

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: 15-3048	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/26/2024 5:10 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. [ <input checked="" type="checkbox"/> ] Electronically prepared cost report 2. [ <input type="checkbox"/> ] Manually prepared cost report 3. [ <input type="checkbox"/> ] If this is an amended report enter the number of times the provider resubmitted this cost report 4. [ <input type="checkbox"/> ] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	Date: 5/26/2024 Time: 5:10 pm
Contractor use only	5. [ <input type="checkbox"/> ] Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. [ <input type="checkbox"/> ] Initial Report for this Provider CCN 9. [ <input type="checkbox"/> ] Final Report for this Provider CCN 10. NPIR Date: 11. Contractor's Vendor Code: 4 12. [ <input type="checkbox"/> ] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

MI SREPRESENTATION 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 INDIANAPOLIS REHABILITATION HOSPITAL ( 15-3048 ) 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			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			2
3	Signatory Title			3
4	Date			4

		Title XVIII		HIT	Title XIX				
		Title V							
		Part A	Part B						
1.00	HOSPITAL	0	58,287	0	0	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			
8.00	NURSING FACILITY	0	0	0	0	8.00			
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00			
10.00	RURAL HEALTH CLINIC I	0	0	0	0	10.00			
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	11.00			
12.00	CMHC I	0	0	0	0	12.00			
200.00	TOTAL	0	58,287	0	0	200.00			

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

	1.00	2.00	3.00	4.00							
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1260 CITY CENTER DRIVE	PO Box:	State: IN	Zip Code: 46032	County:						
2.00	CITY: CARMEL										
		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		
3.00	Hospital	INDIANAPOLIS REHABILITATION HOSPITAL	153048	26900	5	03/18/2021	0	P	0	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 Hospital									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
17.10	Hospital-Based (CORF) I									17.10	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2023	12/31/2023	20.00		
21.00	Type of Control (see instructions)						6			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.						N				22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N			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.						0	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-3048	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/26/2024 5:10 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	29	90	0	0	543		25.00
Urban/Rural S								
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								
1.00 2.00								
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)			N		N		40.00
V XVI XI X								
1.00 2.00 3.00								
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)			N		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		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		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			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 are 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.			N				57.00

					V	XVIII	XIX	
					1.00	2.00	3.00	
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
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N				59.00
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.	NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				60.00
		1.00	2.00	3.00			3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00		0.00	61.00
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	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	0.00	61.20
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00		0.00	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings			0.00		0.00	0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N				63.00

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

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

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			V 1.00	XIX 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. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y 98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y 98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N 98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N 98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y 98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y 98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?		N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	108.00
	Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
	1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
	1.00	2.00		
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.		N	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0	118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-3048	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/26/2024 5:10 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0118.01
			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	N	N	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		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y		123.00
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:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

					1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00	
	Part A	Part B	Title V	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	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
161.10	CORF		N	N	N	161.10		
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00	
	Name	County	State	Zip Code	CBSA	FTE/Campus		
	0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					N	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
						Begi nning	Endi ng	
						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)							0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONS		Provider CCN: 15-3048	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/26/2024 5:10 pm																							
			Y/N 1.00	Date 2.00																							
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONS</b> General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. <b>COMPLETED BY ALL HOSPITALS</b> <b>Provider Organization and Operation</b> 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) <span style="float: right;">1.00</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td>Y/N 1.00</td> <td>Date 2.00</td> <td>V/I 3.00</td> </tr> </table> 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. <span style="float: right;">2.00</span> 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) <span style="float: right;">3.00</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td>Y/N 1.00</td> <td>Type 2.00</td> <td>Date 3.00</td> </tr> </table> 4.00 <b>Financial Data and Reports</b> 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. <span style="float: right;">4.00</span> 5.00 Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation. <span style="float: right;">5.00</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td>Y/N 1.00</td> <td>Legal Oper. 2.00</td> </tr> </table> 6.00 <b>Approved Educational Activities</b> Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program? <span style="float: right;">6.00</span> 7.00 Are costs claimed for Allied Health Programs? If "Y" see instructions. <span style="float: right;">7.00</span> 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions. <span style="float: right;">8.00</span> 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. <span style="float: right;">9.00</span> 10.00 Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions. <span style="float: right;">10.00</span> 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. <span style="float: right;">11.00</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td>Y/N 1.00</td> </tr> </table> 12.00 <b>Bad Debts</b> Is the provider seeking reimbursement for bad debts? If yes, see instructions. <span style="float: right;">12.00</span> 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. <span style="float: right;">13.00</span> 14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions. <span style="float: right;">14.00</span>  15.00 <b>Bed Complement</b> Did total beds available change from the prior cost reporting period? If yes, see instructions. <span style="float: right;">15.00</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td colspan="2">Part A</td> <td colspan="2">Part B</td> </tr> <tr> <td></td> <td>Y/N 1.00</td> <td>Date 2.00</td> <td>Y/N 3.00</td> <td>Date 4.00</td> </tr> </table> 16.00 <b>PS&amp;R Data</b> 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) <span style="float: right;">16.00</span> 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) <span style="float: right;">17.00</span> 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. <span style="float: right;">18.00</span> 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. <span style="float: right;">19.00</span>						Y/N 1.00	Date 2.00	V/I 3.00		Y/N 1.00	Type 2.00	Date 3.00		Y/N 1.00	Legal Oper. 2.00		Y/N 1.00		Part A		Part B			Y/N 1.00	Date 2.00	Y/N 3.00	Date 4.00
	Y/N 1.00	Date 2.00	V/I 3.00																								
	Y/N 1.00	Type 2.00	Date 3.00																								
	Y/N 1.00	Legal Oper. 2.00																									
	Y/N 1.00																										
	Part A		Part B																								
	Y/N 1.00	Date 2.00	Y/N 3.00	Date 4.00																							

Line	Question	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.			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
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.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	

Home Office Costs				
36.00	Were home office costs claimed on the cost report?			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.			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.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			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.	MICHAEL	FREEMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	TFG CONSULTING, LLC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2253012510	MFREEMAN@TFCCONSULTING.ORG	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	COST REPORT PREPARER	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: 15-3048	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part I Date/Time Prepared: 5/26/2024 5:10 pm
Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips
					1.00
<b>PART I - STATISTICAL DATA</b>					
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30.00	40	14,600	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)		40	14,600	0.00 0 7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00 0 8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00 0 9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00 0 10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00 0 11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY	43.00			0 13.00
14.00	Total (see instructions)		40	14,600	0.00 0 14.00
15.00	CAH visits				0 15.00
15.10	REH hours and visits				0.00 0 15.10
16.00	SUBPROVIDER - IPF	40.00	0	0	0.00 0 16.00
17.00	SUBPROVIDER - IRF	41.00	0	0	0.00 0 17.00
18.00	SUBPROVIDER				18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0	0.00 0 19.00
20.00	NURSING FACILITY	45.00	0	0	0.00 0 20.00
21.00	OTHER LONG TERM CARE	46.00	0	0	0.00 0 21.00
22.00	HOME HEALTH AGENCY	101.00			0 22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)	115.00			0 23.00
24.00	HOSPICE	116.00	0	0	0.00 0 24.00
24.10	HOSPICE (non-distinct part)	30.00			0.00 0 24.10
25.00	CMHC - CMHC	99.00			0.00 0 25.00
25.10	CMHC - CORF	99.10			0.00 0 25.10
26.00	RURAL HEALTH CLINIC	88.00			0.00 0 26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00			0.00 0 26.25
27.00	Total (sum of lines 14-26)		40		0.00 0 27.00
28.00	Observation Bed Days				0.00 0 28.00
29.00	Ambulance Trips				0.00 0 29.00
30.00	Employee discount days (see instruction)				0.00 0 30.00
31.00	Employee discount days - IRF				0.00 0 31.00
32.00	Labor & delivery days (see instructions)				0.00 0 32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)		0	0	0.00 0 32.01
33.00	LTCH non-covered days				0.00 0 33.00
33.01	LTCH site neutral days and discharges				0.00 0 33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0	0.00 0 34.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	5,815	29	10,795			1.00
2.00 HMO and other (see instructions)	2,140	543				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)	5,815	29	10,795			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	5,815	29	10,795	0.00	0.00	14.00
15.00 CAH visits	0	0	0			15.00
15.10 REH hours and visits	0	0	0			15.10
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D. P.)			0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			0	0		24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)	0	0	0	0.00	0.00	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0		0			29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)	0	0	0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0	0	0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

Component	Full Time Equivalents	Discharges				Total All Patients	
		Nonpaid Workers	Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00		
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	499	3	896	1.00
2.00	HMO and other (see instructions)			168	47		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	499	3	896	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instructions)						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

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1. 00	Total salaries (see instructions)	200.00	8,259,741	0	8,259,741	0.00	0.00
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	3.00
4. 00	Physician-Part A - Administrative		0	0	0	0.00	4.00
4. 01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5. 00	Physician and Non Physician-Part B		0	0	0	0.00	5.00
6. 00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	6.00
7. 00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7. 01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8. 00	Home office and/or related organization personnel		0	0	0	0.00	8.00
9. 00	SNF	44.00	0	0	0	0.00	9.00
10. 00	Excluded area salaries (see instructions)		0	0	0	0.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11. 00	Contract labor: Direct Patient Care		0	0	0	0.00	11.00
12. 00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	12.00
13. 00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14. 00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	14.00
14. 01	Home office salaries		0	0	0	0.00	14.01
14. 02	Related organization salaries		0	0	0	0.00	14.02
15. 00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	16.00
16. 01	Home office Physicians Part A - Teaching		0	0	0	0.00	16.01
16. 02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	16.02
<b>WAGE-RELATED COSTS</b>							
17. 00	Wage-related costs (core) (see instructions)		0	0	0		17.00
18. 00	Wage-related costs (other) (see instructions)		0	0	0		18.00
19. 00	Excluded areas		0	0	0		19.00
20. 00	Non-physician anesthetist Part A		0	0	0		20.00
21. 00	Non-physician anesthetist Part B		0	0	0		21.00
22. 00	Physician Part A - Administrative		0	0	0		22.00
22. 01	Physician Part A - Teaching		0	0	0		22.01
23. 00	Physician Part B		0	0	0		23.00
24. 00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25. 00	Interns & residents (in an approved program)		0	0	0		25.00
25. 50	Home office wage-related (core)		0	0	0		25.50
25. 51	Related organization wage-related (core)		0	0	0		25.51
25. 52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		25.52

