

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: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/24/2024 12:26 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	Date: 5/24/2024 Time: 12:26 pm
Contractor use only	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. 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. NPR 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 A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (15-0056) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1	Frank Runion	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Frank Runion		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	2,554,788	-103,580	0	0 1.00
2.00	SUBPROVIDER - IPF	0	34,304	1	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	TOTAL	0	2,589,092	-103,579	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 N SENATE AVE			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARION			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		INDIANA UNIVERSITY HEALTH IPF	155056	26900	4	07/01/1984	N	P	N	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		INDIANA UNIVERSITY HEALTH HOME CARE	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		INDIANA UNIVERSITY HEALTH HOSPICE	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		RILEY HOSPITAL RENAL SERVICES	153522	26900		04/09/2007				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)						2		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 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.	30,582	10,892	957	1,565	106,016	332	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.10	1	60.04

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			22.00	22.00	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/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 pm
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				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				12.21	424.72	0.027945	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		FAMILY MEDICINE	1350	4.91	24.93	0.164544	65.00
65.01			INTERNAL MEDICINE GENERAL	1400	0.99	50.83	0.019105	65.01
65.02			INTERNAL MEDICINE GERIATRIC	1408	0.30	0.95	0.240000	65.02
65.03			INTERNAL MEDICINE & PEDIATRICS	1450	1.73	28.56	0.057115	65.03
65.04			OBSTETRICS & GYNECOLOGY	1750	0.30	25.95	0.011429	65.04
65.05			PEDIATRICS GENERAL	2000	1.24	62.64	0.019411	65.05
65.06			PEDIATRIC/EMERGENCY MEDICINE	2800	0.00	0.00	0.000000	65.06

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				13.41	529.80	0.024687	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0056

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

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Part I
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	Program Name	Program Code	Unweighted FTEs Non-provider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
					1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.56	27.81	0.084294			67.00
67.01		INTERNAL MEDICINE GENERAL	1400	1.35	47.37	0.027709			67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.00	0.39	0.000000			67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.67	29.57	0.053457			67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	1.06	20.40	0.049394			67.04
67.05		PEDIATRICS GENERAL	2000	3.26	68.65	0.045334			67.05
					1.00				
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?								68.00
					1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y				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)				Y	N	0		71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0		76.00
					1.00				
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N			81.00
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.								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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 pm	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		N		0 88.00
		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00			0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)				107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 pm	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.					N	111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.					N	112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.					N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.					Y	116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.					N	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.					1	118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	3,752,555		0	118.01		
						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						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.					N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.					Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.					Y	5.06
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.					Y	N
Certified Transplant Center Information							
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.					Y	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.					10/17/1996	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.					10/17/1996	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.					03/11/1993	128.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 pm	
		1.00	2.00				
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.	02/02/1995				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.	07/01/1999				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.	06/07/2005				131.00	
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		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: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 12:26 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	4,986 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/24/2024 12:26 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type		Date
				1.00	2.00		3.00
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N				N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2024			Y	04/02/2024
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N				N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N				N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0056

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				Y	33.00
Provider-Based Physicians						
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y		40.00
		1.00		2.00		
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.	RHONDA		UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-556-3910		RUTTER@IUHEALTH.ORG		43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR - GOVERNMENT PROGRAMS	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: 15-0056

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	944	344,605	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)		944	344,605	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	69	25,185	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	66	23,930	0.00	0	9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	105	38,325	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02	UH SURG 61C	34.02	18	6,570	0.00	0	11.02
11.03	UH NS 31C	34.03	0	0	0.00	0	11.03
11.04	RH PED IC	34.04	42	15,330	0.00	0	11.04
11.05	TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05
11.06	PEDS CANCER CARE	34.06	12	4,380	0.00	0	11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,274	464,895	0.00	0	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		1,302				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		27	9,855			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	41,560	18,140	238,884			1.00
2.00	HMO and other (see instructions)	61,219	116,054				2.00
3.00	HMO IPF Subprovider	40	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	41,560	18,140	238,884			7.00
8.00	INTENSIVE CARE UNIT	4,403	915	19,342			8.00
9.00	CORONARY CARE UNIT	2,940	1,144	18,443			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	6,517	35,278			9.01
10.00	BURN INTENSIVE CARE UNIT	11	173	2,100			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02	UH SURG 61C	954	59	2,948			11.02
11.03	UH NS 31C	0	0	0			11.03
11.04	RH PED IC	122	2,252	10,321			11.04
11.05	TRANSPLANT ICU	352	103	2,418			11.05
11.06	PEDS CANCER CARE	232	229	3,235			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		4,426	5,639			13.00
14.00	Total (see instructions)	50,574	33,958	338,608	738.83	8,304.75	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	513	302	5,118	1.57	35.37	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						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	12,515	0	47,660	0.00	323.18	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	167.63	24.00
24.10	HOSPICE (non-distinct part)			2,328			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				740.40	8,830.93	27.00
28.00	Observation Bed Days		1,179	19,109			28.00
29.00	Ambulance Trips	12,675					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	332	5,721			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2023
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Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,538	2,932	46,659	1.00
2.00	HMO and other (see instructions)			7,889	12,460		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
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.02	UH SURG 61C						11.02
11.03	UH NS 31C						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,538	2,932	46,659	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	50	44	741	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	771,628,560	-3,437,218	768,191,342	19,633,937.00	39.13
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,068,712	0	1,068,712	13,053.00	81.87
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	38,820,821	0	38,820,821	1,270,294.13	30.56
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		100,223,753	394,392	100,618,145	2,771,741.00	36.30
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		49,765,154	0	49,765,154	426,719.00	116.62
12.00	Contract labor: Top level management and other management and administrative services		1,368,574	0	1,368,574	6,240.00	219.32
13.00	Contract Labor: Physician-Part A - Administrative		17,537,116	0	17,537,116	135,206.00	129.71
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		262,051,948	0	262,051,948	5,983,307.00	43.80
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		163,189,189	0	163,189,189		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		27,055,065	0	27,055,065		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		185,013	0	185,013		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		8,539,214	0	8,539,214		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

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

Worksheet S-3
Part II
Date/Time Prepared:
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	811,961	-1,058	810,903	21,958.00	36.93	26.00
27.00	Administrative & General	23,387,131	218,372	23,605,503	399,692.00	59.06	27.00
28.00	Administrative & General under contract (see inst.)	8,822,479	0	8,822,479	50,516.00	174.65	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	6,872,453	-27,190	6,845,263	231,445.00	29.58	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,015,189	-6,445	1,008,744	51,161.00	19.72	32.00
33.00	Housekeeping under contract (see instructions)	136,217	0	136,217	3,022.00	45.08	33.00
34.00	Dietary	12,465,387	-47,004	12,418,383	541,954.00	22.91	34.00
35.00	Dietary under contract (see instructions)	2,737,731	0	2,737,731	81,965.00	33.40	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	26,741,450	-870,985	25,870,465	551,979.00	46.87	38.00
39.00	Central Services and Supply	42,087	0	42,087	2,355.00	17.87	39.00
40.00	Pharmacy	39,643,930	-1,051,604	38,592,326	737,598.00	52.32	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	5,207,496	-34,442	5,173,054	156,410.00	33.07	42.00
43.00	Other General Service	2,434,338	-18,375	2,415,963	116,236.00	20.78	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2024 12:26 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	743,435,454	-3,437,218	739,998,236	18,486,092.87	40.03	1.00
2.00	Excluded area salaries (see instructions)	100,223,753	394,392	100,618,145	2,771,741.00	36.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	643,211,701	-3,831,610	639,380,091	15,714,351.87	40.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	330,722,792	0	330,722,792	6,551,472.00	50.48	4.00
5.00	Subtotal wage-related costs (see inst.)	163,189,189	0	163,189,189	0.00	25.52	5.00
6.00	Total (sum of lines 3 thru 5)	1,137,123,682	-3,831,610	1,133,292,072	22,265,823.87	50.90	6.00
7.00	Total overhead cost (see instructions)	130,317,849	-1,838,731	128,479,118	2,946,291.00	43.61	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2024 12:26 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	27,692,380	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
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	99,651,388	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,044,442	9.00
10.00	Dental, Hearing and Vision Plan	4,586,881	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	2,883,629	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)	3,019,040	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	55,028,117	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	4,062,605	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	198,968,482	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0056

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0056 Component CCN: 15-7158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-4 Date/Time Prepared: 5/24/2024 12:26 pm
			Home Health Agency I	PPS

