time Prepared:
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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	NEW CAP REL COSTS-BLDG & FIXT	24,322,542	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	24,322,542	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	NEW CAP REL COSTS-BLDG & FIXT	0	24,322,542	1.00			
3.00	Total (sum of lines 1-2)	0	24,322,542	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

Period:
From 01/01/2023
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	547,767,280	0	547,767,280	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	547,767,280	0	547,767,280	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	24,372,555	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	24,372,555	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	NEW CAP REL COSTS-BLDG & FIXT	3,323,339	0	0	0	27,695,894	1.00
3.00	Total (sum of lines 1-2)	3,323,339	0	0	0	27,695,894	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-25,866,184	0			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		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,263,053	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-9,625	0	PARAMED ED PRGM-EMS	23.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 1993 CARRYFORWARD	A	46,725	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.00
33.01 1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.01
33.02 ADMITTING TELEPHONE (EQUIPMENT)	A	0		0.00	0 33.02
33.03 ADMITTING TELEPHONE (SALARY)	A	0		0.00	0 33.03
33.04 MARKETING DEPARTMENT	A	-2,840,581	ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05 PHYSICIAN RECRUITMENT	A	-49,898	ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06 IHA LOBBYING EXPENSE	A	-13,151	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 AHA LOBBYING EXPENSE	A	-7,966	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 HOSPITAL ASSESSMENT FEE	A	-9,650,819	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 HIP ASSESSMENT FEE	A	-6,864,101	ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.10
33.11 MIS INCOME	B	-30,212	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12 MIS INCOME	B	-457,203	ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13 MIS INCOME	B	-10,161	OPERATION OF PLANT	7.00	0 33.13
33.14 MIS INCOME	B	0		0.00	0 33.14
33.15 MIS INCOME	B	-98,000	HOUSEKEEPING	9.00	0 33.15
33.16 MIS INCOME	B	-69,092	NURSING ADMINISTRATION	13.00	0 33.16
33.17 MIS INCOME	B	0		0.00	0 33.17
33.18 MIS INCOME	B	0		0.00	0 33.18
33.19 MIS INCOME	B	-2,491	MEDICAL RECORDS & LIBRARY	16.00	0 33.19
33.20 MIS INCOME	B	-205	SOCIAL SERVICE	17.00	0 33.20
33.21 MIS INCOME	B	-14,445	ADULTS & PEDIATRICS	30.00	0 33.21
33.22 MIS INCOME	B	0		0.00	0 33.22
33.23 MIS INCOME	B	-4,637	OPERATING ROOM	50.00	0 33.23
33.24 MIS INCOME	B	0		0.00	0 33.24
33.25 MIS INCOME	B	0		0.00	0 33.25
33.26 MIS INCOME	B	0		0.00	0 33.26
33.27 MIS INCOME	B	0		0.00	0 33.27
33.28 MIS INCOME	B	0		0.00	0 33.28
33.29 MIS INCOME	B	0		0.00	0 33.29
33.30 MIS INCOME	B	0		0.00	0 33.30
33.31 MIS INCOME	B	0		0.00	0 33.31
33.32 MIS INCOME	B	0		0.00	0 33.32
33.33 MIS INCOME	B	0		0.00	0 33.33
33.34 MIS INCOME	B	-78	PHYSICAL THERAPY	66.00	0 33.34
33.35 MIS INCOME	B	0		0.00	0 33.35
33.36 MIS INCOME	B	0		0.00	0 33.36
33.37 MIS INCOME	B	0		0.00	0 33.37
33.38 MIS INCOME	B	0		0.00	0 33.38
33.39 MIS INCOME	B	0		0.00	0 33.39
33.40 MIS INCOME	B	0		0.00	0 33.40
33.41 MIS INCOME	B	-17,475	EMERGENCY	91.00	0 33.41
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-47,219,364			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2024 4:51 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	5,594,386	5,594,386	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	14,123	14,123	0	0	0	2.00
3.00	50.00	OPERATING ROOM	2,628	2,628	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	9,583,620	9,583,620	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	199,486	199,486	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	1,985,032	1,985,032	0	0	0	6.00
7.00	60.00	LABORATORY	101,282	101,282	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	19,378	19,378	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	1,144,168	1,144,168	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	183,525	183,525	0	0	0	10.00
11.00	73.01	ULTRA SOUND	3,941	3,941	0	0	0	11.00
12.00	76.00	WOUND CARE	600,547	600,547	0	0	0	12.00
13.00	91.00	EMERGENCY	6,434,068	6,434,068	0	0	0	13.00
200.00			25,866,184	25,866,184	0	0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	73.01	ULTRA SOUND	0	0	0	0	0	11.00
12.00	76.00	WOUND CARE	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	5,594,386	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	14,123	2.00
3.00	50.00	OPERATING ROOM	0	0	0	2,628	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	9,583,620	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	199,486	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,985,032	6.00
7.00	60.00	LABORATORY	0	0	0	101,282	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	19,378	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	1,144,168	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	183,525	10.00
11.00	73.01	ULTRA SOUND	0	0	0	3,941	11.00
12.00	76.00	WOUND CARE	0	0	0	600,547	12.00
13.00	91.00	EMERGENCY	0	0	0	6,434,068	13.00
200.00			0	0	0	25,866,184	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	27,695,894	27,695,894			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	55,693,466	409,316	56,102,782		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	47,439,781	1,459,701	5,013,520	53,913,002	5.00
7.00 00700	OPERATION OF PLANT	13,940,132	4,662,892	872,407	19,475,431	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	161,679	284,627	144,052	590,358	8.00
9.00 00900	HOUSEKEEPING	4,471,536	227,444	971,681	5,670,661	9.00
10.00 01000	DIETARY	1,408,736	406,832	213,188	2,028,756	10.00
11.00 01100	CAFETERIA	2,025,672	129,447	494,609	2,649,728	11.00
13.00 01300	NURSING ADMINISTRATION	4,892,249	333,760	1,173,678	6,399,687	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,254,023	615,006	407,921	3,276,950	14.00
15.00 01500	PHARMACY	3,955,319	152,966	876,860	4,985,145	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,254,854	67,955	206,177	1,528,986	16.00
17.00 01700	SOCIAL SERVICE	2,338,010	45,004	610,895	2,993,909	17.00
23.00 02300	PARAMED PRGM-EMS	333,037	52,724	78,507	464,268	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,701,427	2,184,853	4,785,847	22,672,127	30.00
31.00 03100	INTENSIVE CARE UNIT	3,461,915	270,892	794,345	4,527,152	31.00
43.00 04300	NURSERY	1,596,711	244,051	425,252	2,266,014	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,137,665	883,744	869,913	15,891,322	50.00
50.01 05001	ENDOSCOPY	1,736,986	284,717	430,372	2,452,075	50.01
51.00 05100	RECOVERY ROOM	2,204,047	422,781	590,468	3,217,296	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,491,427	533,496	929,479	4,954,402	52.00
53.00 05300	ANESTHESIOLOGY	-901,336	0	2,286,295	1,384,959	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,693,258	1,068,069	2,200,361	12,961,688	54.00
54.01 05401	RADIATION-ONCOLOGY	2,083,556	411,141	241,744	2,736,441	54.01
56.00 05600	RADIO SOTOPE	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	828,631	21,335	113,861	963,827	56.01
59.00 05900	CARDIAC CATHETERIZATION	1,296,106	584,724	199,755	2,080,585	59.00
60.00 06000	LABORATORY	13,179,991	338,369	1,207,024	14,725,384	60.00
64.00 06400	INTRAVENOUS THERAPY	2,142,078	305,124	563,331	3,010,533	64.00
65.00 06500	RESPIRATORY THERAPY	2,691,107	120,919	628,652	3,440,678	65.00
66.00 06600	PHYSICAL THERAPY	7,899,823	845,562	2,347,410	11,092,795	66.00
67.00 06700	OCCUPATIONAL THERAPY	771,715	309,493	199,180	1,280,388	67.00
68.00 06800	SPEECH PATHOLOGY	497,612	135,162	134,878	767,652	68.00
69.00 06900	ELECTROCARDIOLOGY	1,318,550	101,828	345,309	1,765,687	69.00
69.01 06901	CARDIAC REHAB	920,807	213,919	252,343	1,387,069	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	808,322	181,931	216,190	1,206,443	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,254,541	0	0	14,254,541	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	37,493,218	0	0	37,493,218	73.00
73.01 07301	ULTRA SOUND	983,889	115,742	191,017	1,290,648	73.01
74.00 07400	RENAL DIALYSIS	321,290	23,490	0	344,780	74.00
76.00 03950	WOUND CARE	1,383,010	161,614	284,375	1,828,999	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						
90.00 09000	CLINIC	5,094,941	610,996	478,982	6,184,919	90.00
91.00 09100	EMERGENCY	7,919,376	997,062	3,576,590	12,493,028	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	320,875,051	20,218,688	35,356,468	292,651,531	34,828,134
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	86,310,013	6,343,904	17,663,456	110,317,373	16,093,499
192.01 19201	HEALTH TRACKS	6,323,182	539,810	1,422,143	8,285,135	1,208,669
194.00 07950	PRIARY CARE CLINIC	3,299,757	0	169,294	3,469,051	506,079
194.01 07951	PARTNERS IN CARE	0	0	0	0	0
194.02 07952	OCCUPATIONAL MEDICINE	1,449,913	130,135	239,288	1,819,336	265,412
194.03 07953	FOUNDATION	126,630	23,190	33,767	183,587	26,782
194.04 07954	SCHOOL & TOWN CLINICS	1,936,931	0	492,059	2,428,990	354,351
194.05 07955	MANAGED FACILITY	658,669	0	127,991	786,660	114,761
194.06 07956	RENTAL PROPERTIES	88,327	55,657	0	143,984	21,005
194.07 07957	SNF NON CERTIFIED	2,405,549	384,510	598,316	3,388,375	494,310
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT			
	0	1.00	4.00	4A	5.00	
202.00 TOTAL (sum lines 118 through 201)	423,474,022	27,695,894	56,102,782	423,474,022	53,913,002	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	22,316,585				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	676,482			8.00	
9.00	00900	HOUSEKEEPING	407,493	0	6,905,413		9.00	
10.00	01000	DIETARY	728,888	0	31,335	3,084,942	10.00	
11.00	01100	CAFETERIA	231,919	0	156,674	0	11.00	
13.00	01300	NURSING ADMINISTRATION	597,971	0	35,252	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,101,856	0	11,751	0	14.00	
15.00	01500	PHARMACY	274,057	713	23,501	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	3,917	0	17.00	
23.00	02300	PARAMED ED PRGM-EMS	75,162	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,672,854	158,585	1,171,139	2,350,398	30.00	
31.00	03100	INTENSIVE CARE UNIT	485,335	31,985	419,103	311,372	31.00	
43.00	04300	NURSERY	437,247	13,393	15,667	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,583,331	33,704	285,930	0	50.00	
50.01	05001	ENDOSCOPY	510,103	36,759	148,840	0	50.01	