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	26.00
27.00	Administrative & General	5.00	2,634,701	0	2,634,701	0.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	211,246	0	211,246	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	311,556	0	311,556	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	900,345	0	900,345	0.00	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassification 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
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1. 00	Net salaries (see instructions)		8,259,741	0	8,259,741	0.00	0.00
2. 00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00
3. 00	Subtotal salaries (line 1 minus line 2)		8,259,741	0	8,259,741	0.00	3.00
4. 00	Subtotal other wages & related costs (see inst.)		0	0	0	0.00	0.00
5. 00	Subtotal wage-related costs (see inst.)		0	0	0	0.00	5.00
6. 00	Total (sum of lines 3 thru 5)		8,259,741	0	8,259,741	0.00	0.00
7. 00	Total overhead cost (see instructions)		4,057,848	0	4,057,848	0.00	7.00

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

		Amount Reported	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,249	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	384,424	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-9,942	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	3,213	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	47,285	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	588,193	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	9,224	19.00
20.00	State or Federal Unemployment Taxes	52,570	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	1,077,216	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	1	25.00

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet A  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
					1.00	2.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT		3,029,260	0	3,029,260	1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP		0	0	0	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,080,184	0	1,080,184	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,634,701	3,113,965	5,748,666	0	5,748,666
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	625,176	625,176	0	625,176
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,095	51,095	0	51,095
9.00 00900	HOUSEKEEPING	211,246	23,062	234,308	0	234,308
10.00 01000	DIETARY	311,556	167,317	478,873	0	478,873
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	900,345	0	900,345	0	900,345
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM- (SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,439,909	127,342	2,567,251	0	2,567,251
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	85,345	85,345	0	85,345
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPES	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	101,209	101,209	0	101,209
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	55,979	0	55,979	0	55,979
66.00 06600	PHYSICAL THERAPY	646,742	0	646,742	0	646,742
67.00 06700	OCCUPATIONAL THERAPY	618,984	0	618,984	0	618,984
68.00 06800	SPEECH PATHOLOGY	141,514	0	141,514	0	141,514
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	197,247	197,247	0	197,247
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	298,765	311,636	610,401	0	610,401
74.00 07400	RENAL DIALYSIS	0	68,914	68,914	0	68,914
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
					1.00	2.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILITY RENTAL REVIEWS-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 <b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>8,259,741</b>	<b>8,981,752</b>	<b>17,241,493</b>	<b>0</b>	<b>17,241,493</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 <b>TOTAL (SUM OF LINES 118 through 199)</b>	<b>8,259,741</b>	<b>8,981,752</b>	<b>17,241,493</b>	<b>0</b>	<b>17,241,493</b>	<b>200.00</b>

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	CAP REL COSTS-BLDG & FIXT	-158	3,029,102	1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP	0	0	2.00
3.00 00300	OTHER CAP REL COSTS	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,080,184	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	-532,318	5,216,348	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	625,176	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,095	8.00
9.00 00900	HOUSEKEEPING	0	234,308	9.00
10.00 01000	DIETARY	-11,433	467,440	10.00
11.00 01100	CAFETERIA	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	900,345	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00 01500	PHARMACY	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	18.00
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	0	2,567,251	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	41.00
43.00 04300	NURSERY	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	85,345	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	101,209	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	55,979	65.00
66.00 06600	PHYSICAL THERAPY	0	646,742	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	618,984	67.00
68.00 06800	SPEECH PATHOLOGY	0	141,514	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	197,247	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	610,401	73.00
74.00 07400	RENAL DIALYSIS	0	68,914	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00 07700	ALLOGENETIC STEM CELL ACQUISITION	0	0	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM ANALYSIS		0	0	94.00
95.00 09500 AMBULANCE SERVICES		0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED		0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD		0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS		0	0	98.00
99.00 09900 CMHC		0	0	99.00
99.10 09910 CORF		0	0	99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM		0	0	100.00
101.00 10100 HOME HEALTH AGENCY		0	0	101.00
102.00 10200 OLD TREATMENT PROGRAM		0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00 10500 KIDNEY ACQUISITION		0	0	105.00
106.00 10600 HEART ACQUISITION		0	0	106.00
107.00 10700 LIVER ACQUISITION		0	0	107.00
108.00 10800 LUNG ACQUISITION		0	0	108.00
109.00 10900 PANCREAS ACQUISITION		0	0	109.00
110.00 11000 INTESTINAL ACQUISITION		0	0	110.00
111.00 11100 ISLET ACQUISITION		0	0	111.00
113.00 11300 INTEREST EXPENSE		0	0	113.00
114.00 11400 UTILITY ZATION REVIEWS-SNF		0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	115.00
116.00 11600 HOSPICE		0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)		-543,909	16,697,584	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	190.00
191.00 19100 RESEARCH		0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES		0	0	192.00
193.00 19300 NONPAID WORKERS		0	0	193.00
200.00 TOTAL (SUM OF LINES 118 through 199)		-543,909	16,697,584	200.00

	Beginning Balances	Acquisitions			Disposals and Retirements
		Purchases	Donation	Total	
	1.00	2.00	3.00	4.00	5.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>					
1.00	Land	0	0	0	0
2.00	Land Improvements	0	0	0	0
3.00	Buildings and Fixtures	0	0	0	0
4.00	Building Improvements	131,849	9,700	9,700	0
5.00	Fixed Equipment	0	0	0	0
6.00	Movable Equipment	1,287,460	21,630	21,630	0
7.00	HIT designated Assets	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	1,419,309	31,330	31,330	0
9.00	Reconciling Items	0	0	0	0
10.00	Total (line 8 minus line 9)	1,419,309	31,330	31,330	0
		Ending Balance	Fully Depreciated Assets		
		6.00	7.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>					
1.00	Land	0	0		1.00
2.00	Land Improvements	0	0		2.00
3.00	Buildings and Fixtures	0	0		3.00
4.00	Building Improvements	141,549	0		4.00
5.00	Fixed Equipment	0	0		5.00
6.00	Movable Equipment	1,309,090	0		6.00
7.00	HIT designated Assets	0	0		7.00
8.00	Subtotal (sum of lines 1-7)	1,450,639	0		8.00
9.00	Reconciling Items	0	0		9.00
10.00	Total (line 8 minus line 9)	1,450,639	0		10.00

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	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00 CAP REL COSTS-BLDG & FIXT	303,119	2,378,623	46,413	36,351	264,754	1.00
2.00 CAP REL COSTS-MVBL EQUIP	0	0	0	0	0	2.00
3.00 Total (sum of lines 1-2)	303,119	2,378,623	46,413	36,351	264,754	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				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00 CAP REL COSTS-BLDG & FIXT	0	3,029,260				1.00
2.00 CAP REL COSTS-MVBL EQUIP	0	0				2.00
3.00 Total (sum of lines 1-2)	0	3,029,260				3.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet A-7  
Part III  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBL EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital -Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	302,961	2,378,623	1.00
2.00	CAP REL COSTS-MVBL EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	302,961	2,378,623	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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	46,413	36,351	264,754	0	3,029,102	1.00
2.00	CAP REL COSTS-MVBL EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	46,413	36,351	264,754	0	3,029,102	3.00

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
				1.00	2.00	3.00	4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-158	CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-3,957	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-73,695			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	-11,433	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
				1.00	2.00	3.00	4.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	OSPEECH PATHOLOGY		68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00	ADVERTISING	A	-592,722	ADMINISTRATIVE & GENERAL		5.00	0 33.00
33.01	AMORTIZATION OF STARTUP COSTS	A	331,610	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02	BAD DEBT EXPENSE	A	-193,554	ADMINISTRATIVE & GENERAL		5.00	0 33.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-543,909				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.