				1.00		
0.00	County	MARI ON				0.00

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

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	559	86	1,066	1,711	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	855.00	46.00	1,933.00	2,834.00	2.00

		Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			7.86	0.00	7.86	4.00
5.00	Other Administrative Personnel			54.33	0.00	54.33	5.00
6.00	Direct Nursing Service			67.87	0.00	67.87	6.00
7.00	Nursing Supervisor			1.41	0.00	1.41	7.00
8.00	Physical Therapy Service			24.87	0.00	24.87	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			7.41	0.00	7.41	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.73	0.00	0.73	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			4.17	0.00	4.17	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.95	0.00	1.95	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION AND RT			153.76	0.00	153.76	18.00

						CBSA Data	
						1.00	

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					14020	20.00
20.01						26900	20.01
20.02						29200	20.02
20.03						34620	20.03
20.04						99915	20.04

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

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,520	1,486	135	3	4,144	21.00
22.00	Skilled Nursing Visit Charges	789,179	470,716	40,444	930	1,301,269	22.00
23.00	Physical Therapy Visits	3,809	1,951	66	21	5,847	23.00
24.00	Physical Therapy Visit Charges	1,488,120	760,644	25,020	7,980	2,281,764	24.00
25.00	Occupational Therapy Visits	775	1,009	10	1	1,795	25.00
26.00	Occupational Therapy Visit Charges	304,920	393,819	3,900	380	703,019	26.00
27.00	Speech Pathology Visits	75	55	3	0	133	27.00
28.00	Speech Pathology Visit Charges	17,940	16,530	810	0	35,280	28.00
29.00	Medical Social Service Visits	68	111	1	0	180	29.00
30.00	Medical Social Service Visit Charges	24,350	40,600	350	0	65,300	30.00
31.00	Home Health Aide Visits	173	237	0	6	416	31.00
32.00	Home Health Aide Visit Charges	29,563	40,205	0	990	70,758	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,420	4,849	215	31	12,515	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,654,072	1,722,514	70,524	10,280	4,457,390	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,036		163	4	1,203	36.00
37.00	Total Number of Outlier Episodes		291		1	292	37.00
38.00	Total Non-Routine Medical Supply Charges	18,312	7,750	221	0	26,283	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

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

Worksheet S-5
Date/Time Prepared:
5/24/2024 12:26 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	0	17	0	0	0	16	1.00			
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	0.00	5.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	0	365					5.00			
6.00	Number of stations	0	9	0	0			6.00			
7.00	Treatment capacity per day per station	0	2					7.00			
8.00	Utilization (see instructions)	0.00	38.01					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02		
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						17		11.00		
12.00	Number of patients transplanted during the cost reporting period						12		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable							X	21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

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

Worksheet S-5

Date/Time Prepared:
5/24/2024 12:26 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0056
Hospice CCN: 15-1511