51.00	05100	RECOVERY ROOM	757,462	31,876	141,007	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	955,821	29,276	195,843	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	7,834	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,229,663	74,665	470,022	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	11,376	121,422	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	38,224	0	11,751	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	1,047,602	0	78,337	0	59.00	
60.00	06000	LABORATORY	526,455	10,094	325,099	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	190,692	0	54,836	0	64.00	
65.00	06500	RESPIRATORY THERAPY	216,640	0	54,836	0	65.00	
66.00	06600	PHYSICAL THERAPY	805,926	41,560	642,364	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	263,013	899	58,753	0	67.00	
68.00	06800	SPEECH PATHOLOGY	242,158	0	23,501	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	182,436	10,847	62,670	0	69.00	
69.01	06901	CARDIAC REHAB	279,042	103	94,004	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	325,952	490	54,836	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	43,478	0	11,751	0	73.01	
74.00	07400	RENAL DIALYSIS	42,084	293	15,667	0	74.00	
76.00	03950	WOUND CARE	289,550	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								
90.00	09000	CLINIC	0	28,164	297,681	0	90.00	
91.00	09100	EMERGENCY	1,786,354	112,503	634,530	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	211,826	92.00	
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,328,768	627,285	5,659,853	2,661,770	2,570,102	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,048,509	29,468	857,791	0	721,687	192.00
192.01	19201	HEALTH TRACKS	250,414	4,456	172,342	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	1,637	121,422	0	16,542	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	82,254	0	38,248	194.02
194.03	07953	FOUNDATION	0	0	3,917	0	1,332	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	153	7,834	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	688,894	13,483	0	423,172	76,963	194.07
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)	22,316,585	676,482	6,905,413	3,084,942	3,424,874	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	8,094,225					13.00
14.00	01400	0	4,958,684				14.00
15.00	01500	0	0	6,131,745			15.00
16.00	01600	0	0	0	1,795,146		16.00
17.00	01700	0	0	0	0	3,509,555	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,981,902	0	0	129,085	1,825,837	30.00
31.00	03100	383,899	0	0	25,201	241,881	31.00
43.00	04300	222,047	0	0	22,128	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	507,653	4,958,684	0	275,696	1,081,990	50.00
50.01	05001	228,467	0	0	61,016	0	50.01
51.00	05100	295,610	0	0	47,940	0	51.00
52.00	05200	485,335	0	0	48,366	0	52.00
53.00	05300	349,112	0	0	0	0	53.00
54.00	05400	1,190,570	0	0	242,620	0	54.00
54.01	05401	0	0	0	106,833	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	59,903	0	0	22,904	0	56.01
59.00	05900	117,073	0	0	113,391	0	59.00
60.00	06000	0	0	0	253,491	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	342,822	0	0	44,844	0	65.00
66.00	06600	0	0	0	15,626	0	66.00
67.00	06700	0	0	0	6,508	0	67.00
68.00	06800	0	0	0	4,476	0	68.00
69.00	06900	281,189	0	0	38,434	0	69.00
69.01	06901	141,947	0	0	5,523	0	69.01
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	6,131,745	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	1,806	0	74.00
76.00	03950	0	0	0	17,038	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							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,214,950	0	0	312,220	359,847	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		7,802,479	4,958,684	6,131,745	1,795,146	3,509,555	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	291,746	0	0	0	0	194.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		8,094,225	4,958,684	6,131,745	1,795,146	3,509,555	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
23.00	02300	PARAMED ED PRGM-EMS	618,517				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	37,761,110	0	37,761,110	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,187,641	0	7,187,641	31.00
43.00	04300	NURSERY	0	3,365,648	0	3,365,648	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	27,070,520	0	27,070,520	50.00
50.01	05001	ENDOSCOPY	0	3,855,249	0	3,855,249	50.01
51.00	05100	RECOVERY ROOM	0	5,038,526	0	5,038,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,519,844	0	7,519,844	52.00
53.00	05300	ANESTHESIOLOGY	0	2,036,045	0	2,036,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,281,661	0	18,281,661	54.00
54.01	05401	RADIATION-ONCOLOGY	0	3,375,275	0	3,375,275	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	1,253,018	0	1,253,018	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	3,771,396	0	3,771,396	59.00
60.00	06000	LABORATORY	0	18,141,831	0	18,141,831	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,695,250	0	3,695,250	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,675,672	0	4,675,672	65.00
66.00	06600	PHYSICAL THERAPY	0	14,283,184	0	14,283,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,814,104	0	1,814,104	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,161,871	0	1,161,871	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,653,994	0	2,653,994	69.00
69.01	06901	CARDIAC REHAB	0	2,110,039	0	2,110,039	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,799,217	0	1,799,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,334,050	0	16,334,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,094,624	0	49,094,624	73.00
73.01	07301	ULTRA SOUND	0	1,557,211	0	1,557,211	73.01
74.00	07400	RENAL DIALYSIS	0	454,928	0	454,928	74.00
76.00	03950	WOUND CARE	0	2,443,138	0	2,443,138	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	7,413,045	0	7,413,045	90.00
91.00	09100	EMERGENCY	618,517	19,566,308	0	19,566,308	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	618,517	267,714,399	0	267,714,399	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	130,068,327	0	130,068,327	192.00
192.01	19201	HEALTH TRACKS	0	9,921,016	0	9,921,016	192.01
194.00	07950	PRIMARY CARE CLINIC	0	4,114,731	0	4,114,731	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	2,205,250	0	2,205,250	194.02
194.03	07953	FOUNDATION	0	215,618	0	215,618	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	2,791,328	0	2,791,328	194.04
194.05	07955	MANAGED FACILITY	0	901,421	0	901,421	194.05
194.06	07956	RENTAL PROPERTIES	0	164,989	0	164,989	194.06
194.07	07957	SNF NON CERTIFIED	0	5,376,943	0	5,376,943	194.07
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	618,517	423,474,022	0	423,474,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0005

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	409,316	409,316	409,316		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,459,701	1,459,701	36,577	1,496,278	5.00
7.00 00700	OPERATION OF PLANT	0	4,662,892	4,662,892	6,365	78,856	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	284,627	284,627	1,051	2,390	8.00
9.00 00900	HOUSEKEEPING	0	227,444	227,444	7,089	22,961	9.00
10.00 01000	DIETARY	0	406,832	406,832	1,555	8,214	10.00
11.00 01100	CAFETERIA	0	129,447	129,447	3,609	10,729	11.00
13.00 01300	NURSING ADMINISTRATION	0	333,760	333,760	8,563	25,912	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	615,006	615,006	2,976	13,268	14.00
15.00 01500	PHARMACY	0	152,966	152,966	6,397	20,185	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	67,955	67,955	1,504	6,191	16.00
17.00 01700	SOCIAL SERVICE	0	45,004	45,004	4,457	12,122	17.00
23.00 02300	PARAMED PRGM-EMS	0	52,724	52,724	573	1,880	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,184,853	2,184,853	34,916	91,799	30.00
31.00 03100	INTENSIVE CARE UNIT	0	270,892	270,892	5,795	18,330	31.00
43.00 04300	NURSERY	0	244,051	244,051	3,103	9,175	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	883,744	883,744	6,347	64,344	50.00
50.01 05001	ENDOSCOPY	0	284,717	284,717	3,140	9,928	50.01
51.00 05100	RECOVERY ROOM	0	422,781	422,781	4,308	13,027	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	533,496	533,496	6,781	20,060	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	16,680	5,608	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,068,069	1,068,069	16,053	52,482	54.00
54.01 05401	RADIATION-ONCOLOGY	0	411,141	411,141	1,764	11,080	54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	0	21,335	21,335	831	3,903	56.01
59.00 05900	CARDIAC CATHETERIZATION	0	584,724	584,724	1,457	8,424	59.00
60.00 06000	LABORATORY	0	338,369	338,369	8,806	59,623	60.00
64.00 06400	INTRAVENOUS THERAPY	0	305,124	305,124	4,110	12,190	64.00
65.00 06500	RESPIRATORY THERAPY	0	120,919	120,919	4,586	13,931	65.00
66.00 06600	PHYSICAL THERAPY	0	845,562	845,562	17,126	44,915	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	309,493	309,493	1,453	5,184	67.00
68.00 06800	SPEECH PATHOLOGY	0	135,162	135,162	984	3,108	68.00
69.00 06900	ELECTROCARDIOLOGY	0	101,828	101,828	2,519	7,149	69.00
69.01 06901	CARDIAC REHAB	0	213,919	213,919	1,841	5,616	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	181,931	181,931	1,577	4,885	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	57,717	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	151,810	73.00
73.01 07301	ULTRA SOUND	0	115,742	115,742	1,394	5,226	73.01
74.00 07400	RENAL DIALYSIS	0	23,490	23,490	0	1,396	74.00
76.00 03950	WOUND CARE	0	161,614	161,614	2,075	7,406	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							
90.00 09000	CLINIC	0	610,996	610,996	3,495	25,043	90.00
91.00 09100	EMERGENCY	0	997,062	997,062	26,094	50,584	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	20,218,688	20,218,688	257,951	966,651	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,343,904	6,343,904	128,873	446,602	192.00
192.01 19201	HEALTH TRACKS	0	539,810	539,810	10,376	33,547	192.01
194.00 07950	PRIMARY CARE CLINIC	0	0	0	1,235	14,046	194.00
194.01 07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	130,135	130,135	1,746	7,366	194.02
194.03 07953	FOUNDATION	0	23,190	23,190	246	743	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	0	0	3,590	9,835	194.04
194.05 07955	MANAGED FACILITY	0	0	0	934	3,185	194.05
194.06 07956	RENTAL PROPERTIES	0	55,657	55,657	0	583	194.06
194.07 07957	SNF NON CERTIFIED	0	384,510	384,510	4,365	13,720	194.07
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)	0	27,695,894	27,695,894	409,316	1,496,278	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/23/2024 4:51 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	4,748,113				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	288,068			8.00	