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1. 00	5. 00	AGGREGATE-ADMINISTRATIVE & GENERAL	173,031	0	173,031	211,700	976	1.00
2. 00	0. 00		0	0	0	0	0	2.00
3. 00	0. 00		0	0	0	0	0	3.00
4. 00	0. 00		0	0	0	0	0	4.00
5. 00	0. 00		0	0	0	0	0	5.00
6. 00	0. 00		0	0	0	0	0	6.00
7. 00	0. 00		0	0	0	0	0	7.00
8. 00	0. 00		0	0	0	0	0	8.00
9. 00	0. 00		0	0	0	0	0	9.00
10. 00	0. 00		0	0	0	0	0	10.00
200. 00			173,031	0	173,031		976	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1. 00	2. 00	8. 00	9. 00	12. 00	13. 00	14. 00	
1. 00	5. 00	AGGREGATE-ADMINISTRATIVE & GENERAL	99,336	4,967	0	0	0	1.00
2. 00	0. 00		0	0	0	0	0	2.00
3. 00	0. 00		0	0	0	0	0	3.00
4. 00	0. 00		0	0	0	0	0	4.00
5. 00	0. 00		0	0	0	0	0	5.00
6. 00	0. 00		0	0	0	0	0	6.00
7. 00	0. 00		0	0	0	0	0	7.00
8. 00	0. 00		0	0	0	0	0	8.00
9. 00	0. 00		0	0	0	0	0	9.00
10. 00	0. 00		0	0	0	0	0	10.00
200. 00			99,336	4,967	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1. 00	2. 00	15. 00	16. 00	17. 00	18. 00		
1. 00	5. 00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	99,336	73,695	73,695		1.00
2. 00	0. 00		0	0	0	0		2.00
3. 00	0. 00		0	0	0	0		3.00
4. 00	0. 00		0	0	0	0		4.00
5. 00	0. 00		0	0	0	0		5.00
6. 00	0. 00		0	0	0	0		6.00
7. 00	0. 00		0	0	0	0		7.00
8. 00	0. 00		0	0	0	0		8.00
9. 00	0. 00		0	0	0	0		9.00
10. 00	0. 00		0	0	0	0		10.00
200. 00			0	99,336	73,695	73,695		200.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,029,102	3,029,102	0	0	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,080,184	7,919	0	1,088,103	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,216,348	736,954	0	347,084	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	625,176	82,596	0	0	707,772
8.00 00800	LAUNDRY & LINEN SERVICE	51,095	32,266	0	0	83,361
9.00 00900	HOUSEKEEPING	234,308	12,566	0	27,829	9.00
10.00 01000	DIETARY	467,440	257,017	0	41,043	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	900,345	21,925	0	118,608	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	17,278	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	2,567,251	1,519,724	0	321,424	4,408,399
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	85,345	0	0	0	85,345
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPES	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	101,209	7,330	0	0	108,539
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	55,979	9,359	0	7,374	72,712
66.00 06600	PHYSICAL THERAPY	646,742	174,617	0	85,199	906,558
67.00 06700	OCCUPATIONAL THERAPY	618,984	10,210	0	81,542	710,736
68.00 06800	SPEECH PATHOLOGY	141,514	10,079	0	18,642	170,235
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	197,247	91,694	0	0	288,941
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	610,401	25,067	0	39,358	674,826
74.00 07400	RENAL DIALYSIS	68,914	0	0	0	68,914
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM ANALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	16,697,584	3,016,601	0	1,088,103	16,685,083
<b>NONREIMBURSABLE COST CENTERS</b>						118.00
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	12,501	0	0	12,501
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	<b>TOTAL (sum lines 118 through 201)</b>	16,697,584	3,029,102	0	1,088,103	16,697,584
						202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBL EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	6,300,386	0				5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	1,136,661			6.00
7.00	00700 OPERATION OF PLANT	428,889	0	16,658	150,533		7.00
8.00	00800 LAUNDRY & LINEN SERVICE	50,514	0	6,488	0	447,653	8.00
9.00	00900 HOUSEKEEPING	166,462	0	132,693	0	53,345	9.00
10.00	01000 DIETARY	463,870	0	0	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	630,741	0	11,320	0	4,551	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	0	0	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	10,470	0	8,921	0	3,586	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIANS ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMEDICAL PRGM-(SPECI FY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	2,671,353	0	784,602	150,533	315,424	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	0	0	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	51,717	0	0	0	0	54.00
55.00	05500 RADIOLGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOSIPOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	65,771	0	3,784	0	1,521	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	44,061	0	4,832	0	1,943	65.00
66.00	06600 PHYSICAL THERAPY	549,347	0	90,152	0	36,243	66.00
67.00	06700 OCCUPATIONAL THERAPY	430,685	0	5,271	0	2,119	67.00
68.00	06800 SPEECH PATHOLOGY	103,157	0	5,204	0	2,092	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	175,090	0	47,340	0	19,031	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	408,924	0	12,942	0	5,203	73.00
74.00	07400 RENAL DIALYSIS	41,760	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILITY REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,292,811	0	1,130,207	150,533	445,058	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,575	0	6,454	0	2,595	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,300,386	0	1,136,661	150,533	447,653	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY	1,415,408	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	1,687,490	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDIC PRGM-(SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,415,408	0	0	1,687,490	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPES	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DI STINCT PART)	0	0	0	0	75.00
77.00 07700	ALLOGENIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DI STINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	<b>1,415,408</b>	<b>0</b>	<b>0</b>	<b>1,687,490</b>	<b>0</b>
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	<b>TOTAL (sum lines 118 through 201)</b>	<b>1,415,408</b>	<b>0</b>	<b>0</b>	<b>1,687,490</b>	<b>0</b>

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIANS ANESTHETISTS	
				(SPECI FY)		
	15.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY	0	40,255			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0				16.00
17.00 01700	SOCIAL SERVICE	0	0	0		17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM- (SPECI FY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	40,255	0	0	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>AMBULATORY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOTHERAPY	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIANS/ANESTHETISTS	
				(SPECIALLY)		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILITY ZATION REVENUE-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	40,255	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	40,255	0	0	0	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

			Period:		Worksheet B	
			From 01/01/2023	To 12/31/2023	Part I	Date/Time Prepared: 5/26/2024 5:10 pm
Cost Center Description		NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			20.00	21.00	22.00	23.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBL EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECI FY)				18.00
19.00	01900	NONPHYSICAL ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-(SPECI FY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	11,473,464
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	137,062
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	179,615
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	123,548
66.00	06600	PHYSICAL THERAPY	0	0	0	1,582,300
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,148,811
68.00	06800	SPEECH PATHOLOGY	0	0	0	280,688
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	530,402
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,101,895
74.00	07400	RENAL DIALYSIS	0	0	0	110,674
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
77.00	07700	ALLOGENETIC STEM CELL ACQUISITION	0	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00	22.00	23.00	24.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM ANALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	16,668,459	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GYM, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	29,125	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
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)	0	0	0	16,697,584	202.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
12.00 01200	MAINTENANCE OF PERSONNEL			12.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)			18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS			19.00
20.00 02000	NURSING PROGRAM			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 02300	PARAMEDICAL PRGM- (SPECI FY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	0	11,473,464	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	41.00
43.00 04300	NURSERY	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	137,062	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOTHERAPEUTIC	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	179,615	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	123,548	65.00
66.00 06600	PHYSICAL THERAPY	0	1,582,300	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,148,811	67.00
68.00 06800	SPEECH PATHOLOGY	0	280,688	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	530,402	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,101,895	73.00
74.00 07400	RENAL DIALYSIS	0	110,674	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400	HOME PROGRAM ANALYSIS	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 09900	CMHC	0	0	99.00
99.10 09910	CORF	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	101.00
102.00 10200	OPIOLID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00 10500	KIDNEY ACQUISITION	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	111.00
113.00 11300	INTEREST EXPENSE			113.00
114.00 11400	UTILIZATION REVIEW-SNF			114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 11600	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	16,668,459	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100	RESEARCH	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	29,125	192.00
193.00 19300	NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	16,697,584	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part II

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,919	0	7,919	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	736,954	0	736,954	2,523
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	82,596	0	82,596	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	32,266	0	32,266	0
9.00 00900	HOUSEKEEPING	0	12,566	0	12,566	203
10.00 01000	DIETARY	0	257,017	0	257,017	299
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	21,925	0	21,925	863
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	17,278	0	17,278	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,519,724	0	1,519,724	2,340
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPES	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	7,330	0	7,330	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	9,359	0	9,359	54
66.00 06600	PHYSICAL THERAPY	0	174,617	0	174,617	620
67.00 06700	OCCUPATIONAL THERAPY	0	10,210	0	10,210	594
68.00 06800	SPEECH PATHOLOGY	0	10,079	0	10,079	136
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	91,694	0	91,694	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	25,067	0	25,067	287
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPD TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILITY ZATION REVIEWS-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	3,016,601	0	3,016,601	7,919	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	12,501	0	12,501	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	0	3,029,102	0	3,029,102	7,919	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Worksheet B

Part II

Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	ADMINTISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	In Lieu of Form CMS-2552-10
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINTISTRATIVE & GENERAL	739,477				5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00 00700	OPERATION OF PLANT	50,339	0	132,935		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,929	0	1,948	40,143	8.00
9.00 00900	HOUSEKEEPING	19,538	0	759	0	33,066
10.00 01000	DIETARY	54,445	0	15,519	0	3,940
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINTISTRATON	74,030	0	1,324	0	336
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,229	0	1,043	0	265
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECI FY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	313,535	0	91,761	40,143	23,299
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,070	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPES	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	7,720	0	443	0	112
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	5,171	0	565	0	143
66.00 06600	PHYSICAL THERAPY	64,477	0	10,543	0	2,677
67.00 06700	OCCUPATIONAL THERAPY	50,550	0	616	0	157
68.00 06800	SPEECH PATHOLOGY	12,108	0	609	0	155
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,550	0	5,536	0	1,406
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	47,996	0	1,514	0	384
74.00 07400	RENAL DIALYSIS	4,901	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM ANALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	5.00	6.00	7.00	8.00	9.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	738, 588	0	132, 180	40, 143	32, 874	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	889	0	755	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	739, 477	0	132, 935	40, 143	33, 066	202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part II

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY	331,220	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	98,478	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	331,220	0	0	98,478	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPES	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DI STINCT PART)	0	0	0	0	75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DI STINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P. )	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	<b>SUBTOTALS (SUM OF LINES 1 through 117)</b>	331,220	0	0	98,478	0118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	<b>TOTAL (sum lines 118 through 201)</b>	331,220	0	0	98,478	0202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part II

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIANS ANESTHETISTS	
				(SPECI FY)		
	15.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBL EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	0	19,815	0			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0			16.00
17.00 01700 SOCIAL SERVICE	0	0	0			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIANS ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMEDICAL PRGM- (SPECI FY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	19,815	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0		41.00
43.00 04300 NURSERY	0	0	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLogy-DIAGNOSTIC	0	0	0	0		54.00
55.00 05500 RADIOLogy-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOTHERAPEUTIC	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
91.00 09100 EMERGENCY	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part II

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIANS/ANESTHETISTS	
				(SPECI FY)		
	15.00	16.00	17.00	18.00	19.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILITY ZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	19,815	0	0		0
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
200.00 Cross Foot Adjustments						0
201.00 Negative Cost Centers	0	0	0	0		0
202.00 TOTAL (sum lines 118 through 201)	0	19,815	0	0		0