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/24/2024 12:26 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	65,281	4,506	9,554	79,341	11.00
12.00	Hospice Inpatient Respite Care	447	12	96	555	12.00
13.00	Hospice General Inpatient Care	4,357	598	890	5,845	13.00
14.00	Total Hospice Days	70,085	5,116	10,540	85,741	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	203	4	32	239	15.00
16.00	Hospice General Inpatient Care	1,882	90	241	2,213	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/24/2024 12:26 pm
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.233411	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		643,791,261	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		3,407,634,243	6.00
7.00	Medicaid cost (line 1 times line 6)		795,379,316	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		151,588,055	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,499,194	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		9,384,472	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		2,190,439	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		691,245	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		152,279,300	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	144,492,348	15,140,769	159,633,117
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	33,726,103	5,625,912	39,352,015
22.00	Payments received from patients for amounts previously written off as charity care	83,463	2,571	86,034
23.00	Cost of charity care (see instructions)	33,642,640	5,623,341	39,265,981
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		12,411,941	25.01
26.00	Bad debt amount (see instructions)		76,784,916	26.00
27.00	Medicare reimbursable bad debts (see instructions)		1,322,871	27.00
27.01	Medicare allowable bad debts (see instructions)		2,035,186	27.01
28.00	Non-Medicare bad debt amount (see instructions)		74,749,730	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		18,159,724	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		57,425,705	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		209,705,005	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/24/2024 12:26 pm
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				1.00	
PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)			0.232475	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid				5.00
6.00	Medicaid charges				6.00
7.00	Medicaid cost (line 1 times line 6)				7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)				8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP				9.00
10.00	Stand-alone CHIP charges				10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)				12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				14.00
15.00	State or local indigent care program cost (line 1 times line 14)				15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)				16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care				17.00
18.00	Government grants, appropriations or transfers for support of hospital operations				18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	144,491,967	15,140,769	159,632,736	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	33,590,770	5,614,294	39,205,064	21.00
22.00	Payments received from patients for amounts previously written off as charity care	83,463	2,571	86,034	22.00
23.00	Cost of charity care (see instructions)	33,507,307	5,611,723	39,119,030	23.00
				1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
25.01	Charges for insured patients' liability (see instructions)			12,411,941	25.01
26.00	Bad debt amount (see instructions)			76,746,333	26.00
27.00	Medicare reimbursable bad debts (see instructions)			1,311,066	27.00
27.01	Medicare allowable bad debts (see instructions)			2,017,024	27.01
28.00	Non-Medicare bad debt amount (see instructions)			74,729,309	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			18,078,654	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			57,197,684	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			57,197,684	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	50,876,816	50,876,816	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	70,526,479	70,526,479	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	811,961	564,872	1,376,833	123,365,782	124,742,615	4.00
5.01	00540	NONPATIENT TELEPHONES	0	32,578	32,578	66,068	98,646	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	23,387,131	567,675,132	591,062,263	-43,267,880	547,794,383	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	30,172,591	30,172,591	314,337	30,486,928	6.00
7.00	00700	OPERATION OF PLANT	6,872,453	17,493,525	24,365,978	-3,061,517	21,304,461	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	76,724	76,724	0	76,724	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	601,667	580,147	1,181,814	-160,374	1,021,440	9.04
9.05	00905	HOUSEKEEPING - MORGAN	413,522	511,865	925,387	-171,807	753,580	9.05
10.00	01000	DIETARY	12,465,387	4,539,762	17,005,149	-2,906,964	14,098,185	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	26,523,868	38,234,429	64,758,297	-10,965,109	53,793,188	13.00
13.01	01851	PARAMED ED ADMINISTRATION	217,582	108,646	326,228	-42,444	283,784	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	42,087	3,373,046	3,415,133	130,856,500	134,271,633	14.00
15.00	01500	PHARMACY	39,643,930	193,294,318	232,938,248	-181,541,793	51,396,455	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,207,496	6,034,584	11,242,080	-1,013,579	10,228,501	17.00
18.00	01850	PATIENT TRANSPORTATION	2,434,338	3,284,024	5,718,362	-610,221	5,108,141	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	38,820,821	12,824,211	51,645,032	0	51,645,032	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,594,151	6,594,151	0	6,594,151	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	704,855	191,823	896,678	-444,921	451,757	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	819,631	246,235	1,065,866	759,882	1,825,748	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	178,651	46,639	225,290	164,276	389,566	23.09
23.10	02310	PARAMED PHARMACY TECH	163,103	69,974	233,077	809	233,886	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,035,116	165,164,235	269,199,351	-27,617,402	241,581,949	30.00
31.00	03100	INTENSIVE CARE UNIT	13,544,057	16,108,201	29,652,258	-3,977,896	25,674,362	31.00
32.00	03200	CORONARY CARE UNIT	17,624,562	15,005,206	32,629,768	-5,918,863	26,710,905	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	23,910,740	12,078,409	35,989,149	-6,067,465	29,921,684	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,125,661	1,017,224	3,142,885	-576,092	2,566,793	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	1,923,276	3,442,658	5,365,934	-496,510	4,869,424	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	10,257,993	5,399,068	15,657,061	-3,133,052	12,524,009	34.04
34.05	03404	TRANSPLANT ICU	1,376,527	3,225,333	4,601,860	-518,939	4,082,921	34.05
34.06	03407	PEDS CANCER CARE	2,369,890	1,091,626	3,461,516	-654,477	2,807,039	34.06
40.00	04000	SUBPROVIDER - IPF	3,117,314	1,924,534	5,041,848	-714,501	4,327,347	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,960,557	1,960,557	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,019,708	212,920,503	249,940,211	-147,001,410	102,938,801	50.00
50.01	05001	ENDOSCOPY	2,583,961	12,937,424	15,521,385	-8,031,404	7,489,981	50.01
51.00	05100	RECOVERY ROOM	8,258,593	7,503,957	15,762,550	-2,082,635	13,679,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,629,226	9,754,219	19,383,445	-4,627,186	14,756,259	52.00
53.00	05300	ANESTHESIOLOGY	1,403,964	27,303,418	28,707,382	-4,573,237	24,134,145	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,479,304	986,444	3,465,748	-629,675	2,836,073	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,860,098	68,761,034	100,621,132	-47,418,723	53,202,409	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,888,303	8,894,064	13,782,367	-3,633,435	10,148,932	55.00
56.00	05600	RADIOISOTOPE	1,128,247	28,852,533	29,980,780	-28,409,231	1,571,549	56.00
59.00	05900	CARDIAC CATHETERIZATION	613,081	725,161	1,338,242	-390,775	947,467	59.00
60.00	06000	LABORATORY	61,304,226	213,561,403	274,865,629	-70,341,356	204,524,273	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	944,039	3,117,268	4,061,307	-2,307,807	1,753,500	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,909,586	27,327,859	30,237,445	-1,958,615	28,278,830	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	19,019,560	29,510,267	48,529,827	-10,345,781	38,184,046	65.00
66.00	06600	PHYSICAL THERAPY	28,124,882	11,913,969	40,038,851	-6,659,638	33,379,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,784,736	1,235,864	6,020,600	-587,541	5,433,059	67.00
68.00	06800	SPEECH PATHOLOGY	4,546,032	1,481,769	6,027,801	-712,718	5,315,083	68.00
69.00	06900	ELECTROCARDIOLOGY	2,960,901	5,269,650	8,230,551	-2,014,106	6,216,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,330,444	3,336,653	9,667,097	-1,619,716	8,047,381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,551,028	57,551,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,238,129	62,238,129	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	399,731,418	399,731,418	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	10,027,339	408,605,956	418,633,295	-1,651,814	416,981,481	73.03
74.00	07400	RENAL DIALYSIS	3,982,075	4,350,777	8,332,852	-1,357,252	6,975,600	74.00
76.00	03020	RH NBN ECMO IC	1,463,461	884,010	2,347,471	-721,317	1,626,154	76.00
76.01	03140	CARDIOLOGY	1,016,563	12,257,970	13,274,533	-10,502,566	2,771,967	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,642,848	1,267,149	4,909,997	-724,702	4,185,295	76.02
76.03	03950	CARDIAC CATH	9,376,098	28,672,930	38,049,028	-17,724,098	20,324,930	76.03
76.04	03951	DAY SURGERY	4,079,281	2,578,568	6,657,849	-1,475,575	5,182,274	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,855,567	583,621	2,439,188	-412,236	2,026,952	76.08
76.97	07697	CARDIAC REHABILITATION	781,473	517,826	1,299,299	-208,310	1,090,989	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,016,688	4,080,684	5,097,372	-1,434,835	3,662,537	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	26,835,492	26,835,492	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	896,139	1,316,091	2,212,230	-812,265	1,399,965	90.01
90.02	09002	IUSCC HEM/ONC	19,245,523	133,648,869	152,894,392	-117,358,005	35,536,387	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	412,444	1,098,040	1,510,484	-893,898	616,586	90.03
90.04	09004	AMB SVC-PSYCH ADULT	838,072	228,941	1,067,013	-152,121	914,892	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,113,361	914,427	3,027,788	-556,782	2,471,006	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,590,818	5,575,766	12,166,584	-3,494,888	8,671,696	90.07
90.08	09008	MOTILITY LAB	150,978	184,786	335,764	-88,035	247,729	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,943,772	5,651,745	10,595,517	-1,345,736	9,249,781	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	500,349	11,246,550	11,746,899	-11,024,788	722,111	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	807,295	1,444,444	2,251,739	-685,468	1,566,271	90.17
90.18	09016	DERMATOLOGY CLINIC	712,764	459,197	1,171,961	-366,460	805,501	90.18
90.19	09017	INFUSION/HEM/ONC	0	2,093	2,093	-1,778	315	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	41,247	14,457	55,704	-10,614	45,090	90.21
90.22	09020	EATING DISORDERS CLINIC	1,542,762	1,742,447	3,285,209	-609,949	2,675,260	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,050,359	1,287,587	2,337,946	-274,164	2,063,782	90.23
90.24	09021	LIFE CARE CLINIC	981,233	5,223,651	6,204,884	-5,007,290	1,197,594	90.24
91.00	09100	EMERGENCY	27,937,342	36,232,620	64,169,962	-9,231,338	54,938,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	28,158,466	42,831,047	70,989,513	-12,100,504	58,889,009	95.00
101.00	10100	HOME HEALTH AGENCY	26,811,341	131,119,625	157,930,966	-79,608,382	78,322,584	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,108,737	20,421,218	27,529,955	-8,441,300	19,088,655	105.00
106.00	10600	HEART ACQUISITION	961,915	2,227,854	3,189,769	-429,371	2,760,398	106.00
107.00	10700	LIVER ACQUISITION	1,819,426	15,127,164	16,946,590	622,875	17,569,465	107.00
108.00	10800	LUNG ACQUISITION	1,005,582	6,801,017	7,806,599	-594,320	7,212,279	108.00
109.00	10900	PANCREAS ACQUISITION	438,011	2,010,953	2,448,964	-221,942	2,227,022	109.00
110.00	11000	INTESTINAL ACQUISITION	228,526	609,867	838,393	-77,850	760,543	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	264,613	2,114,255	2,378,868	-85,721	2,293,147	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	4,933,243	4,933,243	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	12,472,935	14,239,038	26,711,973	-2,953,246	23,758,727	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	755,657,913	2,693,372,469	3,449,030,382	957,976	3,449,988,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	739	2,474	3,213	-2,209	1,004	190.00
191.00	19100	RESEARCH	3,694,699	1,505,113	5,199,812	-2,485,202	2,714,610	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
191.01	19101	RESEARCH-GCRC	0	97,298	97,298	-64,609	32,689	191.01
191.02	19102	OSA	1,609,534	2,720,089	4,329,623	-397,456	3,932,167	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	1,058,759	1,058,759	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,605,833	1,605,833	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	10,445,497	6,337,321	16,782,818	-724,083	16,058,735	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	151,980	151,980	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	220,178	123,662	343,840	-100,989	242,851	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	771,628,560	2,704,158,426	3,475,786,986	0	3,475,786,986	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	15,418,898	66,295,714	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	49,812,676	120,339,155	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,091,215	131,833,830	4.00
5.01	00540	NONPATIENT TELEPHONES	-66,068	32,578	5.01
5.02	00550	DATA PROCESSING	92,372,747	92,372,747	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	21,460,153	21,460,153	5.03
5.04	00570	ADMINISTRATIVE	16,724,717	16,724,717	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	59,646,878	59,646,878	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-344,987,589	202,806,794	5.06
6.00	00600	MAINTENANCE & REPAIRS	12,541,690	43,028,618	6.00
7.00	00700	OPERATION OF PLANT	40,685,908	61,990,369	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	76,724	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,076,430	5,076,430	9.01
9.02	00902	HOUSEKEEPING - RILEY	4,961,638	4,961,638	9.02
9.03	00903	HOUSEKEEPING - METHODIST	8,466,988	8,466,988	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	1,021,440	9.04
9.05	00905	HOUSEKEEPING - MORGAN	-37	753,543	9.05
10.00	01000	DIETARY	-197,622	13,900,563	10.00
11.00	01100	CAFETERIA	2,827,147	2,827,147	11.00
13.00	01300	NURSING ADMINISTRATION	-14,667,163	39,126,025	13.00
13.01	01851	PARAMEDIC ADMINISTRATION	-11,286	272,498	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	134,271,633	14.00
15.00	01500	PHARMACY	-4,760,359	46,636,096	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,728,845	17,728,845	16.00
17.00	01700	SOCIAL SERVICE	-191,468	10,037,033	17.00
18.00	01850	PATIENT TRANSPORTATION	0	5,108,141	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	51,645,032	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	61,887,100	68,481,251	22.00
23.00	02300	PARAMEDIC PRGM	0	0	23.00
23.01	02301	PARAMEDIC HEALTH SCIENCES	0	0	23.01
23.02	02302	PARAMEDIC RADIOLOGY-METHODIST	0	0	23.02
23.03	02303	PARAMEDIC RESPIRATORY THERAPY	0	0	23.03
23.04	02304	PARAMEDIC EMERGENCY	0	0	23.04
23.05	02312	PARAMEDIC PASTORAL EDUCATION	-9,639	442,118	23.05
23.06	02306	PARAMEDIC LAB SCIENCE PRO	0	0	23.06
23.07	02307	PARAMEDIC PHARMACY	0	1,825,748	23.07
23.08	02308	PARAMEDIC MEDICAL ASSISTANT	0	0	23.08
23.09	02309	PARAMEDIC SURGERY TECHNOLOGY	-62,651	326,915	23.09
23.10	02310	PARAMEDIC PHARMACY TECH	-13,480	220,406	23.10
23.11	02311	PARAMEDIC NEUROPHYSIOLOGY	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-28,200,987	213,380,962	30.00
31.00	03100	INTENSIVE CARE UNIT	-672,800	25,001,562	31.00
32.00	03200	CORONARY CARE UNIT	-544,612	26,166,293	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	29,921,684	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-11,500	2,555,293	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	03401	UH SURG 61C	0	4,869,424	34.02
34.03	03402	UH NS 31C	0	0	34.03
34.04	03403	RH PEDIC	-1,119	12,522,890	34.04
34.05	03404	TRANSPLANT ICU	0	4,082,921	34.05
34.06	03407	PEDS CANCER CARE	0	2,807,039	34.06
40.00	04000	SUBPROVIDER - I PF	-855,000	3,472,347	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,960,557	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,005,632	98,933,169	50.00
50.01	05001	ENDOSCOPY	-789,214	6,700,767	50.01
51.00	05100	RECOVERY ROOM	-295	13,679,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,636,919	13,119,340	52.00
53.00	05300	ANESTHESIOLOGY	-19,709,197	4,424,948	53.00
53.01	05301	PULMONARY FUNCTION TESTING	17,130	2,853,203	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-957,443	52,244,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,380,293	5,768,639	55.00
56.00	05600	RADIOISOTOPE	-117,396	1,454,153	56.00
59.00	05900	CARDIAC CATHETERIZATION	-156,091	791,376	59.00
60.00	06000	LABORATORY	-186,615,956	17,908,317	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-37	1,753,463	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-6,672,795	21,606,035	63.00
65.00	06500	RESPIRATORY THERAPY	-9,015	38,175,031	65.00
66.00	06600	PHYSICAL THERAPY	-309,269	33,069,944	66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
67.00	06700	OCCUPATIONAL THERAPY	4,000	5,437,059	67.00
68.00	06800	SPEECH PATHOLOGY	-108,311	5,206,772	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,290,484	2,925,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-755,744	7,291,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	57,551,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	62,238,129	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	399,731,418	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-319,362	416,662,119	73.03
74.00	07400	RENAL DIALYSIS	-7,001	6,968,599	74.00
76.00	03020	RH NBN ECMO I C	-75	1,626,079	76.00
76.01	03140	CARDIOLOGY	-21,645	2,750,322	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-120,894	4,064,401	76.02
76.03	03950	CARDIAC CATH	-9,509,485	10,815,445	76.03
76.04	03951	DAY SURGERY	0	5,182,274	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	-30,819	1,996,133	76.08
76.97	07697	CARDIAC REHABILITATION	-118,785	972,204	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-575	3,661,962	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	26,835,492	78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	-675,832	724,133	90.01
90.02	09002	IUSCC HEM/ONC	-8,149,780	27,386,607	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	-114,416	502,170	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	914,892	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	-322,378	2,148,628	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-7,838,898	832,798	90.07
90.08	09008	MOTILITY LAB	0	247,729	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	-4,068,234	5,181,547	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	-101,438	620,673	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	-452,916	1,113,355	90.17
90.18	09016	DERMATOLOGY CLINIC	-228,077	577,424	90.18
90.19	09017	INFUSION/HEM/ONC	0	315	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	45,090	90.21
90.22	09020	EATING DISORDERS CLINIC	-469,882	2,205,378	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-353,432	1,710,350	90.23
90.24	09021	LIFE CARE CLINIC	-575,685	621,909	90.24
91.00	09100	EMERGENCY	-14,635,446	40,303,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-10,816,246	48,072,763	95.00
101.00	10100	HOME HEALTH AGENCY	-15,325,589	62,996,995	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-161,547	18,927,108	105.00
106.00	10600	HEART ACQUISITION	-193,539	2,566,859	106.00
107.00	10700	LIVER ACQUISITION	-1,544,226	16,025,239	107.00
108.00	10800	LUNG ACQUISITION	-1,514,041	5,698,238	108.00
109.00	10900	PANCREAS ACQUISITION	24,902	2,251,924	109.00
110.00	11000	INTESTINAL ACQUISITION	1,775	762,318	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	-1,919,008	374,139	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,933,243	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-4,312,299	19,446,428	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-291,918,184	3,158,070,174	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,004	190.00
191.00	19100	RESEARCH	0	2,714,610	191.00
191.01	19101	RESEARCH-GCRC	0	32,689	191.01
191.02	19102	OSA	-2,274,638	1,657,529	191.02
191.03	19103	RESEARCH ADMIN	0	1,058,759	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,605,833	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