9.00	00900	HOUSEKEEPING	86,699	0	344,193		9.00	
10.00	01000	DIETARY	155,079	0	1,562	573,242	10.00	
11.00	01100	CAFETERIA	49,343	0	7,809	0	11.00	
13.00	01300	NURSING ADMINISTRATION	127,225	0	1,757	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	234,433	0	586	0	14.00	
15.00	01500	PHARMACY	58,309	304	1,171	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	195	0	17.00	
23.00	02300	PARAMED ED PRGM-EMS	15,992	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	781,443	67,532	58,375	436,750	30.00	
31.00	03100	INTENSIVE CARE UNIT	103,261	13,620	20,890	57,859	31.00	
43.00	04300	NURSERY	93,029	5,703	781	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	336,872	14,352	14,252	0	50.00	
50.01	05001	ENDOSCOPY	108,530	15,653	7,419	0	50.01	
51.00	05100	RECOVERY ROOM	161,159	13,574	7,028	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	203,362	12,467	9,762	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	390	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,625	31,795	23,428	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	4,844	6,052	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	8,133	0	586	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	222,889	0	3,905	0	59.00	
60.00	06000	LABORATORY	112,009	4,298	16,204	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	40,572	0	2,733	0	64.00	
65.00	06500	RESPIRATORY THERAPY	46,093	0	2,733	0	65.00	
66.00	06600	PHYSICAL THERAPY	171,470	17,697	32,018	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	55,959	383	2,928	0	67.00	
68.00	06800	SPEECH PATHOLOGY	51,522	0	1,171	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	38,815	4,619	3,124	0	69.00	
69.01	06901	CARDIAC REHAB	59,370	44	4,686	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	69,350	208	2,733	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	9,250	0	586	0	73.01	
74.00	07400	RENAL DIALYSIS	8,954	125	781	0	74.00	
76.00	03950	WOUND CARE	61,605	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								
90.00	09000	CLINIC	0	11,993	14,838	0	90.00	
91.00	09100	EMERGENCY	380,068	47,907	31,627	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				12,428	92.00	
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,112,420	267,118	282,110	494,609	150,785	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	435,844	12,548	42,756	0	42,344	192.00
192.01	19201	HEALTH TRACKS	53,279	1,898	8,590	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	697	6,052	0	971	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	4,100	0	2,244	194.02
194.03	07953	FOUNDATION	0	0	195	0	78	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	65	390	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	146,570	5,742	0	78,633	4,515	194.07
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)	4,748,113	288,068	344,193	573,242	200,937	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0005

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	504,709					13.00
14.00	01400	0	871,553				14.00
15.00	01500	0	0	246,435			15.00
16.00	01600	0	0	0	78,179		16.00
17.00	01700	0	0	0	0	66,176	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	123,579	0	0	5,615	34,428	30.00
31.00	03100	23,938	0	0	1,096	4,561	31.00
43.00	04300	13,846	0	0	963	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,654	871,553	0	11,992	20,402	50.00
50.01	05001	14,246	0	0	2,654	0	50.01
51.00	05100	18,433	0	0	2,085	0	51.00
52.00	05200	30,263	0	0	2,104	0	52.00
53.00	05300	21,769	0	0	0	0	53.00
54.00	05400	74,237	0	0	10,554	0	54.00
54.01	05401	0	0	0	4,647	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	3,735	0	0	996	0	56.01
59.00	05900	7,300	0	0	4,932	0	59.00
60.00	06000	0	0	0	11,026	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	21,376	0	0	1,951	0	65.00
66.00	06600	0	0	0	680	0	66.00
67.00	06700	0	0	0	283	0	67.00
68.00	06800	0	0	0	195	0	68.00
69.00	06900	17,533	0	0	1,672	0	69.00
69.01	06901	8,851	0	0	240	0	69.01
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	246,435	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	79	0	74.00
76.00	03950	0	0	0	741	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							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	75,757	0	0	13,674	6,785	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		486,517	871,553	246,435	78,179	66,176	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	18,192	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		504,709	871,553	246,435	78,179	66,176	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/23/2024 4:51 pm
Cost Center Description	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
23.00 02300	PARAMED ED PRGM-EMS	71,835				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		3,848,137	0	3,848,137	30.00
31.00 03100	INTENSIVE CARE UNIT		526,184	0	526,184	31.00
43.00 04300	NURSERY		374,088	0	374,088	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		2,263,369	0	2,263,369	50.00
50.01 05001	ENDOSCOPY		449,823	0	449,823	50.01
51.00 05100	RECOVERY ROOM		646,970	0	646,970	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		825,807	0	825,807	52.00
53.00 05300	ANESTHESIOLOGY		49,850	0	49,850	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,551,240	0	1,551,240	54.00
54.01 05401	RADIATION-ONCOLOGY		439,528	0	439,528	54.01
56.00 05600	RADIOISOTOPE		0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE		40,446	0	40,446	56.01
59.00 05900	CARDIAC CATHETERIZATION		835,443	0	835,443	59.00
60.00 06000	LABORATORY		559,318	0	559,318	60.00
64.00 06400	INTRAVENOUS THERAPY		364,729	0	364,729	64.00
65.00 06500	RESPIRATORY THERAPY		215,925	0	215,925	65.00
66.00 06600	PHYSICAL THERAPY		1,133,378	0	1,133,378	66.00
67.00 06700	OCCUPATIONAL THERAPY		376,725	0	376,725	67.00
68.00 06800	SPEECH PATHOLOGY		192,852	0	192,852	68.00
69.00 06900	ELECTROCARDIOLOGY		180,494	0	180,494	69.00
69.01 06901	CARDIAC REHAB		294,567	0	294,567	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY		262,766	0	262,766	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		57,717	0	57,717	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		398,245	0	398,245	73.00
73.01 07301	ULTRA SOUND		133,550	0	133,550	73.01
74.00 07400	RENAL DIALYSIS		34,825	0	34,825	74.00
76.00 03950	WOUND CARE		235,831	0	235,831	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						
90.00 09000	CLINIC		666,365	0	666,365	90.00
91.00 09100	EMERGENCY		1,641,986	0	1,641,986	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	18,600,158	0	18,600,158	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES		7,452,871	0	7,452,871	192.00
192.01 19201	HEALTH TRACKS		647,500	0	647,500	192.01
194.00 07950	PRIMARY CARE CLINIC		23,001	0	23,001	194.00
194.01 07951	PARTNERS IN CARE		0	0	0	194.01
194.02 07952	OCCUPATIONAL MEDICINE		145,591	0	145,591	194.02
194.03 07953	FOUNDATION		24,452	0	24,452	194.03
194.04 07954	SCHOOL & TOWN CLINICS		13,880	0	13,880	194.04
194.05 07955	MANAGED FACILITY		4,119	0	4,119	194.05
194.06 07956	RENTAL PROPERTIES		56,240	0	56,240	194.06
194.07 07957	SNF NON CERTIFIED		656,247	0	656,247	194.07
200.00	Cross Foot Adjustments	71,835	71,835	0	71,835	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	71,835	27,695,894	0	27,695,894	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEE)					
	1.00	4.00	5A	5.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	925,574				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,679	202,328,243			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	48,782	18,080,683	-53,913,002	369,561,020	5.00
7.00 00700	OPERATION OF PLANT	155,830	3,146,234	0	19,475,431	416,273 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	9,512	519,507	0	590,358	0 8.00
9.00 00900	HOUSEKEEPING	7,601	3,504,257	0	5,670,661	7,601 9.00
10.00 01000	DIETARY	13,596	768,839	0	2,028,756	13,596 10.00
11.00 01100	CAFETERIA	4,326	1,783,749	0	2,649,728	4,326 11.00
13.00 01300	NURSING ADMINISTRATION	11,154	4,232,734	0	6,399,687	11,154 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	20,553	1,471,119	0	3,276,950	20,553 14.00
15.00 01500	PHARMACY	5,112	3,162,294	0	4,985,145	5,112 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,271	743,555	0	1,528,986	0 16.00
17.00 01700	SOCIAL SERVICE	1,504	2,203,122	0	2,993,909	0 17.00
23.00 02300	PARAMED PRGM-EMS	1,762	283,126	0	464,268	1,402 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	73,016	17,259,605	0	22,672,127	68,510 30.00
31.00 03100	INTENSIVE CARE UNIT	9,053	2,864,714	0	4,527,152	9,053 31.00
43.00 04300	NURSERY	8,156	1,533,623	0	2,266,014	8,156 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	29,534	3,137,241	0	15,891,322	29,534 50.00
50.01 05001	ENDOSCOPY	9,515	1,552,087	0	2,452,075	9,515 50.01
51.00 05100	RECOVERY ROOM	14,129	2,129,456	0	3,217,296	14,129 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,829	3,352,059	0	4,954,402	17,829 52.00
53.00 05300	ANESTHESIOLOGY	0	8,245,260	0	1,384,959	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	35,694	7,935,347	0	12,961,688	22,937 54.00
54.01 05401	RADIATION-ONCOLOGY	13,740	871,821	0	2,736,441	0 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05601	NUCLEAR MEDICINE	713	410,627	0	963,827	713 56.01
59.00 05900	CARDIAC CATHETERIZATION	19,541	720,395	0	2,080,585	19,541 59.00
60.00 06000	LABORATORY	11,308	4,352,994	0	14,725,384	9,820 60.00
64.00 06400	INTRAVENOUS THERAPY	10,197	2,031,589	0	3,010,533	3,557 64.00
65.00 06500	RESPIRATORY THERAPY	4,041	2,267,161	0	3,440,678	4,041 65.00
66.00 06600	PHYSICAL THERAPY	28,258	8,465,663	0	11,092,795	15,033 66.00
67.00 06700	OCCUPATIONAL THERAPY	10,343	718,319	0	1,280,388	4,906 67.00
68.00 06800	SPEECH PATHOLOGY	4,517	486,421	0	767,652	4,517 68.00
69.00 06900	ELECTROCARDIOLOGY	3,403	1,245,316	0	1,765,687	3,403 69.00
69.01 06901	CARDIAC REHAB	7,149	910,046	0	1,387,069	5,205 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	6,080	779,665	0	1,206,443	6,080 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,254,541	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,493,218	0 73.00
73.01 07301	ULTRA SOUND	3,868	688,879	0	1,290,648	811 73.01
74.00 07400	RENAL DIALYSIS	785	0	0	344,780	785 74.00
76.00 03950	WOUND CARE	5,401	1,025,565	0	1,828,999	5,401 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						
90.00 09000	CLINIC	20,419	1,727,392	0	6,184,919	0 90.00
91.00 09100	EMERGENCY	33,321	12,898,558	0	12,493,028	33,321 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	675,692	127,509,022	-53,913,002	238,738,529	360,541 118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	212,008	63,701,250	0	110,317,373	38,211 192.00