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet B

Part II

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		20.00	21.00	22.00	23.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 CAP REL COSTS-MVBL EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500 ADMINISTRATIVE & GENERAL				5.00
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
12.00	01200 MAINTENANCE OF PERSONNEL				12.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
18.00	01850 OTHER GENERAL SERVICE (SPECI FY)				18.00
19.00	01900 NONPHYSICIANS ANESTHETISTS				19.00
20.00	02000 NURSING PROGRAM	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300 PARAMED PRGM-(SPECI FY)				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				2,440,315
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM				0
51.00	05100 RECOVERY ROOM				0
52.00	05200 DELIVERY ROOM & LABOR ROOM				0
53.00	05300 ANESTHESIOLOGY				0
54.00	05400 RADIOLGY-DIAGNOSTIC				6,070
55.00	05500 RADIOLGY-THERAPEUTIC				0
56.00	05600 RADIOSCOPE				0
57.00	05700 CT SCAN				0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)				0
59.00	05900 CARDIAC CATHETERIZATION				0
60.00	06000 LABORATORY				15,605
60.01	06001 BLOOD LABORATORY				0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.				0
64.00	06400 INTRAVENOUS THERAPY				0
65.00	06500 RESPIRATORY THERAPY				15,292
66.00	06600 PHYSICAL THERAPY				252,934
67.00	06700 OCCUPATIONAL THERAPY				62,127
68.00	06800 SPEECH PATHOLOGY				23,087
69.00	06900 ELECTROCARDIOLOGY				0
70.00	07000 ELECTROENCEPHALOGRAPHY				69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS				70.00
73.00	07300 DRUGS CHARGED TO PATIENTS				119,186
74.00	07400 RENAL DIALYSIS				71.00
75.00	07500 ASC (NON-DISTINCT PART)				0
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION				75.00
78.00	07800 CAR-T-CELL IMMUNOTHERAPY				77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				88.00
90.00	09000 CLINIC				89.00
91.00	09100 EMERGENCY				90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				91.00
					92.00

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		20.00	21.00	22.00	23.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400	HOME PROGRAM ANALYSIS				0 94.00
95.00 09500	AMBULANCE SERVICES				0 95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED				0 96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD				0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS				0 98.00
99.00 09900	CMHC				0 99.00
99.10 09910	CORF				0 99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM				0 100.00
101.00 10100	HOME HEALTH AGENCY				0 101.00
102.00 10200	OPIOID TREATMENT PROGRAM				0 102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00 10500	KIDNEY ACQUISITION				0 105.00
106.00 10600	HEART ACQUISITION				0 106.00
107.00 10700	LIVER ACQUISITION				0 107.00
108.00 10800	LUNG ACQUISITION				0 108.00
109.00 10900	PANCREAS ACQUISITION				0 109.00
110.00 11000	INTESTINAL ACQUISITION				0 110.00
111.00 11100	ISLET ACQUISITION				0 111.00
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)				0 115.00
116.00 11600	HOSPICE				0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	3,014,765 118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GYM, FLOWER, COFFEE SHOP & CANTEEN				0 190.00
191.00 19100	RESEARCH				0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES				14,337 192.00
193.00 19300	NONPAID WORKERS				0 193.00
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)	0	0	0	3,029,102 202.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
12.00 01200	MAINTENANCE OF PERSONNEL			12.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)			18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS			19.00
20.00 02000	NURSING PROGRAM			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 02300	PARAMEDICAL PRGM- (SPECI FY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	0	2,440,315	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	41.00
43.00 04300	NURSERY	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	6,070	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOTHERAPEUTIC	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	15,605	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	15,292	65.00
66.00 06600	PHYSICAL THERAPY	0	252,934	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	62,127	67.00
68.00 06800	SPEECH PATHOLOGY	0	23,087	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	119,186	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	75,248	73.00
74.00 07400	RENAL DIALYSIS	0	4,901	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400	HOME PROGRAM ANALYSIS	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 09900	CMHC	0	0	99.00
99.10 09910	CORF	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	101.00
102.00 10200	OPIOLID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00 10500	KIDNEY ACQUISITION	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	111.00
113.00 11300	INTEREST EXPENSE			113.00
114.00 11400	UTILIZATION REVIEW-SNF			114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 11600	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,014,765	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000	GYM, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100	RESEARCH	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	14,337	192.00
193.00 19300	NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,029,102	202.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00		4.00	5A	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	46,282				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		46,282			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	121	121	8,259,741		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	11,260	11,260	2,634,701	-6,300,386	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	1,262	1,262	0	0	707,772
8.00 00800	LAUNDRY & LINEN SERVICE	493	493	0	0	83,361
9.00 00900	HOUSEKEEPING	192	192	211,246	0	274,703
10.00 01000	DIETARY	3,927	3,927	311,556	0	765,500
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	335	335	900,345	0	1,040,878
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	264	264	0	0	17,278
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	0
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	23,220	23,220	2,439,909	0	4,408,399
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	85,345
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPES	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	112	112	0	0	108,539
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	143	143	55,979	0	72,712
66.00 06600	PHYSICAL THERAPY	2,668	2,668	646,742	0	906,558
67.00 06700	OCCUPATIONAL THERAPY	156	156	618,984	0	710,736
68.00 06800	SPEECH PATHOLOGY	154	154	141,514	0	170,235
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,401	1,401	0	0	288,941
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	383	383	298,765	0	674,826
74.00 07400	RENAL DIALYSIS	0	0	0	0	68,914
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0

					Period: From 01/01/2023 To 12/31/2023	Date/Time Prepared: 5/26/2024 5:10 pm		
Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00		4.00	5A	
91.00	09100	EMERGENCY		0	0	0	0	91.00
	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM ANALYSIS		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	98.00
99.00	09900	CMHC		0	0	0	0	99.00
99.10	09910	CORF		0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM		0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION		0	0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTERINE REVERSAL-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)		0	0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)		46,091	46,091	8,259,741	-6,300,386	10,384,697
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	0	190.00
191.00	19100	RESEARCH		0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	191	191	0	0	12,501	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,029,102		0	1,088,103	6,300,386	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	65.448814	0.000000	0.131736		0.605970	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,919		739,477	204.00
205.00		Unit cost multiplier (Wkst. B, Part III)			0.000959		0.071123	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: 15-3048

Worksheet B-1

Period:  
From 01/01/2023  
To 12/31/2023Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS	34,901				6.00
7.00 00700	OPERATION OF PLANT	1,262	33,639			7.00
8.00 00800	LAUNDRY & LINEN SERVICE	493	493	10,795		8.00
9.00 00900	HOUSEKEEPING	192	192	0	32,954	9.00
10.00 01000	DIETARY	3,927	3,927	0	3,927	32,385
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	335	335	0	335	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	264	264	0	264	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	0
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,220	23,220	10,795	23,220	32,385
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOSIPOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	112	112	0	112	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	143	143	0	143	0
66.00 06600	PHYSICAL THERAPY	2,668	2,668	0	2,668	0
67.00 06700	OCCUPATIONAL THERAPY	156	156	0	156	0
68.00 06800	SPEECH PATHOLOGY	154	154	0	154	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,401	1,401	0	1,401	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	383	383	0	383	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
78.00 07800	CAR-T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-3048

Worksheet B-1

Period:  
From 01/01/2023  
To 12/31/2023Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
						6.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILITY RENTAL REVIEWS-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	34,710	33,448	10,795	32,763	32,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	191	191	0	191	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,136,661	150,533	447,653	1,415,408	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	33,789976	13,944697	13,584178	43,705666	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	132,935	40,143	33,066	331,220	204.00
205.00 Unit cost multiplier (Wkst. B, Part III)	0.000000	3,951812	3,718666	1,003399	10,227574	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: 15-3048

Worksheet B-1

Period:  
From 01/01/2023  
To 12/31/2023Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBL EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	0					11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 01300 NURSING ADMINISTRATION	0	0	10,795			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00 01500 PHARMACY	0	0	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECI FY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIANS ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM- (SPECI FY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	10,795			30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLogy-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLogy-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPES	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILITY RENTAL REVIEWS-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	10,795	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	1,687,490	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	156.321445	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	98,478	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	9.122557	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICAL ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			(SPECI FY) (TIME SPENT)			
			16.00	17.00	18.00	19.00
					20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBL EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	10,795					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECI FY)	0	0	0			18.00
19.00 01900 NONPHYSICAL ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 02300 PARAMED PRGM-(SPECI FY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,795		0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOSCOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIANS ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)			
				(SPECI FY) (TIME SPENT)					
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			16.00	17.00	18.00	19.00	20.00	92.00
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	0	0	101.00
102.00	10200 OPD TREATMENT PROGRAM	0	0	0	0	0	0	0	102.00
	SPECIAL PURPOSE COST CENTERS								
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE								113.00
114.00	11400 UTILITYATION REVIEW-SNF								114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,795	0	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	0	0	193.00
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)	40,255	0	0	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.729041	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	19,815	0	0	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part III)	1.835572	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)								206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							0.000000	207.00

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBL EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECI FY)				18.00
19.00 01900 NONPHYSICAL ANESTHETISTS				19.00
20.00 02000 NURSING PROGRAM				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0		22.00
23.00 02300 PARAMED PRGM-(SPECI FY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLogy-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLogy-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOSCOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00