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

Worksheet A
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-1,459,716	14,599,019	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	192.04
192.05	19205	IUH TIPTON	0	151,980	192.05
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	242,851	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-295,652,538	3,180,134,448	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	119,944,781	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
74.00	0.00	0	0		74.00	
75.00	0.00	0	0		75.00	
76.00	0.00	0	0		76.00	
77.00	0.00	0	0		77.00	
78.00	0.00	0	0		78.00	
79.00	0.00	0	0		79.00	
80.00	0.00	0	0		80.00	
81.00	0.00	0	0		81.00	
82.00	0.00	0	0		82.00	
83.00	0.00	0	0		83.00	
84.00	0.00	0	0		84.00	
85.00	0.00	0	0		85.00	
86.00	0.00	0	0		86.00	
87.00	0.00	0	0		87.00	
88.00	0.00	0	0		88.00	
0		0	119,944,781			
B - PEDS THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	157,536	53,614	1.00	
2.00	SPEECH PATHOLOGY	68.00	204,646	69,647	2.00	
0			362,182	123,261		
C - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	48,271,457	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	70,091,500	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	
52.00		0.00	0	0	52.00	
53.00		0.00	0	0	53.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
0			0	118,362,957	
D - SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	57,551,028	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	62,238,129	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	493,947	4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	373	5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	195	6.00
7.00	DIETARY	10.00	0	5,409	7.00
8.00	NURSING ADMINISTRATION	13.00	0	63,804	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	131,575,429	9.00
10.00	SOCIAL SERVICE	17.00	0	1,683	10.00
11.00	PARAMED PHARMACY	23.07	0	5	11.00
12.00	SUBPROVIDER - IPF	40.00	0	54,617	12.00
13.00	RADIOISOTOPE	56.00	0	56,582	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	11,159	14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	2,615	15.00
16.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	390	16.00
17.00	INFUSION CLINIC	90.14	0	3,907	17.00
18.00	HEART ACQUISITION	106.00	0	58	18.00
19.00	LIVER ACQUISITION	107.00	0	357	19.00
20.00	LUNG ACQUISITION	108.00	0	240	20.00
21.00	OTHER ORGAN ACQUISITION EXP	112.00	0	237	21.00
22.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3	22.00
23.00	RESEARCH	191.00	0	568	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
0			0	252,060,779		
E - DRUGS						
1.00	PHARMACY	15.00	0	9,125,810		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	393,342,028		2.00
3.00	PARAMED PHARMACY	23.07	0	4,522		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
0			0	402,472,360		
F - BLOOD						
1.00	LABORATORY	60.00	0	16,265		1.00
2.00		0.00	0	0		2.00
0			0	16,265		
G - NURSERY & L&D						
1.00	NURSERY	43.00	1,290,619	512,613		1.00
2.00	ADULTS & PEDIATRICS	30.00	112,256	82,755		2.00
0			1,402,875	595,368		
H - SLEEP LAB						
1.00	SLEEP LAB	90.11	112,275	0		1.00
0			112,275	0		
I - OB SERVICES						
1.00	NURSERY	43.00	75,997	81,328		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	419,201	832,492		2.00
3.00	ADULTS & PEDIATRICS	30.00	240,364	262,785		3.00
0			735,562	1,176,605		
J - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	562,054	42,997		1.00
0			562,054	42,997		
K - PHARMACIST PARAMED						
1.00	PARAMED PHARMACY	23.07	810,359	61,992		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
0			810,359	61,992		
L - PHARMACY TECH PARAMED						
1.00	PARAMED PHARMACY TECH	23.10	31,488	2,409		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			31,488	2,409		
M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	99,658	7,624		1.00
2.00		0.00	0	0		2.00
0			99,658	7,624		
N - ORGAN						
1.00	LUNG ACQUISITION	108.00	293,529	66,079		1.00
2.00	HEART ACQUISITION	106.00	238,923	55,411		2.00
3.00	LIVER ACQUISITION	107.00	1,419,526	325,316		3.00
4.00	PANCREAS ACQUISITION	109.00	0	31,445		4.00
5.00	INTESTINAL ACQUISITION	110.00	77,057	16,704		5.00
0			2,029,035	494,955		
O - PRE-POST TRANSPLANT						
1.00	POST TRANSPLANT EXPENSES	112.01	4,225,161	708,082		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
0			4,225,161	708,082		
P - CAR T-CELL DRUG RECLASS						
1.00	CAR T-CELL IMMUNOTHERAPY	78.00	0	26,624,950		1.00
TOTALS			0	26,624,950		
R - SURGICAL TECH PARAMED						
1.00	PARAMED SURGERY TECHNOLOGY	23.09	176,783	13,524		1.00
0			176,783	13,524		