192.01 19201	HEALTH TRACKS	18,040	5,128,795	0	8,285,135	4,671 192.01
194.00 07950	PRIMARY CARE CLINIC	0	610,541	0	3,469,051	0 194.00
194.01 07951	PARTNERS IN CARE	0	0	0	0	0 194.01
194.02 07952	OCCUPATIONAL MEDICINE	4,349	862,964	0	1,819,336	0 194.02
194.03 07953	FOUNDATION	775	121,778	0	183,587	0 194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	1,774,553	0	2,428,990	0 194.04
194.05 07955	MANAGED FACILITY	0	461,583	0	786,660	0 194.05
194.06 07956	RENTAL PROPERTIES	1,860	0	0	143,984	0 194.06
194.07 07957	SNF NON CERTIFIED	12,850	2,157,757	0	3,388,375	12,850 194.07
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEE)					
	1.00	4.00	5A	5.00	7.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	27,695,894	56,102,782		53,913,002	22,316,585	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	29.922939	0.277286		0.145884	53.610455	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		409,316		1,496,278	4,748,113	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.002023		0.004049	11.406248	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: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,037,747				8.00
9.00	00900	HOUSEKEEPING	0	1,763			9.00
10.00	01000	DIETARY	0	8	25,938		10.00
11.00	01100	CAFETERIA	0	40	0	1,995,869	11.00
13.00	01300	NURSING ADMINISTRATION	0	9	0	74,420	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	52,490	14.00
15.00	01500	PHARMACY	1,094	6	0	70,558	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	25,120	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	43,687	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	6,619	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	243,275	299	19,762	286,531	30.00
31.00	03100	INTENSIVE CARE UNIT	49,066	107	2,618	59,018	31.00
43.00	04300	NURSERY	20,546	4	0	34,136	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,703	73	0	78,043	50.00
50.01	05001	ENDOSCOPY	56,389	38	0	35,123	50.01
51.00	05100	RECOVERY ROOM	48,899	36	0	45,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,911	50	0	74,612	52.00
53.00	05300	ANESTHESIOLOGY	0	2	0	53,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,538	120	0	129,098	54.00
54.01	05401	RADIATION-ONCOLOGY	17,451	31	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	3	0	9,209	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	20	0	17,998	59.00
60.00	06000	LABORATORY	15,485	83	0	89,226	60.00
64.00	06400	INTRAVENOUS THERAPY	0	14	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14	0	43,073	65.00
66.00	06600	PHYSICAL THERAPY	63,754	164	0	38,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,379	15	0	10,347	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	0	7,049	68.00
69.00	06900	ELECTROCARDIOLOGY	16,640	16	0	32,137	69.00
69.01	06901	CARDIAC REHAB	158	24	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	751	14	0	20,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	3	0	13,432	73.01
74.00	07400	RENAL DIALYSIS	449	4	0	0	74.00
76.00	03950	WOUND CARE	0	0	0	23,735	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							
90.00	09000	CLINIC	43,205	76	0	0	90.00
91.00	09100	EMERGENCY	172,583	162	0	123,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	962,276	1,445	22,380	1,497,746	1,199,499
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,205	219	0	420,567	192.00
192.01	19201	HEALTH TRACKS	6,836	44	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	2,511	31	0	9,640	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	21	0	22,289	194.02
194.03	07953	FOUNDATION	0	1	0	776	194.03
194.04	07954	SCHOOL & TOWN CLINICS	235	2	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	20,684	0	3,558	44,851	194.07
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)	676,482	6,905,413	3,084,942	3,424,874	8,094,225

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.651876	3,916.853659	118.935230	1.715981	6.504782	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	288,068	344,193	573,242	200,937	504,709	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.277590	195.231424	22.100470	0.100676	0.405601	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: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	100					14.00
15.00	01500	0	100				15.00
16.00	01600	0	0	821,934,752			16.00
17.00	01700	0	0	0	30,078		17.00
23.00	02300	0	0	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	59,104,731	15,648	0	30.00
31.00	03100	0	0	11,538,714	2,073	0	31.00
43.00	04300	0	0	10,131,955	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	100	0	126,234,561	9,273	0	50.00
50.01	05001	0	0	27,937,833	0	0	50.01
51.00	05100	0	0	21,950,480	0	0	51.00
52.00	05200	0	0	22,145,543	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	111,089,689	0	0	54.00
54.01	05401	0	0	48,916,159	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	0	10,486,994	0	0	56.01
59.00	05900	0	0	51,919,056	0	0	59.00
60.00	06000	0	0	116,067,181	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	20,533,039	0	0	65.00
66.00	06600	0	0	7,154,612	0	0	66.00
67.00	06700	0	0	2,979,709	0	0	67.00
68.00	06800	0	0	2,049,598	0	0	68.00
69.00	06900	0	0	17,598,186	0	0	69.00
69.01	06901	0	0	2,528,973	0	0	69.01
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	100	0	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	827,148	0	0	74.00
76.00	03950	0	0	7,801,067	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							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	0	142,939,524	3,084	100	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		100	100	821,934,752	30,078	100	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00							201.00
202.00		4,958,684	6,131,745	1,795,146	3,509,555	618,517	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	49,586.840000	61,317.450000	0.002184	116.681794	6,185.170000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	871,553	246,435	78,179	66,176	71,835	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8,715.530000	2,464.350000	0.000095	2.200146	718.350000	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: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	37,761,110		37,761,110	0	37,761,110	30.00
31.00	03100 INTENSIVE CARE UNIT	7,187,641		7,187,641	0	7,187,641	31.00
43.00	04300 NURSERY	3,365,648		3,365,648	0	3,365,648	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,070,520		27,070,520	0	27,070,520	50.00
50.01	05001 ENDOSCOPY	3,855,249		3,855,249	0	3,855,249	50.01
51.00	05100 RECOVERY ROOM	5,038,526		5,038,526	0	5,038,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,519,844		7,519,844	0	7,519,844	52.00
53.00	05300 ANESTHESIOLOGY	2,036,045		2,036,045	0	2,036,045	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,281,661		18,281,661	0	18,281,661	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	3,375,275		3,375,275	0	3,375,275	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	1,253,018		1,253,018	0	1,253,018	56.01
59.00	05900 CARDIAC CATHETERIZATION	3,771,396		3,771,396	0	3,771,396	59.00
60.00	06000 LABORATORY	18,141,831		18,141,831	0	18,141,831	60.00
64.00	06400 INTRAVENOUS THERAPY	3,695,250		3,695,250	0	3,695,250	64.00
65.00	06500 RESPIRATORY THERAPY	4,675,672	0	4,675,672	0	4,675,672	65.00
66.00	06600 PHYSICAL THERAPY	14,283,184	0	14,283,184	0	14,283,184	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,814,104	0	1,814,104	0	1,814,104	67.00
68.00	06800 SPEECH PATHOLOGY	1,161,871	0	1,161,871	0	1,161,871	68.00
69.00	06900 ELECTROCARDIOLOGY	2,653,994		2,653,994	0	2,653,994	69.00
69.01	06901 CARDIAC REHAB	2,110,039		2,110,039	0	2,110,039	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,799,217		1,799,217	0	1,799,217	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,334,050		16,334,050	0	16,334,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	49,094,624		49,094,624	0	49,094,624	73.00
73.01	07301 ULTRA SOUND	1,557,211		1,557,211	0	1,557,211	73.01
74.00	07400 RENAL DIALYSIS	454,928		454,928	0	454,928	74.00
76.00	03950 WOUND CARE	2,443,138		2,443,138	0	2,443,138	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							
90.00	09000 CLINIC	7,413,045		7,413,045	0	7,413,045	90.00
91.00	09100 EMERGENCY	19,566,308		19,566,308	0	19,566,308	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,415,158		7,415,158	0	7,415,158	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00	Subtotal (see instructions)	275,129,557	0	275,129,557	0	275,129,557	200.00
201.00	Less Observation Beds	7,415,158		7,415,158	0	7,415,158	201.00
202.00	Total (see instructions)	267,714,399	0	267,714,399	0	267,714,399	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 5/23/2024 4:51 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	42,952,954		42,952,954				30.00
31.00	03100	INTENSIVE CARE UNIT	8,693,966		8,693,966				31.00
43.00	04300	NURSERY	10,131,955		10,131,955				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,327,809	86,566,253	104,894,062	0.258075	0.000000		50.00
50.01	05001	ENDOSCOPY	1,899,969	25,588,309	27,488,278	0.140251	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,313,775	20,835,223	23,148,998	0.217656	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,530,055	615,488	22,145,543	0.339565	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,516,527	24,033,426	29,549,953	0.068902	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,344,369	107,155,879	124,500,248	0.146840	0.000000		54.00
54.01	05401	RADIATION-ONCOLOGY	446,564	48,313,111	48,759,675	0.069223	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	05601	NUCLEAR MEDICINE	505,050	9,981,921	10,486,971	0.119483	0.000000		56.01
59.00	05900	CARDIAC CATHETERIZATION	17,633,594	29,188,879	46,822,473	0.080547	0.000000		59.00
60.00	06000	LABORATORY	24,541,487	97,568,724	122,110,211	0.148569	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	210,342	33,683,154	33,893,496	0.109025	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	7,377,012	5,470,215	12,847,227	0.363944	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,985,910	22,419,845	24,405,755	0.585238	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,575,688	2,811,443	4,387,131	0.413506	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	772,614	2,234,162	3,006,776	0.386418	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,682,684	22,162,307	28,844,991	0.092009	0.000000		69.00