Cost Center Description		INTERNS & RESIDENTS				
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)		
		21.00	22.00	23.00		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM ANALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00	09900 CMHC	0	0	0		99.00
99.10	09910 CORF	0	0	0		99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0		102.00
	SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600 HEART ACQUISITION	0	0	0		106.00
107.00	10700 LIVER ACQUISITION	0	0	0		107.00
108.00	10800 LUNG ACQUISITION	0	0	0		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100 ISLET ACQUISITION	0	0	0		111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILITYATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600 HOSPICE					116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00	19300 NONPAID WORKERS	0	0	0		193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part III)	0.000000	0.000000	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital	PPS
			Costs		Total Costs	
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,473,464		11,473,464	0	11,473,464
31.00 03100	INTENSIVE CARE UNIT	0		0	0	31.00
32.00 03200	CORONARY CARE UNIT	0		0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0		0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0		0	0	41.00
43.00 04300	NURSERY	0		0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0	44.00
45.00 04500	NURSING FACILITY	0		0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0		0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0		0	0	50.00
51.00 05100	RECOVERY ROOM	0		0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		0	0	52.00
53.00 05300	ANESTHESIOLOGY	0		0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	137,062		137,062	0	137,062
55.00 05500	RADIOLOGY-THERAPEUTIC	0		0	0	55.00
56.00 05600	RADIOTRONE	0		0	0	56.00
57.00 05700	CT SCAN	0		0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0		0	0	59.00
60.00 06000	LABORATORY	179,615		179,615	0	179,615
60.01 06001	BLOOD LABORATORY	0		0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0		0	0	64.00
65.00 06500	RESPIRATORY THERAPY	123,548	0	123,548	0	123,548
66.00 06600	PHYSICAL THERAPY	1,582,300	0	1,582,300	0	1,582,300
67.00 06700	OCCUPATIONAL THERAPY	1,148,811	0	1,148,811	0	1,148,811
68.00 06800	SPEECH PATHOLOGY	280,688	0	280,688	0	280,688
69.00 06900	ELECTROCARDIOLOGY	0		0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	530,402		530,402	0	530,402
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,101,895		1,101,895	0	1,101,895
74.00 07400	RENAL DIALYSIS	110,674		110,674	0	110,674
75.00 07500	ASC (NON-DISTINCT PART)	0		0	0	75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0		0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0		0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	89.00
90.00 09000	CLINIC	0		0	0	90.00
91.00 09100	EMERGENCY	0		0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0		0	0	94.00
95.00 09500	AMBULANCE SERVICES	0		0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0		0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0		0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	98.00
99.00 09900	CMHC	0		0	0	99.00
99.10 09910	CORF	0		0	0	99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0		0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0		0	0	101.00
102.00 10200	OPIOD TREATMENT PROGRAM	0		0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0		0	0	105.00
106.00 10600	HEART ACQUISITION	0		0	0	106.00
107.00 10700	LIVER ACQUISITION	0		0	0	107.00
108.00 10800	LUNG ACQUISITION	0		0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0		0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0		0	0	110.00
111.00 11100	ISLET ACQUISITION	0		0	0	111.00
113.00 11300	INTEREST EXPENSE	0		0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0		0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	115.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Title XVIII		Hospital	PPS
		Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00
116.00	11600 HOSPI CE	0	0	0	0
200.00	Subtotal (see instructions)	16,668,459	0	16,668,459	0
201.00	Less Observation Beds	0	0	0	0
202.00	Total (see instructions)	16,668,459	0	16,668,459	0

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet C

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,437,000		16,437,000		30.00
31.00 03100	INTENSIVE CARE UNIT	0		0		31.00
32.00 03200	CORONARY CARE UNIT	0		0		32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00 04000	SUBPROVIDER - IPF	0		0		40.00
41.00 04100	SUBPROVIDER - IRF	0		0		41.00
43.00 04300	NURSERY	0		0		43.00
44.00 04400	SKILLED NURSING FACILITY	0		0		44.00
45.00 04500	NURSING FACILITY	0		0		45.00
46.00 04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0.000000	0.000000
51.00 05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00 05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00 05400	RADIOLOGY-DIAGNOSTIC	393,692	0	393,692	0.348145	0.000000
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00 05600	RADIOISOTOPES	0	0	0	0.000000	0.000000
57.00 05700	CT SCAN	0	0	0	0.000000	0.000000
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00 06000	LABORATORY	990,982	0	990,982	0.181250	0.000000
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00 06500	RESPIRATORY THERAPY	155,357	0	155,357	0.795252	0.000000
66.00 06600	PHYSICAL THERAPY	6,916,833	0	6,916,833	0.228761	0.000000
67.00 06700	OCCUPATIONAL THERAPY	6,141,835	0	6,141,835	0.187047	0.000000
68.00 06800	SPEECH PATHOLOGY	2,363,860	0	2,363,860	0.118741	0.000000
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,047	0	236,047	2.247019	0.000000
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000
73.00 07300	DRUGS CHARGED TO PATIENTS	3,170,490	0	3,170,490	0.347547	0.000000
74.00 07400	RENAL DIALYSIS	104,400	0	104,400	1.060096	0.000000
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
78.00 07800	CAR-T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000	CLINIC	0	0	0	0.000000	0.000000
91.00 09100	EMERGENCY	0	0	0	0.000000	0.000000
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00 09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000	0.000000
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000	0.000000
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000
99.00 09900	CMHC	0	0	0		99.00
99.10 09910	CORF	0	0	0		99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	0		100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00 10200	OPOLID TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00 10600	HEART ACQUISITION	0	0	0		106.00
107.00 10700	LIVER ACQUISITION	0	0	0		107.00
108.00 10800	LUNG ACQUISITION	0	0	0		108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100	ISLET ACQUISITION	0	0	0		111.00
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 11600	HOSPICE	0	0	0		116.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

			Title XVIII		Hospital	PPS
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
		Inpatient	Outpatient	Total (col. 6 + col. 7)		
200.00	Subtotal (see instructions)	6.00	7.00	8.00	9.00	10.00
201.00	Less Observation Beds	36,910,496	0	36,910,496		200.00
202.00	Total (see instructions)	36,910,496	0	36,910,496		201.00
						202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.348145		54.00
55.00	05500 RADIOLGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOTISCOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.181250		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.795252		65.00
66.00	06600 PHYSICAL THERAPY	0.228761		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.187047		67.00
68.00	06800 SPEECH PATHOLOGY	0.118741		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.247019		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.347547		73.00
74.00	07400 RENAL DIALYSIS	1.060096		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILITY RATES REVIEWS-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00

Health Financial Systems

INDIANAPOLIS REHABILITATION HOSPITAL

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet C

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Title XVIII

Hospital

PPS

Cost Center Description	PPS Inpatient Ratio		
202.00	11.00		202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Costs RCE Disallowance	Hospital Total Costs	Cost
			Total Costs				
			1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	11,473,464			11,473,464	0	11,473,464
31.00 03100	INTENSIVE CARE UNIT	0			0	0	0
32.00 03200	CORONARY CARE UNIT	0			0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0			0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0			0	0	0
40.00 04000	SUBPROVIDER - IPF	0			0	0	0
41.00 04100	SUBPROVIDER - IRF	0			0	0	0
43.00 04300	NURSERY	0			0	0	0
44.00 04400	SKILLED NURSING FACILITY	0			0	0	0
45.00 04500	NURSING FACILITY	0			0	0	0
46.00 04600	OTHER LONG TERM CARE	0			0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0			0	0	0
51.00 05100	RECOVERY ROOM	0			0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0			0	0	0
53.00 05300	ANESTHESIOLOGY	0			0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	137,062			137,062	0	137,062
55.00 05500	RADIOLOGY-THERAPEUTIC	0			0	0	0
56.00 05600	RADIOTRONE	0			0	0	0
57.00 05700	CT SCAN	0			0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0			0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0			0	0	0
60.00 06000	LABORATORY	179,615			179,615	0	179,615
60.01 06001	BLOOD LABORATORY	0			0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0			0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0			0	0	0
64.00 06400	INTRAVENOUS THERAPY	0			0	0	0
65.00 06500	RESPIRATORY THERAPY	123,548	0	123,548	0	123,548	0
66.00 06600	PHYSICAL THERAPY	1,582,300	0	1,582,300	0	1,582,300	0
67.00 06700	OCCUPATIONAL THERAPY	1,148,811	0	1,148,811	0	1,148,811	0
68.00 06800	SPEECH PATHOLOGY	280,688	0	280,688	0	280,688	0
69.00 06900	ELECTROCARDIOLOGY	0			0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0			0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	530,402		530,402	0	530,402	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,101,895		1,101,895	0	1,101,895	0
74.00 07400	RENAL DIALYSIS	110,674		110,674	0	110,674	0
75.00 07500	ASC (NON-DISTINCT PART)	0		0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	0
78.00 07800	CART-CELL IMMUNOTHERAPY	0		0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0		0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0
90.00 09000	CLINIC	0		0	0	0	0
91.00 09100	EMERGENCY	0		0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400	HOME PROGRAM DIALYSIS	0		0	0	0	0
95.00 09500	AMBULANCE SERVICES	0		0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0		0	0	0	0
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0		0	0	0	0
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0
99.00 09900	CMHC	0		0	0	0	0
99.10 09910	CORF	0		0	0	0	0
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0		0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0		0	0	0	0
102.00 10200	OPIOD TREATMENT PROGRAM	0		0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500	KIDNEY ACQUISITION	0		0	0	0	0
106.00 10600	HEART ACQUISITION	0		0	0	0	0
107.00 10700	LIVER ACQUISITION	0		0	0	0	0
108.00 10800	LUNG ACQUISITION	0		0	0	0	0
109.00 10900	PANCREAS ACQUISITION	0		0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0		0	0	0	0
111.00 11100	ISLET ACQUISITION	0		0	0	0	0
113.00 11300	INTEREST EXPENSE					0	0
114.00 11400	UTILIZATION REVIEW-SNF					0	0
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Title XIX		Hospital	Cost	
	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
116.00 11600 HOSPI CE	0	0	0	0	116.00
200.00 Subtotal (see instructions)	16,668,459	0	16,668,459	0	16,668,459
201.00 Less Observation Beds	0	0	0	0	201.00
202.00 Total (see instructions)	16,668,459	0	16,668,459	0	16,668,459