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
T - PHONE						
1.00	NONPATIENT TELEPHONES	5.01	0	66,068	1.00	
2.00	LABORATORY	60.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
0			0	66,068		
V - RADIO PHARM RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,210,426	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
0			0	33,210,426		
W - PTO AS STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,437,218	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	
52.00		0.00	0	0	52.00	
53.00		0.00	0	0	53.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6

Date/Time Prepared:
5/24/2024 12:26 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
0			0	3,437,218	
X - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	121,002	1.00
2.00	LABORATORY	60.00	0	672	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
0			0	121,674	
Y - PASTORAL ED RECLASSES					
1.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	273,887	22,212	1.00
0			273,887	22,212	
Z - TRANSPLANT SURGERY MED DIRECTOR					
1.00	HEART ACQUISITION	106.00	0	2,251	1.00
2.00	LIVER ACQUISITION	107.00	0	67,448	2.00
3.00	LUNG ACQUISITION	108.00	0	5,347	3.00
4.00	PANCREAS ACQUISITION	109.00	0	52,908	4.00
5.00	INTESTINAL ACQUISITION	110.00	0	50,844	5.00
0			0	178,798	
AA - RESPIRATORY THERAPY PARAMED					
1.00	RESPIRATORY THERAPY	65.00	469,254	35,899	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			469,254	35,899	
BB - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,484,357	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	434,979	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
0			0	2,919,336	
CC - HOME CARE OFFSET REVISION					
1.00	HOME HEALTH AGENCY	101.00	0	138,376	1.00
2.00		0.00	0	0	2.00
0			0	138,376	
DD - ALTEPLASE AND TRANSPLANT EQU RECLASS					
1.00	LIVER ACQUISITION	107.00	0	656,286	1.00
2.00	HEART ACQUISITION	106.00	0	52,050	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			0	708,336	
EE - INPATIENT ROUTINE					
1.00	ADULTS & PEDIATRICS	30.00	0	0	1.00
0			0	0	
FF - TRANSPLANT INSTITUTE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,605,833	1.00
0			0	1,605,833	

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
II - GRANT REVISIONS					
1.00	OSA	191.02	822,104	0	1.00
2.00	RESEARCH ADMIN	191.03	585,360	473,399	2.00
3.00	OTHER	192.01	863,051	766,802	3.00
	NONREIMBURSABLE-METHODIST				
	0		2,270,515	1,240,201	
JJ - SAXONY TO TIPTON ALLOCATION					
1.00	IUH TIPTON	192.05	128,709	23,271	1.00
	0		128,709	23,271	
KK - ALLOGENEIC AND CAR T- CELL					
1.00	LABORATORY	60.00	480,686	70,667	1.00
2.00	CAR T-CELL IMMUNOTHERAPY	78.00	183,557	26,985	2.00
	0		664,243	97,652	
500.00	Grand Total: Increases		14,354,040	966,514,209	500.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6