69.01	06901	CARDIAC REHAB	55,699	3,380,324	3,436,023	0.614093	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	205,188	8,138,381	8,343,569	0.215641	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,668,454	24,393,602	31,062,056	0.525852	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,388,081	147,446,943	170,835,024	0.287380	0.000000		73.00
73.01	07301	ULTRA SOUND	3,090,873	12,090,620	15,181,493	0.102573	0.000000		73.01
74.00	07400	RENAL DIALYSIS	710,950	116,198	827,148	0.549996	0.000000		74.00
76.00	03950	WOUND CARE	298,678	7,365,342	7,664,020	0.318780	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									
90.00	09000	CLINIC	19,839	50,887,854	50,907,693	0.145617	0.000000		90.00
91.00	09100	EMERGENCY	27,099,374	119,223,468	146,322,842	0.133720	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	771,147	6,971,954	7,743,101	0.957647	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
200.00		Subtotal (see instructions)	252,750,607	918,643,025	1,171,393,632				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	252,750,607	918,643,025	1,171,393,632				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/23/2024 4:51 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.258075		50.00
50.01	05001	ENDOSCOPY	0.140251		50.01
51.00	05100	RECOVERY ROOM	0.217656		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339565		52.00
53.00	05300	ANESTHESIOLOGY	0.068902		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146840		54.00
54.01	05401	RADIATION-ONCOLOGY	0.069223		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05601	NUCLEAR MEDICINE	0.119483		56.01
59.00	05900	CARDIAC CATHETERIZATION	0.080547		59.00
60.00	06000	LABORATORY	0.148569		60.00
64.00	06400	INTRAVENOUS THERAPY	0.109025		64.00
65.00	06500	RESPIRATORY THERAPY	0.363944		65.00
66.00	06600	PHYSICAL THERAPY	0.585238		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.413506		67.00
68.00	06800	SPEECH PATHOLOGY	0.386418		68.00
69.00	06900	ELECTROCARDIOLOGY	0.092009		69.00
69.01	06901	CARDIAC REHAB	0.614093		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215641		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.525852		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287380		73.00
73.01	07301	ULTRA SOUND	0.102573		73.01
74.00	07400	RENAL DIALYSIS	0.549996		74.00
76.00	03950	WOUND CARE	0.318780		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					
90.00	09000	CLINIC	0.145617		90.00
91.00	09100	EMERGENCY	0.133720		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.957647		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		37,761,110	0	37,761,110	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,187,641	0	7,187,641	31.00	
43.00	04300 NURSERY		3,365,648	0	3,365,648	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		27,070,520	0	27,070,520	50.00	
50.01	05001 ENDOSCOPY		3,855,249	0	3,855,249	50.01	
51.00	05100 RECOVERY ROOM		5,038,526	0	5,038,526	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,519,844	0	7,519,844	52.00	
53.00	05300 ANESTHESIOLOGY		2,036,045	0	2,036,045	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,281,661	0	18,281,661	54.00	
54.01	05401 RADIOLOGY-ONCOLOGY		3,375,275	0	3,375,275	54.01	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.01	05601 NUCLEAR MEDICINE		1,253,018	0	1,253,018	56.01	
59.00	05900 CARDIAC CATHETERIZATION		3,771,396	0	3,771,396	59.00	
60.00	06000 LABORATORY		18,141,831	0	18,141,831	60.00	
64.00	06400 INTRAVENOUS THERAPY		3,695,250	0	3,695,250	64.00	
65.00	06500 RESPIRATORY THERAPY	0	4,675,672	0	4,675,672	65.00	
66.00	06600 PHYSICAL THERAPY	0	14,283,184	0	14,283,184	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,814,104	0	1,814,104	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,161,871	0	1,161,871	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,653,994	0	2,653,994	69.00	
69.01	06901 CARDIAC REHAB		2,110,039	0	2,110,039	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,799,217	0	1,799,217	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		16,334,050	0	16,334,050	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		49,094,624	0	49,094,624	73.00	
73.01	07301 ULTRA SOUND		1,557,211	0	1,557,211	73.01	
74.00	07400 RENAL DIALYSIS		454,928	0	454,928	74.00	
76.00	03950 WOUND CARE		2,443,138	0	2,443,138	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							
90.00	09000 CLINIC		7,413,045	0	7,413,045	90.00	
91.00	09100 EMERGENCY		19,566,308	0	19,566,308	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,415,158	0	7,415,158	92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0	102.00	
200.00	Subtotal (see instructions)		275,129,557	0	275,129,557	200.00	
201.00	Less Observation Beds		7,415,158	0	7,415,158	201.00	
202.00	Total (see instructions)		267,714,399	0	267,714,399	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet C Part I Date/Time Prepared: 5/23/2024 4:51 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	42,952,954		42,952,954				30.00
31.00	03100	INTENSIVE CARE UNIT	8,693,966		8,693,966				31.00
43.00	04300	NURSERY	10,131,955		10,131,955				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,327,809	86,566,253	104,894,062	0.258075	0.000000		50.00
50.01	05001	ENDOSCOPY	1,899,969	25,588,309	27,488,278	0.140251	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,313,775	20,835,223	23,148,998	0.217656	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,530,055	615,488	22,145,543	0.339565	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,516,527	24,033,426	29,549,953	0.068902	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,344,369	107,155,879	124,500,248	0.146840	0.000000		54.00
54.01	05401	RADIATION-ONCOLOGY	446,564	48,313,111	48,759,675	0.069223	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	05601	NUCLEAR MEDICINE	505,050	9,981,921	10,486,971	0.119483	0.000000		56.01
59.00	05900	CARDIAC CATHETERIZATION	17,633,594	29,188,879	46,822,473	0.080547	0.000000		59.00
60.00	06000	LABORATORY	24,541,487	97,568,724	122,110,211	0.148569	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	210,342	33,683,154	33,893,496	0.109025	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	7,377,012	5,470,215	12,847,227	0.363944	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,985,910	22,419,845	24,405,755	0.585238	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,575,688	2,811,443	4,387,131	0.413506	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	772,614	2,234,162	3,006,776	0.386418	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	6,682,684	22,162,307	28,844,991	0.092009	0.000000		69.00
69.01	06901	CARDIAC REHAB	55,699	3,380,324	3,436,023	0.614093	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	205,188	8,138,381	8,343,569	0.215641	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,668,454	24,393,602	31,062,056	0.525852	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,388,081	147,446,943	170,835,024	0.287380	0.000000		73.00
73.01	07301	ULTRA SOUND	3,090,873	12,090,620	15,181,493	0.102573	0.000000		73.01
74.00	07400	RENAL DIALYSIS	710,950	116,198	827,148	0.549996	0.000000		74.00
76.00	03950	WOUND CARE	298,678	7,365,342	7,664,020	0.318780	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									
90.00	09000	CLINIC	19,839	50,887,854	50,907,693	0.145617	0.000000		90.00
91.00	09100	EMERGENCY	27,099,374	119,223,468	146,322,842	0.133720	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	771,147	6,971,954	7,743,101	0.957647	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
200.00		Subtotal (see instructions)	252,750,607	918,643,025	1,171,393,632				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	252,750,607	918,643,025	1,171,393,632				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/23/2024 4:51 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
50.01	05001	ENDOSCOPY	0.000000	50.01
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	RADIATION-ONCOLOGY	0.000000	54.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	0.000000	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
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
69.01	06901	CARDIAC REHAB	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
73.01	07301	ULTRA SOUND	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03950	WOUND CARE	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				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/23/2024 4:51 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,848,137	0	3,848,137	23,634	162.82	30.00
31.00	INTENSIVE CARE UNIT	526,184		526,184	2,618	200.99	31.00
43.00	NURSERY	374,088		374,088	1,835	203.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	4,748,409		4,748,409	28,087		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,461	889,160				
31.00	INTENSIVE CARE UNIT	739	148,532				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	6,200	1,037,692				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/23/2024 4:51 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,263,369	104,894,062	0.021578	6,603,631	142,493	50.00
50.01	05001	ENDOSCOPY	449,823	27,488,278	0.016364	588,282	9,627	50.01
51.00	05100	RECOVERY ROOM	646,970	23,148,998	0.027948	763,688	21,344	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	825,807	22,145,543	0.037290	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,850	29,549,953	0.001687	1,490,088	2,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,551,240	124,500,248	0.012460	5,400,431	67,289	54.00
54.01	05401	RADIATION-ONCOLOGY	439,528	48,759,675	0.009014	218,103	1,966	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	40,446	10,486,971	0.003857	238,210	919	56.01
59.00	05900	CARDIAC CATHETERIZATION	835,443	46,822,473	0.017843	5,523,371	98,554	59.00
60.00	06000	LABORATORY	559,318	122,110,211	0.004580	6,601,841	30,236	60.00
64.00	06400	INTRAVENOUS THERAPY	364,729	33,893,496	0.010761	21,535	232	64.00
65.00	06500	RESPIRATORY THERAPY	215,925	12,847,227	0.016807	1,724,128	28,977	65.00
66.00	06600	PHYSICAL THERAPY	1,133,378	24,405,755	0.046439	845,533	39,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	376,725	4,387,131	0.085870	605,010	51,952	67.00
68.00	06800	SPEECH PATHOLOGY	192,852	3,006,776	0.064139	287,396	18,433	68.00
69.00	06900	ELECTROCARDIOLOGY	180,494	28,844,991	0.006257	2,284,779	14,296	69.00
69.01	06901	CARDIAC REHAB	294,567	3,436,023	0.085729	7,619	653	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	262,766	8,343,569	0.031493	67,109	2,113	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,717	31,062,056	0.001858	2,722,863	5,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	398,245	170,835,024	0.002331	6,217,702	14,493	73.00