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet C

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Title XIX			Hospital	Cost	
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,437,000		16,437,000		30.00
31.00 03100	INTENSIVE CARE UNIT	0		0		31.00
32.00 03200	CORONARY CARE UNIT	0		0		32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00 04000	SUBPROVIDER - IPF	0		0		40.00
41.00 04100	SUBPROVIDER - IRF	0		0		41.00
43.00 04300	NURSERY	0		0		43.00
44.00 04400	SKILLED NURSING FACILITY	0		0		44.00
45.00 04500	NURSING FACILITY	0		0		45.00
46.00 04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0.000000	0.000000
51.00 05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00 05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00 05400	RADIOLOGY-DIAGNOSTIC	393,692	0	393,692	0.348145	0.000000
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00 05600	RADIOISOTOPES	0	0	0	0.000000	0.000000
57.00 05700	CT SCAN	0	0	0	0.000000	0.000000
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00 06000	LABORATORY	990,982	0	990,982	0.181250	0.000000
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00 06500	RESPIRATORY THERAPY	155,357	0	155,357	0.795252	0.000000
66.00 06600	PHYSICAL THERAPY	6,916,833	0	6,916,833	0.228761	0.000000
67.00 06700	OCCUPATIONAL THERAPY	6,141,835	0	6,141,835	0.187047	0.000000
68.00 06800	SPEECH PATHOLOGY	2,363,860	0	2,363,860	0.118741	0.000000
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,047	0	236,047	2.247019	0.000000
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000
73.00 07300	DRUGS CHARGED TO PATIENTS	3,170,490	0	3,170,490	0.347547	0.000000
74.00 07400	RENAL DIALYSIS	104,400	0	104,400	1.060096	0.000000
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
78.00 07800	CAR-T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00 09000	CLINIC	0	0	0	0.000000	0.000000
91.00 09100	EMERGENCY	0	0	0	0.000000	0.000000
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00 09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000	0.000000
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000	0.000000
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000
99.00 09900	CMHC	0	0	0		99.00
99.10 09910	CORF	0	0	0		99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	0		100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00 10200	OPOLID TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0.000000	0.000000
106.00 10600	HEART ACQUISITION	0	0	0	0.000000	0.000000
107.00 10700	LIVER ACQUISITION	0	0	0	0.000000	0.000000
108.00 10800	LUNG ACQUISITION	0	0	0	0.000000	0.000000
109.00 10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000
111.00 11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 11600	HOSPICE	0	0	0		116.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Title XIX			Hospital	Cost
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
200.00	6.00	7.00	8.00	9.00	10.00
200.00	Subtotal (see instructions)	36,910,496	0	36,910,496	200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)	36,910,496	0	36,910,496	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:

From 01/01/2023

To

12/31/2023

Worksheet C

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Title XIX

Hospital

Cost

Cost Center Description	PPS Inpatient Ratio	Title XIX		Hospital	Cost	
		Title XIX				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				30.00	
31.00 03100	INTENSIVE CARE UNIT				31.00	
32.00 03200	CORONARY CARE UNIT				32.00	
33.00 03300	BURN INTENSIVE CARE UNIT				33.00	
34.00 03400	SURGICAL INTENSIVE CARE UNIT				34.00	
40.00 04000	SUBPROVIDER - IPF				40.00	
41.00 04100	SUBPROVIDER - IRF				41.00	
43.00 04300	NURSERY				43.00	
44.00 04400	SKILLED NURSING FACILITY				44.00	
45.00 04500	NURSING FACILITY				45.00	
46.00 04600	OTHER LONG TERM CARE				46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0.000000			50.00	
51.00 05100	RECOVERY ROOM	0.000000			51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00	
53.00 05300	ANESTHESIOLOGY	0.000000			53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00	
56.00 05600	RADIOTHERAPEUTIC	0.000000			56.00	
57.00 05700	CT SCAN	0.000000			57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00	
59.00 05900	CARDIAC CATHETERIZATION	0.000000			59.00	
60.00 06000	LABORATORY	0.000000			60.00	
60.01 06001	BLOOD LABORATORY	0.000000			60.01	
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00	
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00	
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	
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 PATIENTS	0.000000			72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00	
74.00 07400	RENAL DIALYSIS	0.000000			74.00	
75.00 07500	ASC (NON-DISTINCT PART)	0.000000			75.00	
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00	
78.00 07800	CART-CELL IMMUNOTHERAPY	0.000000			78.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0.000000			88.00	
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00	
90.00 09000	CLINIC	0.000000			90.00	
91.00 09100	EMERGENCY	0.000000			91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0.000000			94.00	
95.00 09500	AMBULANCE SERVICES	0.000000			95.00	
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00	
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00	
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00	
99.00 09900	CMHC				99.00	
99.10 09910	CORF				99.10	
100.00 10000	I&R SERVICES-NOT APPRVD PRGM				100.00	
101.00 10100	HOME HEALTH AGENCY				101.00	
102.00 10200	OPD OI D TREATMENT PROGRAM				102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0.000000			105.00	
106.00 10600	HEART ACQUISITION	0.000000			106.00	
107.00 10700	LIVER ACQUISITION	0.000000			107.00	
108.00 10800	LUNG ACQUISITION	0.000000			108.00	
109.00 10900	PANCREAS ACQUISITION	0.000000			109.00	
110.00 11000	INTESTINAL ACQUISITION	0.000000			110.00	
111.00 11100	ISLET ACQUISITION	0.000000			111.00	
113.00 11300	INTEREST EXPENSE				113.00	
114.00 11400	UTILIZATION REVIEW-SNF				114.00	
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)				115.00	
116.00 11600	HOSPICE				116.00	
200.00	Subtotal (see instructions)				200.00	
201.00	Less Observation Beds				201.00	

Health Financial Systems

INDIANAPOLIS REHABILITATION HOSPITAL

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	PPS Inpatient Ratio	Title XIX	Hospital	Cost
202.00   Total (see instructions)	11.00			202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title V		Costs RCE Disallowance	Total Costs	
			Total Costs	Costs RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	11,473,464		11,473,464	0	11,473,464	30.00
31.00 03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00 04300	NURSERY	0		0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 04500	NURSING FACILITY	0		0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0		0	0	0	50.00
51.00 05100	RECOVERY ROOM	0		0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	137,062		137,062	0	137,062	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00 05600	RADIOTRONE	0		0	0	0	56.00
57.00 05700	CT SCAN	0		0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 06000	LABORATORY	179,615		179,615	0	179,615	60.00
60.01 06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	123,548	0	123,548	0	123,548	65.00
66.00 06600	PHYSICAL THERAPY	1,582,300	0	1,582,300	0	1,582,300	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,148,811	0	1,148,811	0	1,148,811	67.00
68.00 06800	SPEECH PATHOLOGY	280,688	0	280,688	0	280,688	68.00
69.00 06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	530,402		530,402	0	530,402	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,101,895		1,101,895	0	1,101,895	73.00
74.00 07400	RENAL DIALYSIS	110,674		110,674	0	110,674	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000	CLINIC	0		0	0	0	90.00
91.00 09100	EMERGENCY	0		0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0		0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0		0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00 09900	CMHC	0		0	0	0	99.00
99.10 09910	CORF	0		0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00 10200	OPIOD TREATMENT PROGRAM	0		0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 10600	HEART ACQUISITION	0		0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Title V		Hospital		Costs			
	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance				
			1.00	2.00	3.00	4.00	5.00	
116.00	11600 HOSPI CE	0	0	0	0	0	0	116.00
200.00	Subtotal (see instructions)	16,668,459	0	16,668,459	0	16,668,459	0	200.00
201.00	Less Observation Beds	0	0	0	0	0	0	201.00
202.00	Total (see instructions)	16,668,459	0	16,668,459	0	16,668,459	0	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet C

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Title V			Hospital	Cost	
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,437,000		16,437,000		30.00
31.00 03100	INTENSIVE CARE UNIT	0		0		31.00
32.00 03200	CORONARY CARE UNIT	0		0		32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00 04000	SUBPROVIDER - IPF	0		0		40.00
41.00 04100	SUBPROVIDER - IRF	0		0		41.00
43.00 04300	NURSERY	0		0		43.00
44.00 04400	SKILLED NURSING FACILITY	0		0		44.00
45.00 04500	NURSING FACILITY	0		0		45.00
46.00 04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0.000000	0.000000
51.00 05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00 05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00 05400	RADIOLOGY-DIAGNOSTIC	393,692	0	393,692	0.348145	0.000000
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00 05600	RADIOISOTOPES	0	0	0	0.000000	0.000000
57.00 05700	CT SCAN	0	0	0	0.000000	0.000000
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00 06000	LABORATORY	990,982	0	990,982	0.181250	0.000000
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00 06500	RESPIRATORY THERAPY	155,357	0	155,357	0.795252	0.000000
66.00 06600	PHYSICAL THERAPY	6,916,833	0	6,916,833	0.228761	0.000000
67.00 06700	OCCUPATIONAL THERAPY	6,141,835	0	6,141,835	0.187047	0.000000
68.00 06800	SPEECH PATHOLOGY	2,363,860	0	2,363,860	0.118741	0.000000
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	236,047	0	236,047	2.247019	0.000000
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000
73.00 07300	DRUGS CHARGED TO PATIENTS	3,170,490	0	3,170,490	0.347547	0.000000
74.00 07400	RENAL DIALYSIS	104,400	0	104,400	1.060096	0.000000
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
78.00 07800	CAR-T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00 09000	CLINIC	0	0	0	0.000000	0.000000
91.00 09100	EMERGENCY	0	0	0	0.000000	0.000000
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00 09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000	0.000000
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000	0.000000
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000
99.00 09900	CMHC	0	0	0		99.00
99.10 09910	CORF	0	0	0		99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	0		100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00 10200	OLD TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0.000000	0.000000
106.00 10600	HEART ACQUISITION	0	0	0	0.000000	0.000000
107.00 10700	LIVER ACQUISITION	0	0	0	0.000000	0.000000
108.00 10800	LUNG ACQUISITION	0	0	0	0.000000	0.000000
109.00 10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000
111.00 11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 11600	HOSPICE	0	0	0		116.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Title V			Hospital	Cost
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
200.00	6.00	7.00	8.00	9.00	10.00
200.00	Subtotal (see instructions)	36,910,496	0	36,910,496	200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)	36,910,496	0	36,910,496	202.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:

From 01/01/2023

To

12/31/2023

Worksheet C

Part I

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPES	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
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 PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION	0.000000			105.00
106.00	10600 HEART ACQUISITION	0.000000			106.00
107.00	10700 LIVER ACQUISITION	0.000000			107.00
108.00	10800 LUNG ACQUISITION	0.000000			108.00
109.00	10900 PANCREAS ACQUISITION	0.000000			109.00
110.00	11000 INTESTINAL ACQUISITION	0.000000			110.00
111.00	11100 ISLET ACQUISITION	0.000000			111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILITY ZATION REVIEWS-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	PPS Inpatient Ratio	Title V	Hospital	Cost
202.00	11.00			202.00