Date/Time Prepared:
5/24/2024 12:26 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,719,415	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,443,704	0	2.00	
3.00	HOUSEKEEPING - SAXONY	9.04	0	158,598	0	3.00	
4.00	HOUSEKEEPING - MORGAN	9.05	0	156,631	0	4.00	
5.00	DIETARY	10.00	0	2,419,488	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	4,346,042	0	6.00	
7.00	PARAMEDICAL ADMINISTRATION	13.01	0	30,782	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	566	0	8.00	
9.00	PHARMACY	15.00	0	5,014,922	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	979,834	0	10.00	
11.00	PATIENT TRANSPORTATION	18.00	0	565,558	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,458	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	87,667	0	13.00	
14.00	PARAMEDICAL PASTORAL EDUCATION	23.05	0	146,712	0	14.00	
15.00	LABORATORY	60.00	0	42,542	0	15.00	
16.00	PARAMEDICAL PHARMACY	23.07	0	116,996	0	16.00	
17.00	PARAMEDICAL SURGERY TECHNOLOGY	23.09	0	24,906	0	17.00	
18.00	PARAMEDICAL PHARMACY TECH	23.10	0	32,035	0	18.00	
19.00	ADULTS & PEDIATRICS	30.00	0	16,332,437	0	19.00	
20.00	INTENSIVE CARE UNIT	31.00	0	1,923,097	0	20.00	
21.00	CORONARY CARE UNIT	32.00	0	2,566,666	0	21.00	
22.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,840,458	0	22.00	
23.00	BURN INTENSIVE CARE UNIT	33.00	0	326,756	0	23.00	
24.00	UH SURG 61C	34.02	0	220,791	0	24.00	
25.00	RH PEDI C	34.04	0	1,678,419	0	25.00	
26.00	TRANSPLANT ICU	34.05	0	209,590	0	26.00	
27.00	PEDS CANCER CARE	34.06	0	347,805	0	27.00	
28.00	SUBPROVIDER - IPF	40.00	0	492,826	0	28.00	
29.00	OPERATING ROOM	50.00	0	6,091,320	0	29.00	
30.00	ENDOSCOPY	50.01	0	374,487	0	30.00	
31.00	RECOVERY ROOM	51.00	0	1,380,615	0	31.00	
32.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,726,581	0	32.00	
33.00	ANESTHESIOLOGY	53.00	0	314,439	0	33.00	
34.00	PULMONARY FUNCTION TESTING	53.01	0	403,359	0	34.00	
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,806,975	0	35.00	
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	812,487	0	36.00	
37.00	RADIOISOTOPE	56.00	0	167,063	0	37.00	
38.00	CARDIAC CATHETERIZATION	59.00	0	100,617	0	38.00	
39.00	LABORATORY	60.00	0	11,654,192	0	39.00	
40.00	TRANSPLANT IMMUNOLOGY	60.01	0	179,000	0	40.00	
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	407,196	0	41.00	
42.00	RESPIRATORY THERAPY	65.00	0	3,156,407	0	42.00	
43.00	PHYSICAL THERAPY	66.00	0	4,519,259	0	43.00	
44.00	OCCUPATIONAL THERAPY	67.00	0	715,781	0	44.00	
45.00	SPEECH PATHOLOGY	68.00	0	681,356	0	45.00	
46.00	ELECTROCARDIOLOGY	69.00	0	540,533	0	46.00	
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,018,716	0	47.00	
48.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,488,954	0	48.00	
49.00	RENAL DIALYSIS	74.00	0	725,194	0	49.00	
50.00	RH NBN ECMO IC	76.00	0	247,190	0	50.00	
51.00	CARDIOLOGY	76.01	0	204,622	0	51.00	
52.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	649,843	0	52.00	
53.00	CARDIAC CATH	76.03	0	1,370,790	0	53.00	
54.00	DAY SURGERY	76.04	0	775,369	0	54.00	
55.00	ECMO-ADULT	76.08	0	302,325	0	55.00	
56.00	CARDIAC REHABILITATION	76.97	0	127,346	0	56.00	
57.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	164,900	0	57.00	
58.00	AMB SVC-OB & GYN	90.01	0	146,487	0	58.00	
59.00	IUSCC HEM/ONC	90.02	0	3,167,222	0	59.00	
60.00	AMB SVC-OPHTHALMOLOGY	90.03	0	76,878	0	60.00	
61.00	AMB SVC-PSYCH ADULT	90.04	0	146,870	0	61.00	
62.00	OUTPATIENT SURGERY	90.06	0	391,473	0	62.00	
63.00	AMB SVC-RILEY CLINICS	90.07	0	1,115,329	0	63.00	
64.00	MOTILITY LAB	90.08	0	37,799	0	64.00	
65.00	SLEEP LAB	90.11	0	936,155	0	65.00	
66.00	INFUSION CLINIC	90.14	0	112,019	0	66.00	
67.00	PHYSICAL MEDICINE	90.17	0	202,396	0	67.00	
68.00	DERMATOLOGY CLINIC	90.18	0	114,919	0	68.00	
69.00	OP REHAB CLINIC	90.21	0	9,214	0	69.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
70.00	EATING DISORDERS CLINIC	90.22	0	327,458	0		70.00
71.00	GASTROENTEROLOGY CLINIC	90.23	0	212,152	0		71.00
72.00	LIFE CARE CLINIC	90.24	0	360,147	0		72.00
73.00	EMERGENCY	91.00	0	4,553,571	0		73.00
74.00	AMBULANCE SERVICES	95.00	0	5,603,946	0		74.00
75.00	HOME HEALTH AGENCY	101.00	0	4,682,287	0		75.00
76.00	KIDNEY ACQUISITION	105.00	0	1,261,778	0		76.00
77.00	HEART ACQUISITION	106.00	0	140,168	0		77.00
78.00	LIVER ACQUISITION	107.00	0	270,073	0		78.00
79.00	LUNG ACQUISITION	108.00	0	136,941	0		79.00
80.00	PANCREAS ACQUISITION	109.00	0	59,407	0		80.00
81.00	INTESTINAL ACQUISITION	110.00	0	26,695	0		81.00
82.00	OTHER ORGAN ACQUISITION EXP	112.00	0	33,808	0		82.00
83.00	HOSPICE	116.00	0	2,380,679	0		83.00
84.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,212	0		84.00
85.00	RESEARCH	191.00	0	41,269	0		85.00
86.00	OSA	191.02	0	136,910	0		86.00
87.00	OTHER	192.01	0	1,861,186	0		87.00
88.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	34,716	0		88.00
	O		0	119,944,781			
B - PEDS THERAPY							
1.00	PHYSICAL THERAPY	66.00	362,182	123,261	0		1.00
2.00		0.00	0	0	0		2.00
	O		362,182	123,261			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,203	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38,133,444	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	178,826	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,541,057	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	173	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	10,902	0		6.00
7.00	DIETARY	10.00	0	445,868	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	4,638,290	0		8.00
9.00	PARAMEDICAL ADMINISTRATION	13.01	0	4,147	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	74,163	0		10.00
11.00	PHARMACY	15.00	0	1,272,661	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	0	26,257	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	16,746	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,744,459	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	798,847	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	1,104,495	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	967,491	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	0	97,670	0		18.00
19.00	UH SURG 61C	34.02	0	23,540	0		19.00
20.00	RH PEDI C	34.04	0	480,159	0		20.00
21.00	TRANSPLANT ICU	34.05	0	42,177	0		21.00
22.00	PEDS CANCER CARE	34.06	0	169,429	0		22.00
23.00	SUBPROVIDER - IPF	40.00	0	267,471	0		23.00
24.00	OPERATING ROOM	50.00	0	18,955,376	0		24.00
25.00	ENDOSCOPY	50.01	0	1,125,790	0		25.00
26.00	RECOVERY ROOM	51.00	0	321,165	0		26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,281,061	0		27.00
28.00	ANESTHESIOLOGY	53.00	0	513,462	0		28.00
29.00	PULMONARY FUNCTION TESTING	53.01	0	45,049	0		29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,268,661	0		30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,228,106	0		31.00
32.00	RADIOISOTOPE	56.00	0	761,417	0		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	196,128	0		33.00
34.00	LABORATORY	60.00	0	6,133,189	0		34.00
35.00	TRANSPLANT IMMUNOLOGY	60.01	0	111,629	0		35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	126,955	0		36.00
37.00	RESPIRATORY THERAPY	65.00	0	1,192,251	0		37.00
38.00	PHYSICAL THERAPY	66.00	0	642,958	0		38.00
39.00	OCCUPATIONAL THERAPY	67.00	0	38,068	0		39.00
40.00	SPEECH PATHOLOGY	68.00	0	220,902	0		40.00
41.00	ELECTROCARDIOLOGY	69.00	0	1,432,974	0		41.00
42.00	ELECTROENCEPHALOGRAPHY	70.00	0	510,490	0		42.00
43.00	OUTPATIENT RETAIL PHARMACY	73.03	0	78,280	0		43.00
44.00	RENAL DIALYSIS	74.00	0	335,770	0		44.00
45.00	RH NBN ECMO IC	76.00	0	225,717	0		45.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6