73.01	07301	ULTRA SOUND	133,550	15,181,493	0.008797	929,701	8,179	73.01
74.00	07400	RENAL DIALYSIS	34,825	827,148	0.042103	340,221	14,324	74.00
76.00	03950	WOUND CARE	235,831	7,664,020	0.030771	7,995	246	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								
90.00	09000	CLINIC	666,365	50,907,693	0.013090	0	0	90.00
91.00	09100	EMERGENCY	1,641,986	146,322,842	0.011222	9,043,835	101,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	755,657	7,743,101	0.097591	0	0	92.00
200.00		Total (lines 50 through 199)	14,607,406	1,109,614,757		52,533,071	674,655	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/23/2024 4:51 pm
Title XVIII			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	23,634	0.00	5,461	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,618	0.00	739	31.00
43.00	04300	NURSERY	0	0	1,835	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)	0	0	28,087		6,200	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
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0005

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		Title XVIII					Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health				
		1.00	2A	2.00	3A	3.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01	
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	RADIATION-ONCOLOGY	0	0	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	0	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00	03950	WOUND CARE	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										
90.00	09000	CLINIC	0	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	618,517	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	618,517	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/23/2024 4:51 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII		
						Hospital	PPS	
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	104,894,062	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	27,488,278	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	23,148,998	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,145,543	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,549,953	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,500,248	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	48,759,675	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	0	10,486,971	0.000000	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,822,473	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	122,110,211	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	33,893,496	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,847,227	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,405,755	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,387,131	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,006,776	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,844,991	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	3,436,023	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,343,569	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	31,062,056	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	170,835,024	0.000000	73.00
73.01	07301	ULTRA SOUND	0	0	0	15,181,493	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	827,148	0.000000	74.00
76.00	03950	WOUND CARE	0	0	0	7,664,020	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								
90.00	09000	CLINIC	0	0	0	50,907,693	0.000000	90.00
91.00	09100	EMERGENCY	0	618,517	618,517	146,322,842	0.004227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,743,101	0.000000	92.00
200.00		Total (lines 50 through 199)	0	618,517	618,517	1,109,614,757		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/23/2024 4:51 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	6,603,631	0	14,380,470	0	50.00	
50.01	05001	ENDOSCOPY	0.000000	588,282	0	5,229,561	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	763,688	0	3,423,278	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	1,490,088	0	4,975,485	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,400,431	0	16,580,664	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0.000000	218,103	0	11,565,600	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	0.000000	238,210	0	2,485,741	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,523,371	0	5,559,663	0	59.00	
60.00	06000	LABORATORY	0.000000	6,601,841	0	6,455,211	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	21,535	0	6,747,058	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,724,128	0	1,032,187	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	845,533	0	178,251	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	605,010	0	31,992	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	287,396	0	12,838	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,284,779	0	4,202,276	0	69.00	
69.01	06901	CARDIAC REHAB	0.000000	7,619	0	857,711	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	67,109	0	1,446,278	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	2,722,863	0	5,722,308	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,217,702	0	39,426,865	0	73.00	
73.01	07301	ULTRA SOUND	0.000000	929,701	0	2,778,361	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	340,221	0	14,345	0	74.00	
76.00	03950	WOUND CARE	0.000000	7,995	0	1,879,598	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									
90.00	09000	CLINIC	0.000000	0	0	6,939,733	0	90.00	
91.00	09100	EMERGENCY	0.004227	9,043,835	38,228	14,725,642	62,245	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	498,886	0	92.00	
200.00		Total (lines 50 through 199)		52,533,071	38,228	157,150,002	62,245	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/23/2024 4:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.258075	14,380,470	1,316	0	3,711,240	50.00
50.01	05001	ENDOSCOPY	0.140251	5,229,561	94	0	733,451	50.01
51.00	05100	RECOVERY ROOM	0.217656	3,423,278	186	0	745,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339565	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.068902	4,975,485	0	0	342,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146840	16,580,664	0	0	2,434,705	54.00
54.01	05401	RADIATION-ONCOLOGY	0.069223	11,565,600	0	0	800,606	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0.119483	2,485,741	0	0	297,004	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.080547	5,559,663	0	0	447,814	59.00
60.00	06000	LABORATORY	0.148569	6,455,211	0	0	959,044	60.00
64.00	06400	INTRAVENOUS THERAPY	0.109025	6,747,058	0	0	735,598	64.00
65.00	06500	RESPIRATORY THERAPY	0.363944	1,032,187	0	0	375,658	65.00
66.00	06600	PHYSICAL THERAPY	0.585238	178,251	0	0	104,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.413506	31,992	0	0	13,229	67.00
68.00	06800	SPEECH PATHOLOGY	0.386418	12,838	0	0	4,961	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092009	4,202,276	0	0	386,647	69.00
69.01	06901	CARDIAC REHAB	0.614093	857,711	0	0	526,714	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215641	1,446,278	0	0	311,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.525852	5,722,308	0	0	3,009,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287380	39,426,865	60	7,814	11,330,492	73.00
73.01	07301	ULTRA SOUND	0.102573	2,778,361	0	0	284,985	73.01
74.00	07400	RENAL DIALYSIS	0.549996	14,345	0	0	7,890	74.00
76.00	03950	WOUND CARE	0.318780	1,879,598	0	0	599,178	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								
90.00	09000	CLINIC	0.145617	6,939,733	639	0	1,010,543	90.00
91.00	09100	EMERGENCY	0.133720	14,725,642	0	0	1,969,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.957647	498,886	0	0	477,757	92.00
200.00		Subtotal (see instructions)		157,150,002	2,295	7,814	31,619,830	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		157,150,002	2,295	7,814	31,619,830	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/23/2024 4:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	340	0	50.00
50.01	05001 ENDOSCOPY	13	0	50.01
51.00	05100 RECOVERY ROOM	40	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 RADIATION-ONCOLOGY	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0	0	56.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17	2,246	73.00
73.01	07301 ULTRASOUND	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 WOUND CARE	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				
90.00	09000 CLINIC	93	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	503	2,246	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	503	2,246	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2024 4:51 pm
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)		23,634	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,634	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)		18,993	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)		5,461	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)		37,761,110	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)		37,761,110	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)		37,761,110	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)		1,597.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,725,313	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,725,313	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/23/2024 4:51 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
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	7,187,641	2,618	2,745.47	739	2,028,902	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					10,746,220	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)					21,500,435	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,037,692	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					712,883	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,750,575	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					19,749,860	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,641	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,597.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,415,158	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/23/2024 4:51 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,848,137	37,761,110	0.101907	7,415,158	755,657	90.00
91.00	Nursing Program cost	0	37,761,110	0.000000	7,415,158	0	91.00
92.00	Allied health cost	0	37,761,110	0.000000	7,415,158	0	92.00
93.00	All other Medical Education	0	37,761,110	0.000000	7,415,158	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/23/2024 4:51 pm