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XVIII		Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)			
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	2,440,315	0	2,440,315	10,795	226.06
31.00	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
200.00	Total (lines 30 through 199)	2,440,315		2,440,315	10,795	200.00
 <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	5,815	1,314,539			30.00
31.00	INTENSIVE CARE UNIT	0	0			31.00
32.00	CORONARY CARE UNIT	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	SUBPROVIDER - IPF	0	0			40.00
41.00	SUBPROVIDER - IRF	0	0			41.00
43.00	NURSERY	0	0			43.00
44.00	SKILLED NURSING FACILITY	0	0			44.00
45.00	NURSING FACILITY	0	0			45.00
200.00	Total (lines 30 through 199)	5,815	1,314,539			200.00

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XVIII		Hospital	Capital Costs (column 3 x column 4)	PPS
		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges		
	1.00	2.00	3.00	4.00	5.00	
<u>ANCILLARY SERVICE COST CENTERS</u>						
50.00 05000	OPERATING ROOM	0	0	0.000000	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0.000000	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,070	393,692	0.015418	205,901	3,175 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00 05600	RADIOISOTOPES	0	0	0.000000	0	0 56.00
57.00 05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00 06000	LABORATORY	15,605	990,982	0.015747	513,556	8,087 60.00
60.01 06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	15,292	155,357	0.098431	89,504	8,810 65.00
66.00 06600	PHYSICAL THERAPY	252,934	6,916,833	0.036568	3,683,184	134,687 66.00
67.00 06700	OCCUPATIONAL THERAPY	62,127	6,141,835	0.010115	3,291,973	33,298 67.00
68.00 06800	SPEECH PATHOLOGY	23,087	2,363,860	0.009767	1,220,425	11,920 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,186	236,047	0.504925	96,922	48,938 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	75,248	3,170,490	0.023734	1,633,355	38,766 73.00
74.00 07400	RENAL DIALYSIS	4,901	104,400	0.046944	48,000	2,253 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0 77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0.000000	0	0 78.00
<u>OUTPATIENT SERVICE COST CENTERS</u>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00 09000	CLINIC	0	0	0.000000	0	0 90.00
91.00 09100	EMERGENCY	0	0	0.000000	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0 92.00
<u>OTHER REIMBURSABLE COST CENTERS</u>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0.000000	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0.000000	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00	Total (Lines 50 through 199)	574,450	20,473,496		10,782,820	289,934 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part III  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Title XVIII			Hospital	PPS
	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	
	1A	1.00	2A	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
200.00 Total (lines 30 through 199)	0	0	0	0	200.00
<b>Cost Center Description</b>					
	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0	10,795	0.00	5,815
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0.00	0
32.00 03200 CORONARY CARE UNIT	0	0	0	0.00	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0.00	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0.00	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0.00	0
43.00 04300 NURSERY	0	0	0	0.00	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0.00	0
45.00 04500 NURSING FACILITY	0	0	0	0.00	0
200.00 Total (lines 30 through 199)	0	0	10,795	0.00	5,815
<b>Cost Center Description</b>					
	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	9.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0				30.00
31.00 03100 INTENSIVE CARE UNIT	0				31.00
32.00 03200 CORONARY CARE UNIT	0				32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0				33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00 04000 SUBPROVIDER - IPF	0				40.00
41.00 04100 SUBPROVIDER - IRF	0				41.00
43.00 04300 NURSERY	0				43.00
44.00 04400 SKILLED NURSING FACILITY	0				44.00
45.00 04500 NURSING FACILITY	0				45.00
200.00 Total (lines 30 through 199)	0				200.00

APPORTMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Non Physician Anesthetist Cost	Title XVIII		Hospital	Allied Health
		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	
	1.00	2A	2.00	3A	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00 05600	RADIOTRANSPODE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00 06000	LABORATORY	0	0	0	0
60.01 06001	BLOOD LABORATORY	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00 09000	CLINIC	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0
200.00	Total (Lines 50 through 199)	0	0	0	0

APPORTMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	All Other Medical Education Cost	Title XVIII		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	PPS
		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)	7.00		
	4.00	5.00	6.00				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	393,692	0.000000	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600	RADIOSIPOPE	0	0	0	0	0.000000	56.00
57.00 05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000	LABORATORY	0	0	0	990,982	0.000000	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	155,357	0.000000	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	6,916,833	0.000000	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	6,141,835	0.000000	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	2,363,860	0.000000	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	236,047	0.000000	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,170,490	0.000000	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	104,400	0.000000	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000	CLINIC	0	0	0	0	0.000000	90.00
91.00 09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0.000000	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0.000000	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00	Total (Lines 50 through 199)	0	0	0	20,473,496		200.00

APPORTMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	Title XVIII Hospital
							9.00 10.00 11.00 12.00 13.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00 05400 RADIOLGY-DIAGNOSTIC	0.000000	205,901	0	0	0	0	54.00
55.00 05500 RADIOLGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00 05600 RADIODIOTOPE	0.000000	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	513,556	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	89,504	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	3,683,184	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	3,291,973	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1,220,425	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	96,922	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	1,633,355	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	48,000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00 Total (Lines 50 through 199)		10,782,820	0	0	0	0	200.00

APPORTMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Non Physician Anesthetist Cost	Title XIX		Hospital	Cost
		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
	1.00	2A	2.00	3A	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00 05600	RADIOTRANSPODE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00 06000	LABORATORY	0	0	0	0
60.01 06001	BLOOD LABORATORY	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00 09000	CLINIC	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0
200.00	Total (Lines 50 through 199)	0	0	0	0

APPORTMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	All Other Medical Education Cost	Title XIX		Hospital	Cost
		Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	0.000000
51.00 05100	RECOVERY ROOM	0	0	0	0.000000
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000
53.00 05300	ANESTHESIOLOGY	0	0	0	0.000000
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	393,692	0.000000
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000
56.00 05600	RADIOTHERAPEUTIC	0	0	0	0.000000
57.00 05700	CT SCAN	0	0	0	0.000000
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0.000000
60.00 06000	LABORATORY	0	0	990,982	0.000000
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0.000000
65.00 06500	RESPIRATORY THERAPY	0	0	155,357	0.000000
66.00 06600	PHYSICAL THERAPY	0	0	6,916,833	0.000000
67.00 06700	OCCUPATIONAL THERAPY	0	0	6,141,835	0.000000
68.00 06800	SPEECH PATHOLOGY	0	0	2,363,860	0.000000
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0.000000
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	236,047	0.000000
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	3,170,490	0.000000
74.00 07400	RENAL DIALYSIS	0	0	104,400	0.000000
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000
78.00 07800	CART-CELL IMMUNOTHERAPY	0	0	0	0.000000
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0.000000
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000
90.00 09000	CLINIC	0	0	0	0.000000
91.00 09100	EMERGENCY	0	0	0	0.000000
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000
95.00 09500	AMBULANCE SERVICES	0	0	0	0.000000
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000
200.00	Total (Lines 50 through 199)	0	0	20,473,496	200.00

APPORTMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2024 5:10 pm

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Title XIX		Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital		
	9.00	10.00	11.00	12.00	13.00	
<u>ANCILLARY SERVICE COST CENTERS</u>						
50.00 05000	OPERATING ROOM	0.000000	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00 05600	RADIOISOTOPES	0.000000	0	0	0	0 56.00
57.00 05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000	LABORATORY	0.000000	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	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 PATIENTS	0.000000	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0 77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0.000000	0	0	0	0 78.00
<u>OUTPATIENT SERVICE COST CENTERS</u>						
88.00 08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00 09000	CLINIC	0.000000	0	0	0	0 90.00
91.00 09100	EMERGENCY	0.000000	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0 92.00
<u>OTHER REIMBURSABLE COST CENTERS</u>						
94.00 09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Total (Lines 50 through 199)		0	0	0	0 200.00

	Title XVIII	Hospital	PPS
Cost Center Description			1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,795	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,795	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)	10,795	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)	5,815	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	11,473,464	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)	11,473,464	27.00
<b>PRI VATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	11,473,464	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,062.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,180,473	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)	6,180,473	41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-3048

Worksheet D-1

Period:  
From 01/01/2023  
To 12/31/2023Date/Time Prepared:  
5/26/2024 5:10 pm

			Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,675,519	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)						8,855,992	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)						1,314,539	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						289,934	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,604,473	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						7,251,519	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
55.01	Permanent adjustment amount per discharge						0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)						0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero. (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only); for CAH, see instructions						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet D-1  
Date/Time Prepared:  
5/26/2024 5:10 pm

## Title XVIII

## Hospital

## PPS

## Cost Center Description

1.00

89.00 Observation bed cost (line 87 x line 88) (see instructions)

0 89.00

Cost Center Description	Cost	Routine Cost (from line 21)	Column 1 ÷ Column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	5.00
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	2,440,315	11,473,464	0.212692	0	0	90.00
91.00 Nursing Program cost	0	11,473,464	0.000000	0	0	91.00
92.00 Allied health cost	0	11,473,464	0.000000	0	0	92.00
93.00 All other Medical Education	0	11,473,464	0.000000	0	0	93.00

Cost Center Description	Title XVIII	Hospital		PPS
		Ratio of Cost To Charges	Inpatient Program Charges	
		1.00	2.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS		8,722,500	30.00
31.00 03100	INTENSIVE CARE UNIT		0	31.00
32.00 03200	CORONARY CARE UNIT		0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00 04000	SUBPROVIDER - I PF		0	40.00
41.00 04100	SUBPROVIDER - I RF		0	41.00
43.00 04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0.000000	0	50.00
51.00 05100	RECOVERY ROOM	0.000000	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00 05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.348145	205,901	71,683
55.00 05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00 05600	RADIOSIPOPE	0.000000	0	56.00
57.00 05700	CT SCAN	0.000000	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00 06000	LABORATORY	0.181250	513,556	93,082
60.01 06001	BLOOD LABORATORY	0.000000	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00 06500	RESPIRATORY THERAPY	0.795252	89,504	71,178
66.00 06600	PHYSICAL THERAPY	0.228761	3,683,184	842,569
67.00 06700	OCCUPATIONAL THERAPY	0.187047	3,291,973	615,754
68.00 06800	SPEECH PATHOLOGY	0.118741	1,220,425	144,914
69.00 06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.247019	96,922	217,786
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.347547	1,633,355	567,668
74.00 07400	RENAL DIALYSIS	1.060096	48,000	50,885
75.00 07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
78.00 07800	CART-CELL IMMUNOTHERAPY	0.000000	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00 09000	CLINIC	0.000000	0	90.00
91.00 09100	EMERGENCY	0.000000	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00 09500	AMBULANCE SERVICES		0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,782,820	2,675,519
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		10,782,820	202.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-3048