Date/Time Prepared:
5/24/2024 12:26 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
46.00	CARDIOLOGY	76.01	0	836,316	0		46.00
47.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	24,210	0		47.00
48.00	CARDIAC CATH	76.03	0	1,543,068	0		48.00
49.00	DAY SURGERY	76.04	0	97,017	0		49.00
50.00	ECMO-ADULT	76.08	0	89,607	0		50.00
51.00	CARDIAC REHABILITATION	76.97	0	71,833	0		51.00
52.00	AMB SVC-OB & GYN	90.01	0	69,460	0		52.00
53.00	IUSCC HEM/ONC	90.02	0	948,157	0		53.00
54.00	AMB SVC-OPHTHALMOLOGY	90.03	0	101,876	0		54.00
55.00	AMB SVC-PSYCH ADULT	90.04	0	15	0		55.00
56.00	OUTPATIENT SURGERY	90.06	0	142,551	0		56.00
57.00	AMB SVC-RILEY CLINICS	90.07	0	534,864	0		57.00
58.00	MOTILITY LAB	90.08	0	44,392	0		58.00
59.00	SLEEP LAB	90.11	0	217,324	0		59.00
60.00	INFUSION CLINIC	90.14	0	43,922	0		60.00
61.00	PHYSICAL MEDICINE	90.17	0	2,172	0		61.00
62.00	DERMATOLOGY CLINIC	90.18	0	32,114	0		62.00
63.00	INFUSION/HEM/ONC	90.19	0	1,778	0		63.00
64.00	OP REHAB CLINIC	90.21	0	1,400	0		64.00
65.00	EATING DISORDERS CLINIC	90.22	0	277,268	0		65.00
66.00	GASTROENTEROLOGY CLINIC	90.23	0	35,312	0		66.00
67.00	LIFE CARE CLINIC	90.24	0	4,200	0		67.00
68.00	EMERGENCY	91.00	0	1,567,715	0		68.00
69.00	AMBULANCE SERVICES	95.00	0	5,266,012	0		69.00
70.00	HOME HEALTH AGENCY	101.00	0	457,911	0		70.00
71.00	KIDNEY ACQUISITION	105.00	0	783,676	0		71.00
72.00	HOSPICE	116.00	0	10,291	0		72.00
73.00	RESEARCH	191.00	0	5,461	0		73.00
74.00	RESEARCH-GCRC	191.01	0	28,014	0		74.00
75.00	OTHER	192.01	0	301,657	0		75.00
76.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	24,491	0		76.00
				118,362,957			
D - SUPPLIES & IMPLANTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	91,535	0		1.00
2.00	OPERATION OF PLANT	7.00	0	27,194	0		2.00
3.00	PARAMEDICAL ADMINISTRATION	13.01	0	16	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	234,694	0		4.00
5.00	PHARMACY	15.00	0	573,944	0		5.00
6.00	PATIENT TRANSPORTATION	18.00	0	31	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,658	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	2,970	0		8.00
9.00	LABORATORY	60.00	0	12,398	0		9.00
10.00	PARAMED SURGERY TECHNOLOGY	23.09	0	1,125	0		10.00
11.00	PARAMED PHARMACY TECH	23.10	0	529	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	6,447,517	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	852,660	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	1,380,409	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	658,331	0		15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	115,157	0		16.00
17.00	UH SURGIC	34.02	0	159,250	0		17.00
18.00	RH PEDI	34.04	0	598,538	0		18.00
19.00	TRANSPLANT ICU	34.05	0	195,918	0		19.00
20.00	PEDS CANCER CARE	34.06	0	61,920	0		20.00
21.00	OPERATING ROOM	50.00	0	118,920,599	0		21.00
22.00	ENDOSCOPY	50.01	0	6,384,509	0		22.00
23.00	RECOVERY ROOM	51.00	0	169,881	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	622,070	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	2,159,441	0		25.00
26.00	PULMONARY FUNCTION TESTING	53.01	0	111,348	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,345,562	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	101,696	0		28.00
29.00	LABORATORY	60.00	0	51,487,835	0		29.00
30.00	TRANSPLANT IMMUNOLOGY	60.01	0	2,012,785	0		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,349,101	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	5,639,159	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	899,032	0		33.00
34.00	SPEECH PATHOLOGY	68.00	0	53,270	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	11,193	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	56,918	0		36.00
37.00	OUTPATIENT RETAIL PHARMACY	73.03	0	11,919	0		37.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
38.00	RENAL DIALYSIS	74.00	0	199,971	0		38.00
39.00	RH NBN ECMO IC	76.00	0	227,775	0		39.00
40.00	CARDIOLOGY	76.01	0	9,406,942	0		40.00
41.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	30,411	0		41.00
42.00	CARDIAC CATH	76.03	0	14,240,070	0		42.00
43.00	DAY SURGERY	76.04	0	426,764	0		43.00
44.00	ECMO-ADULT	76.08	0	13,205	0		44.00
45.00	CARDIAC REHABILITATION	76.97	0	8,708	0		45.00
46.00	AMB SVC-OB & GYN	90.01	0	57,368	0		46.00
47.00	IUSCC HEM/ONC	90.02	0	691,721	0		47.00
48.00	AMB SVC-OPHTHALMOLOGY	90.03	0	4,423	0		48.00
49.00	AMB SVC-PSYCH ADULT	90.04	0	2,703	0		49.00
50.00	OUTPATIENT SURGERY	90.06	0	14,680	0		50.00
51.00	AMB SVC-RILEY CLINICS	90.07	0	174,173	0		51.00
52.00	MOTILITY LAB	90.08	0	5,456	0		52.00
53.00	SLEEP LAB	90.11	0	248,815	0		53.00
54.00	PHYSICAL MEDICINE	90.17	0	9,232	0		54.00
55.00	DERMATOLOGY CLINIC	90.18	0	28,107	0		55.00
56.00	EATING DISORDERS CLINIC	90.22	0	3,516	0		56.00
57.00	GASTROENTEROLOGY CLINIC	90.23	0	2,394	0		57.00
58.00	LIFE CARE CLINIC	90.24	0	5,042	0		58.00
59.00	EMERGENCY	91.00	0	1,752,092	0		59.00
60.00	AMBULANCE SERVICES	95.00	0	642,360	0		60.00
61.00	HOME HEALTH AGENCY	101.00	0	4,623,602	0		61.00
62.00	KIDNEY ACQUISITION	105.00	0	355,186	0		62.00
63.00	HOSPICE	116.00	0	12,898	0		63.00
64.00	RESEARCH-GCRC	191.01	0	23,640	0		64.00
65.00	OSA	191.02	0	449	0		65.00
66.00	OTHER	192.01	0	40,225	0		66.00
67.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	40,739	0		67.00
	O		0	252,060,779			
E - DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,279	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	784	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	4,490	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	181,506	0		4.00
5.00	PHARMACY	15.00	0	182,676,161	0		5.00
6.00	SOCIAL SERVICE	17.00	0	986	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45	0		7.00
8.00	PARAMED PHARMACY TECH	23.10	0	524	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2,286,796	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	322,689	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	766,159	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	409,021	0		12.00
13.00	BURN INTENSIVE CARE UNIT	33.00	0	16,971	0		13.00
14.00	UH SURG 61C	34.02	0	92,929	0		14.00
15.00	RH PEDI C	34.04	0	281,099	0		15.00
16.00	TRANSPLANT ICU	34.05	0	70,168	0		16.00
17.00	PEDS CANCER CARE	34.06	0	51,739	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	1,210	0		18.00
19.00	OPERATING ROOM	50.00	0	2,457,677	0		19.00
20.00	ENDOSCOPY	50.01	0	124,379	0		20.00
21.00	RECOVERY ROOM	51.00	0	135,242	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	160,323	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,583,784	0		23.00
24.00	PULMONARY FUNCTION TESTING	53.01	0	13,188	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,093,706	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	467,634	0		26.00
27.00	RADIOISOTOPE	56.00	0	98,982	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	19,756	0		28.00
29.00	LABORATORY	60.00	0	1,319,559	0		29.00
30.00	TRANSPLANT IMMUNOLOGY	60.01	0	17	0		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	34,503	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	154,650	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	9,457	0		33.00
34.00	SPEECH PATHOLOGY	68.00	0	2,536	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	22,735	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	398	0		36.00
37.00	RENAL DIALYSIS	74.00	0	85,115	0		37.00
38.00	RH NBN ECMO IC	76.00	0	10,783	0		38.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6
Date/Time Prepared:
5/24/2024 12:26 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
39.00	CARDIOLOGY	76.01	0	49,284	0	39.00
40.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	9,692	0	40.00
41.00	CARDIAC CATH	76.03	0	507,569	0	41.00
42.00	DAY SURGERY	76.04	0	152,855	0	42.00
43.00	CARDIAC REHABILITATION	76.97	0	423	0	43.00
44.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	507,102	0	44.00
45.00	AMB SVC-OB & GYN	90.01	0	538,950	0	45.00
46.00	IUSCC HEM/ONC	90.02	0	112,371,549	0	46.00
47.00	AMB SVC-OPHTHALMOLOGY	90.03	0	710,721	0	47.00
48.00	OUTPATIENT SURGERY	90.06	0	3,995	0	48.00
49.00	AMB SVC-RILEY CLINICS	90.07	0	1,641,692	0	49.00
50.00	MOTILITY LAB	90.08	0	388	0	50.00
51.00	SLEEP LAB	90.11	0	1,822	0	51.00
52.00	INFUSION CLINIC	90.14	0	10,867,290	0	52.00
53.00	PHYSICAL MEDICINE	90.17	0	467,405	0	53.00
54.00	DERMATOLOGY CLINIC	90.18	0	187,820	0	54.00
55.00	GASTROENTEROLOGY CLINIC	90.23	0	17,430	0	55.00
56.00	LIFE CARE CLINIC	90.24	0	4,635,783	0	56.00
57.00	EMERGENCY	91.00	0	1,185,201	0	57.00
58.00	AMBULANCE SERVICES	95.00	0	203,510	0	58.00
59.00	HOME HEALTH AGENCY	101.00	0	69,697,137	0	59.00
60.00	KIDNEY ACQUISITION	105.00	0	234,894	0	60.00
61.00	LUNG ACQUISITION	108.00	0	2,764	0	61.00
62.00	HOSPICE	116.00	0	388,335	0	62.00
63.00	RESEARCH-GCRC	191.01	0	12,955	0	63.00
64.00	OSA	191.02	0	16	0	64.00
65.00	OTHER	192.01	0	110,356	0	65.00
66.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	442	0	66.00
				402,472,360		
F - BLOOD						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	16,165	0	1.00
2.00	OTHER ORGAN ACQUISITION EXP	112.00	0	100	0	2.00
				16,265		
G - NURSERY & L&D						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,402,875	595,368	0	1.00
2.00		0.00	0	0	0	2.00
			1,402,875	595,368		
H - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	112,275	0	0	1.00
			112,275	0		
I - OB SERVICES						
1.00	NURSING ADMINISTRATION	13.00	735,562	1,176,605	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
			735,562	1,176,605		
J - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	562,054	42,997	0	1.00
			562,054	42,997		
K - PHARMACIST PARAMED						
1.00	PHARMACY	15.00	709,900	54,307	0	1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	26,197	2,004	0	2.00
3.00	IUSCC HEM/ONC	90.02	67,476	5,162	0	3.00
4.00	RESEARCH	191.00	6,786	519	0	4.00
			810,359	61,992		
L - PHARMACY TECH PARAMED						
1.00	PHARMACY	15.00	9,576	733	0	1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	19,272	1,474	0	2.00
3.00	HOME HEALTH AGENCY	101.00	2,640	202	0	3.00
			31,488	2,409		
M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	83,523	6,390	0	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	16,135	1,234	0	2.00
			99,658	7,624		
N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,980,881	494,955	0	1.00
2.00	PANCREAS ACQUISITION	109.00	48,154	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6
Date/Time Prepared:
5/24/2024 12:26 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		2,029,035	494,955			
O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	663,264	156,546	0	1.00
2.00	KIDNEY ACQUISITION	105.00	1,336,564	179,191	0	2.00
3.00	HEART ACQUISITION	106.00	558,937	77,360	0	3.00
4.00	LIVER ACQUISITION	107.00	1,319,265	247,622	0	4.00
5.00	PANCREAS ACQUISITION	109.00	170,681	28,053	0	5.00
6.00	INTESTINAL ACQUISITION	110.00	176,450	19,310	0	6.00
0		4,225,161	708,082			
P - CAR T-CELL DRUG RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,624,950	0	1.00
	TOTALS		0	26,624,950		
R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	176,783	13,524	0	1.00
0			176,783	13,524		
T - PHONE						
1.00	DIETARY	10.00	0	13	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,733	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	150	0	3.00
4.00	OPERATING ROOM	50.00	0	10,640	0	4.00
5.00	RECOVERY ROOM	51.00	0	10,629	0	5.00
6.00	PULMONARY FUNCTION TESTING	53.01	0	1,250	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	262	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	352	0	8.00
9.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	3,892	0	9.00
10.00	SLEEP LAB	90.11	0	309	0	10.00
11.00	EMERGENCY	91.00	0	11,220	0	11.00
12.00	AMBULANCE SERVICES	95.00	0	23,544	0	12.00
13.00	LIVER ACQUISITION	107.00	0	74	0	13.00
0			0	66,068		
V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,708,630	0	1.00
2.00	RADIOISOTOPE	56.00	0	27,417,850	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	83,946	0	3.00
0			0	33,210,426		
W - PTO AS STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,058	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	55,515	0	0	2.00
3.00	OPERATION OF PLANT	7.00	27,190	0	0	3.00
4.00	HOUSEKEEPING - SAXONY	9.04	1,976	0	0	4.00
5.00	HOUSEKEEPING - MORGAN	9.05	4,469	0	0	5.00
6.00	DIETARY	10.00	47,004	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	127,924	0	0	7.00
8.00	PARAMEDICAL ADMINISTRATION	13.01	7,499	0	0	8.00
9.00	PHARMACY	15.00	203,419	0	0	9.00
10.00	SOCIAL SERVICE	17.00	34,442	0	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	18,375	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	8,529	0	0	12.00
13.00	PARAMEDICAL PASTORAL EDUCATION	23.05	2,110	0	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	500,620	0	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	80,453	0	0	15.00
16.00	CORONARY CARE UNIT	32.00	101,134	0	0	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	192,164	0	0	17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	19,538	0	0	18.00
19.00	RH PEDIATRIC	34.04	94,837	0	0	19.00
20.00	TRANSPLANT ICU	34.05	1,086	0	0	20.00
21.00	PEDS CANCER CARE	34.06	23,584	0	0	21.00
22.00	SUBPROVIDER - IPF	40.00	7,611	0	0	22.00
23.00	OPERATING ROOM	50.00	143,291	0	0	23.00
24.00	ENDOSCOPY	50.01	22,239	0	0	24.00
25.00	RECOVERY ROOM	51.00	65,103	0	0	25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	90,601	0	0	26.00
27.00	ANESTHESIOLOGY	53.00	2,111	0	0	27.00
28.00	PULMONARY FUNCTION TESTING	53.01	11,231	0	0	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	138,207	0	0	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	23,512	0	0	30.00
31.00	RADIOISOTOPE	56.00	20,501	0	0	31.00
32.00	CARDIAC CATHETERIZATION	59.00	1,487	0	0	32.00
33.00	LABORATORY	60.00	197,750	0	0	33.00
34.00	TRANSPLANT IMMUNOLOGY	60.01	4,376	0	0	34.00
35.00	BLOOD STORING, PROCESSING & TRANS.	63.00	7,326	0	0	35.00