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)		23,634	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,634	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)		18,993	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)		477	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,835	15.00
16.00	Nursery days (title V or XIX only)		196	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)		37,761,110	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)		37,761,110	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)		37,761,110	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)		1,597.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		762,127	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)		762,127	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/23/2024 4:51 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Hospital Cost	
Cost Center Description		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,365,648	1,835	1,834.14	196	359,491	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,187,641	2,618	2,745.47	30	82,364	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					1,311,716	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)					2,515,698	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 anesthetist, 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)					4,641	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,597.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,415,158	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/23/2024 4:51 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,848,137	37,761,110	0.101907	7,415,158	755,657	90.00
91.00	Nursing Program cost	0	37,761,110	0.000000	7,415,158	0	91.00
92.00	Allied health cost	0	37,761,110	0.000000	7,415,158	0	92.00
93.00	All other Medical Education	0	37,761,110	0.000000	7,415,158	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/23/2024 4:51 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		12,401,645		30.00
31.00	03100 INTENSIVE CARE UNIT		2,386,506		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.258075	6,603,631	1,704,232	50.00
50.01	05001 ENDOSCOPY	0.140251	588,282	82,507	50.01
51.00	05100 RECOVERY ROOM	0.217656	763,688	166,221	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.339565	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.068902	1,490,088	102,670	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146840	5,400,431	792,999	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	0.069223	218,103	15,098	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.119483	238,210	28,462	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.080547	5,523,371	444,891	59.00
60.00	06000 LABORATORY	0.148569	6,601,841	980,829	60.00
64.00	06400 INTRAVENOUS THERAPY	0.109025	21,535	2,348	64.00
65.00	06500 RESPIRATORY THERAPY	0.363944	1,724,128	627,486	65.00
66.00	06600 PHYSICAL THERAPY	0.585238	845,533	494,838	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.413506	605,010	250,175	67.00
68.00	06800 SPEECH PATHOLOGY	0.386418	287,396	111,055	68.00
69.00	06900 ELECTROCARDIOLOGY	0.092009	2,284,779	210,220	69.00
69.01	06901 CARDIAC REHAB	0.614093	7,619	4,679	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.215641	67,109	14,471	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.525852	2,722,863	1,431,823	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287380	6,217,702	1,786,843	73.00
73.01	07301 ULTRA SOUND	0.102573	929,701	95,362	73.01
74.00	07400 RENAL DIALYSIS	0.549996	340,221	187,120	74.00
76.00	03950 WOUND CARE	0.318780	7,995	2,549	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					
90.00	09000 CLINIC	0.145617	0	0	90.00
91.00	09100 EMERGENCY	0.133720	9,043,835	1,209,342	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.957647	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		52,533,071	10,746,220	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)		52,533,071		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/23/2024 4:51 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital 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		1,434,490		30.00
31.00	03100 INTENSIVE CARE UNIT		254,689		31.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.258075	478,242	123,422	50.00
50.01	05001 ENDOSCOPY	0.140251	65,072	9,126	50.01
51.00	05100 RECOVERY ROOM	0.217656	47,750	10,393	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.339565	1,296,531	440,257	52.00
53.00	05300 ANESTHESIOLOGY	0.068902	195,220	13,451	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146840	215,678	31,670	54.00
54.01	05401 RADIATION-ONCOLOGY	0.069223	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.119483	21,861	2,612	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.080547	580,669	46,771	59.00
60.00	06000 LABORATORY	0.148569	590,703	87,760	60.00
64.00	06400 INTRAVENOUS THERAPY	0.109025	2,489	271	64.00
65.00	06500 RESPIRATORY THERAPY	0.363944	211,961	77,142	65.00
66.00	06600 PHYSICAL THERAPY	0.585238	29,224	17,103	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.413506	22,576	9,335	67.00
68.00	06800 SPEECH PATHOLOGY	0.386418	5,296	2,046	68.00
69.00	06900 ELECTROCARDIOLOGY	0.092009	137,052	12,610	69.00
69.01	06901 CARDIAC REHAB	0.614093	2,439	1,498	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.215641	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.525852	74,039	38,934	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287380	760,271	218,487	73.00
73.01	07301 ULTRA SOUND	0.102573	99,939	10,251	73.01
74.00	07400 RENAL DIALYSIS	0.549996	8,986	4,942	74.00
76.00	03950 WOUND CARE	0.318780	8,730	2,783	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					
90.00	09000 CLINIC	0.145617	0	0	90.00
91.00	09100 EMERGENCY	0.133720	938,107	125,444	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.957647	26,532	25,408	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,819,367	1,311,716	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)		5,819,367		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/23/2024 4:51 pm
		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)		11,362,295	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,787,432	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)		52,118	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		17,373	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)		117.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	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)		1.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.70	31.00
32.00	Sum of lines 30 and 31		21.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.80	33.00
34.00	Disproportionate share adjustment (see instructions)		257,545	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/23/2024 4:51 pm
		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)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)		2,079,450	1,859,426 35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		1,555,314	467,396 35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		2,022,710	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)		17,499,473	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)		17,499,473	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,209,768	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		16,037	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)		38,228	58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,763,506	59.00
60.00	Primary payer payments		12,298	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,751,208	61.00
62.00	Deductibles billed to program beneficiaries		1,866,320	62.00
63.00	Coinurance billed to program beneficiaries		17,600	63.00
64.00	Allowable bad debts (see instructions)		44,428	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		28,878	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,414	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,896,166	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)		74,026	70.93
70.94	HRR adjustment amount (see instructions)		-14,650	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/23/2024 4:51 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		0	70.98
70.99	HAC adjustment amount (see instructions)			46,579	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			16,908,963	71.00
71.01	Sequestration adjustment (see instructions)			338,179	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			16,150,474	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)			420,310	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			251,839	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: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2024 4:51 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,362,295	0	11,362,295		11,362,295	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,787,432	0		3,787,432	3,787,432	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	52,118	0	52,118		52,118	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	17,373	0		17,373	17,373	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	0.0680	0.0680	0.0680	0.0680		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	257,545	0	193,159	64,386	257,545	11.00
11.01	Uncompensated care payments	36.00	2,022,710	0	1,555,314	467,396	2,022,710	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	17,499,473	0	13,162,886	4,336,587	17,499,473	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	17,499,473	0	13,162,886	4,336,587	17,499,473	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,209,768	0	0	1,209,768	1,209,768	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2024 4:51 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	16,037	0	0	16,037	16,037	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	13,162,886	5,562,392	18,725,278	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	1,147,408	0	0	1,147,408	1,147,408	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	11,759	0	0	11,759	11,759	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	0.0441	0.0441	0.0441	0.0441		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	50,601	0	0	50,601	50,601	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,209,768	0	0	1,209,768	1,209,768	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: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2024 4:51 pm