Worksheet E-1

Part I

Date/Time Prepared:

5/26/2024 5:10 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			11,066,425	0
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	1.00
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	2.00
<b>Program to Provider</b>					
3.01	ADJUSTMENTS TO PROVIDER			0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
<b>Provider to Program</b>					
3.50	ADJUSTMENTS TO PROGRAM			0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			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)			11,066,425	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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
<b>Program to Provider</b>					
5.01	TENTATIVE TO PROVIDER			0	5.01
5.02				0	5.02
5.03				0	5.03
<b>Provider to Program</b>					
5.50	TENTATIVE TO PROGRAM			0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			58,287	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			11,124,712	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
8.00	Name of Contractor			0	1.00
					2.00
					8.00

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet E-3  
Part III  
Date/Time Prepared:  
5/26/2024 5:10 pm

	Title XVIII	Hospital	PPS
		1.00	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>			
1.00	Net Federal PPS Payment (see instructions)	11,224,311	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0224	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	290,710	3.00
4.00	Outlier Payments	14,794	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	29,575.342	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	11,529,815	13.00
14.00	Nursing and Allied Health Managed Care payments (see instructions)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	11,529,815	17.00
18.00	Primary payer payments	1,000	18.00
19.00	Subtotal (line 17 less line 18).	11,528,815	19.00
20.00	Deductibles	115,156	20.00
21.00	Subtotal (line 19 minus line 20)	11,413,659	21.00
22.00	Coinsurance	75,167	22.00
23.00	Subtotal (line 21 minus line 22)	11,338,492	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	20,393	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	13,255	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	17,281	26.00
27.00	Subtotal (sum of lines 23 and 25)	11,351,747	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.98	Recovery of accelerated depreciation.	0	31.98
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	11,351,747	32.00
32.01	Sequestration adjustment (see instructions)	227,035	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	11,066,425	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	58,287	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	14,794	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)			
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.	0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)	0.000000	99.01

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

Provider CCN: 15-3048

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

Worksheet G  
Date/Time Prepared:  
5/26/2024 5:10 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
					1. 00
<b>CURRENT ASSETS</b>					
1.00	Cash on hand in banks	1,620,856	0	0	0
2.00	Temporary investments	0	0	0	2.00
3.00	Notes receivable	0	0	0	3.00
4.00	Accounts receivable	2,144,535	0	0	4.00
5.00	Other receivable	0	0	0	5.00
6.00	All allowances for uncollectible notes and accounts receivable	0	0	0	6.00
7.00	Inventory	88,064	0	0	7.00
8.00	Prepaid expenses	358,078	0	0	8.00
9.00	Other current assets	0	0	0	9.00
10.00	Due from other funds	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	4,211,533	0	0	11.00
<b>FIXED ASSETS</b>					
12.00	Land	0	0	0	12.00
13.00	Land improvements	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	14.00
15.00	Buildings	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	16.00
17.00	Leasehold improvements	141,549	0	0	17.00
18.00	Accumulated depreciation	-55,586	0	0	18.00
19.00	Fixed equipment	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	22.00
23.00	Major movable equipment	1,309,090	0	0	23.00
24.00	Accumulated depreciation	-613,608	0	0	24.00
25.00	Minor equipment-depreciable	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	28.00
29.00	Minor equipment-nondepreciable	128,019	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	909,464	0	0	30.00
<b>OTHER ASSETS</b>					
31.00	Investments	0	0	0	31.00
32.00	Deposits on leases	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	33.00
34.00	Other assets	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,120,997	0	0	36.00
<b>CURRENT LIABILITIES</b>					
37.00	Accounts payable	726,534	0	0	37.00
38.00	Salaries, wages, and fees payable	835,771	0	0	38.00
39.00	Payroll taxes payable	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	40.00
41.00	Deferred income	0	0	0	41.00
42.00	Accelerated payments	0	0	0	42.00
43.00	Due to other funds	0	0	0	43.00
44.00	Other current liabilities	-5,726	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,556,579	0	0	45.00
<b>LONG TERM LIABILITIES</b>					
46.00	Mortgage payable	0	0	0	46.00
47.00	Notes payable	1,013,149	0	0	47.00
48.00	Unsecured loans	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,013,149	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,569,728	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00	General fund balance	2,551,269	0	0	52.00
53.00	Specific purpose fund				53.00
54.00	Donor created - endowment fund balance - restricted				54.00
55.00	Donor created - endowment fund balance - unrestricted				55.00
56.00	Governing body created - endowment fund balance				56.00
57.00	Plant fund balance - invested in plant				57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,551,269	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,120,997	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet G-1  
Date/Time Prepared:  
5/26/2024 5:10 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		-423, 354		0	1. 00
2. 00	Net income (loss) (from Wkst. G-3, line 29)		2, 127, 916		0	2. 00
3. 00	Total (sum of line 1 and line 2)		1, 704, 562		0	3. 00
4. 00	Additions (credit adjustments) (specify)	0		0		0 4. 00
5. 00		0		0		0 5. 00
6. 00		0		0		0 6. 00
7. 00		0		0		0 7. 00
8. 00		0		0		0 8. 00
9. 00		0		0		0 9. 00
10. 00	Total additions (sum of line 4-9)		0		0	10. 00
11. 00	Subtotal (line 3 plus line 10)		1, 704, 562		0	11. 00
12. 00	Deductions (debit adjustments) (specify)	0		0		0 12. 00
13. 00		0		0		0 13. 00
14. 00		0		0		0 14. 00
15. 00		0		0		0 15. 00
16. 00		0		0		0 16. 00
17. 00		0		0		0 17. 00
18. 00	Total deductions (sum of lines 12-17)		0		0	18. 00
19. 00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1, 704, 562		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)	0		0		2. 00
3. 00	Total (sum of line 1 and line 2)	0		0		3. 00
4. 00	Additions (credit adjustments) (specify)		0			4. 00
5. 00			0			5. 00
6. 00			0			6. 00
7. 00			0			7. 00
8. 00			0			8. 00
9. 00			0			9. 00
10. 00	Total additions (sum of line 4-9)	0		0		10. 00
11. 00	Subtotal (line 3 plus line 10)	0		0		11. 00
12. 00	Deductions (debit adjustments) (specify)		0			12. 00
13. 00			0			13. 00
14. 00			0			14. 00
15. 00			0			15. 00
16. 00			0			16. 00
17. 00			0			17. 00
18. 00	Total deductions (sum of lines 12-17)	0		0		18. 00
19. 00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19. 00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-3048

Period:

From 01/01/2023

To 12/31/2023

Worksheet G-2

Parts I &amp; II

Date/Time Prepared:

5/26/2024 5:10 pm

Cost Center Description	Inpatient	Outpatient	Total
	1.00	2.00	3.00
<b>PART I - PATIENT REVENUES</b>			
General Inpatient Routine Services			
1.00 Hospital	16,437,000		16,437,000
2.00 SUBPROVIDER - IPF	0		0
3.00 SUBPROVIDER - IRF	0		0
4.00 SUBPROVIDER			4.00
5.00 Swinging bed - SNF	0		0
6.00 Swinging bed - NF	0		0
7.00 SKILLED NURSING FACILITY	0		0
8.00 NURSING FACILITY	0		0
9.00 OTHER LONG TERM CARE	0		0
10.00 Total general inpatient care services (sum of lines 1-9)	16,437,000		16,437,000
Intensive Care Type Inpatient Hospital Services			
11.00 INTENSIVE CARE UNIT	0		0
12.00 CORONARY CARE UNIT	0		0
13.00 BURN INTENSIVE CARE UNIT	0		0
14.00 SURGICAL INTENSIVE CARE UNIT	0		0
15.00 OTHER SPECIAL CARE (SPECIFY)			0
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0
17.00 Total inpatient routine care services (sum of lines 10 and 16)	16,437,000		16,437,000
18.00 Ancillary services	20,473,496	0	20,473,496
19.00 Outpatient services	0	0	0
20.00 RURAL HEALTH CLINIC	0	0	0
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
22.00 HOME HEALTH AGENCY	0	0	0
23.00 AMBULANCE SERVICES	0	0	0
24.00 CMHC	0	0	0
24.10 CORF	0	0	0
25.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0
26.00 HOSPICE	0	0	0
27.00 OTHER (SPECIFY)	0	0	0
28.00 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. G-3, line 1)	36,910,496	0	36,910,496
<b>PART II - OPERATING EXPENSES</b>			
29.00 Operating expenses (per Wkst. A, column 3, line 200)		17,241,493	
30.00 ADD (SPECIFY)	0		0
31.00	0		0
32.00	0		0
33.00	0		0
34.00	0		0
35.00	0		0
36.00 Total additions (sum of lines 30-35)		0	0
37.00 DEDUCT (SPECIFY)	0		0
38.00	0		0
39.00	0		0
40.00	0		0
41.00	0		0
42.00 Total deductions (sum of lines 37-41)		0	0
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Wkst. G-3, line 4)		17,241,493	43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-3048

Period:  
From 01/01/2023  
To 12/31/2023Worksheet G-3  
Date/Time Prepared:  
5/26/2024 5:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	36,910,496	1.00
2.00	Less contractual allowances and discounts on patients' accounts	17,564,035	2.00
3.00	Net patient revenues (line 1 minus line 2)	19,346,461	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	17,241,493	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,104,968	5.00
	<b>OTHER INCOME</b>		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	158	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	3,957	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	11,433	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	<b>OTHER INCOME</b>	7,400	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	22,948	25.00
26.00	Total (line 5 plus line 25)	2,127,916	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,127,916	29.00