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		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. 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	11,362,295	11,362,295		11,362,295	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,787,432		3,787,432	3,787,432	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	52,118	52,118		52,118	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	17,373		17,373	17,373	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	0.0680	0.0680	0.0680		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	257,545	193,159	64,386	257,545	11.00
11.01	Uncompensated care payments	36.00	2,022,710	1,555,314	467,396	2,022,710	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	17,499,473	13,162,886	4,336,587	17,499,473	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	17,499,473	13,162,886	4,336,587	17,499,473	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,209,768	907,326	302,442	1,209,768	16.00
17.00	Special add-on payments for new technologies	54.00	16,037	12,028	4,009	16,037	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			14,082,240	4,643,038	18,725,278	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2024 4:51 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,147,408	860,556	286,852	1,147,408	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	11,759	8,819	2,940	11,759	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	0.0441	0.0441	0.0441		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	50,601	37,951	12,650	50,601	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,209,768	907,326	302,442	1,209,768	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	74,026	55,520	18,506	74,026	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	-14,650	-10,988	-3,662	-14,650	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	46,579	46,579	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/23/2024 4:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,749	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,557,585	2.00
3.00	OPPS or REH payments		26,293,766	3.00
4.00	Outlier payment (see instructions)		90,500	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		62,245	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,749	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,109	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)		10,109	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 chargebasis 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)		10,109	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,360	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)		2,749	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)		26,446,511	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)		4,720,931	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)		21,728,329	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)		21,728,329	30.00
31.00	Primary payer payments		1,320	31.00
32.00	Subtotal (line 30 minus line 31)		21,727,009	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)		196,075	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		127,449	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		139,523	36.00
37.00	Subtotal (see instructions)		21,854,458	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,854,458	40.00
40.01	Sequestration adjustment (see instructions)		437,089	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		21,412,958	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)		4,411	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: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/23/2024 4:51 pm
		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: 15-0005

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2024 4:51 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		16,150,474		21,412,958	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)		16,150,474		21,412,958	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		420,310		4,411	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,570,784		21,417,369	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: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/23/2024 4:51 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2024 4:51 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,515,698		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)		2,515,698	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)		2,515,698	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,689,179		8.00
9.00	Ancillary service charges		5,819,367	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		7,508,546	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		7,508,546	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,992,848	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,515,698	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)		2,515,698	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)		2,515,698	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)		2,515,698	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,515,698	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)		2,515,698	0	40.00
41.00	Interim payments		3,163,391	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-647,693	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/23/2024 4:51 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0005

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

Worksheet G

Date/Time Prepared:
5/23/2024 4:51 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,994,416	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	164,202,214	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-122,323,477	0	0	0	6.00
7.00	Inventory	4,658,525	0	0	0	7.00
8.00	Prepaid expenses	8,125,612	0	0	0	8.00
9.00	Other current assets	25,811,336	0	0	0	9.00
10.00	Due from other funds	92,683	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,561,309	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	517,481,348	0	0	0	15.00
16.00	Accumulated depreciation	-297,435,817	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	61,822,751	0	0	0	19.00
20.00	Accumulated depreciation	-23,988,445	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	1,883,601	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)	259,763,438	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	354,290,862	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	17,191,469	0	0	0	33.00
34.00	Other assets	9,831,474	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	381,313,805	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	728,638,552	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,347,555	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,425,493	0	0	0	38.00
39.00	Payroll taxes payable	6,542,352	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,835,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	2,475,531	0	0	0	42.00
43.00	Due to other funds	3,074	0	0	0	43.00
44.00	Other current liabilities	17,479,527	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	70,108,532	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	85,783,463	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	54,875,117	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	140,658,580	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	210,767,112	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	517,871,440	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	517,871,440	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	728,638,552	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:
5/23/2024 4:51 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		493,446,490		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,424,949			2.00
3.00	Total (sum of line 1 and line 2)		517,871,439		0	3.00
4.00	ROUNDING	1		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)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		517,871,440		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		517,871,440		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0005

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2024 4:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,084,909		53,084,909	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	53,084,909		53,084,909	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,693,966		8,693,966	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,693,966		8,693,966	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,778,875		61,778,875	17.00
18.00	Ancillary services	190,971,732	748,531,703	939,503,435	18.00
19.00	Outpatient services	0	170,111,322	170,111,322	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	3,455,088	146,554,634	150,009,722	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	256,205,695	1,065,197,659	1,321,403,354	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		470,693,386		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	MISC ADJUSTMENT	28,772			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)		28,772		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		470,664,614		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:
5/23/2024 4:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,321,403,354	1.00
2.00	Less contractual allowances and discounts on patients' accounts	873,990,907	2.00
3.00	Net patient revenues (line 1 minus line 2)	447,412,447	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	470,664,614	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-23,252,167	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	33,012,820	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 INCOME	14,364,379	24.00
24.50	COVID-19 PHE Funding	300,000	24.50
25.00	Total other income (sum of lines 6-24)	47,677,199	25.00
26.00	Total (line 5 plus line 25)	24,425,032	26.00
27.00	ROUNDING	83	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	83	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,424,949	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/23/2024 4:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,147,408	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		11,759	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)		60.82	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.61	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.70	8.00
9.00	Sum of lines 7 and 8		21.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.41	10.00
11.00	Disproportionate share adjustment (see instructions)		50,601	11.00
12.00	Total prospective capital payments (see instructions)		1,209,768	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00