RECLASSIFICATIONS

Provider CCN: 15-0056

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

Worksheet A-6
Date/Time Prepared:
5/24/2024 12:26 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
36.00	RESPIRATORY THERAPY	65.00	164,958	0	0		36.00
37.00	PHYSICAL THERAPY	66.00	94,062	0	0		37.00
38.00	OCCUPATIONAL THERAPY	67.00	47,457	0	0		38.00
39.00	SPEECH PATHOLOGY	68.00	28,947	0	0		39.00
40.00	ELECTROCARDIOLOGY	69.00	6,671	0	0		40.00
41.00	ELECTROENCEPHALOGRAPHY	70.00	33,194	0	0		41.00
42.00	OUTPATIENT RETAIL PHARMACY	73.03	23,431	0	0		42.00
43.00	RENAL DIALYSIS	74.00	11,202	0	0		43.00
44.00	RH NBN ECMO IC	76.00	9,852	0	0		44.00
45.00	CARDIOLOGY	76.01	5,402	0	0		45.00
46.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,654	0	0		46.00
47.00	CARDIAC CATH	76.03	62,601	0	0		47.00
48.00	DAY SURGERY	76.04	23,570	0	0		48.00
49.00	ECMO-ADULT	76.08	7,099	0	0		49.00
50.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	1,328	0	0		50.00
51.00	IUSCC HEM/ONC	90.02	52,541	0	0		51.00
52.00	AMB SVC-PSYCH ADULT	90.04	2,533	0	0		52.00
53.00	OUTPATIENT SURGERY	90.06	4,083	0	0		53.00
54.00	AMB SVC-RILEY CLINICS	90.07	28,830	0	0		54.00
55.00	SLEEP LAB	90.11	9,998	0	0		55.00
56.00	INFUSION CLINIC	90.14	5,464	0	0		56.00
57.00	PHYSICAL MEDICINE	90.17	4,263	0	0		57.00
58.00	DERMATOLOGY CLINIC	90.18	3,500	0	0		58.00
59.00	EATING DISORDERS CLINIC	90.22	1,660	0	0		59.00
60.00	GASTROENTEROLOGY CLINIC	90.23	6,876	0	0		60.00
61.00	LIFE CARE CLINIC	90.24	2,118	0	0		61.00
62.00	EMERGENCY	91.00	161,539	0	0		62.00
63.00	AMBULANCE SERVICES	95.00	86,627	0	0		63.00
64.00	HOME HEALTH AGENCY	101.00	121,054	0	0		64.00
65.00	KIDNEY ACQUISITION	105.00	29,544	0	0		65.00
66.00	HEART ACQUISITION	106.00	1,599	0	0		66.00
67.00	LIVER ACQUISITION	107.00	9,024	0	0		67.00
68.00	HOSPICE	116.00	50,303	0	0		68.00
69.00	RESEARCH	191.00	287	0	0		69.00
70.00	OSA	191.02	2,917	0	0		70.00
71.00	OTHER	192.01	37,157	0	0		71.00
72.00	NONREIMBURSABLE-METHODIST RHI	192.07	601	0	0		72.00
			3,437,218	0			
X - PROPERTY TAXES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40,392	13		1.00
2.00	PHYSICAL THERAPY	66.00	0	8,394	0		2.00
3.00	IUSCC HEM/ONC	90.02	0	49,670	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	19,868	0		4.00
5.00	OTHER	192.01	0	3,350	0		5.00
	NONREIMBURSABLE-METHODIST		0	121,674			
			0				
Y - PASTORAL ED RECLASSES							
1.00	PARAMED PASTORAL EDUCATION	23.05	273,887	22,212	0		1.00
			273,887	22,212			
Z - TRANSPLANT SURGERY MED DIRECTOR							
1.00	KIDNEY ACQUISITION	105.00	0	178,798	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
			0	178,798			
AA - RESPIRATORY THERAPY PARAMED							
1.00	PULMONARY FUNCTION TESTING	53.01	41,105	3,145	0		1.00
2.00	RESPIRATORY THERAPY	65.00	404,806	30,968	0		2.00
3.00	HOME HEALTH AGENCY	101.00	8,525	652	0		3.00
4.00	SLEEP LAB	90.11	14,818	1,134	0		4.00
			469,254	35,899			
BB - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,516,399	12		1.00
2.00	OPERATION OF PLANT	7.00	0	22,372	12		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30	0		3.00
4.00	LABORATORY	60.00	0	79,550	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	1,033	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	283	0		6.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
7.00	IUSCC HEM/ONC	90.02	0	4,507	0	7.00	
8.00	EATING DISORDERS CLINIC	90.22	0	47	0	8.00	
9.00	AMBULANCE SERVICES	95.00	0	274,505	0	9.00	
10.00	HOME HEALTH AGENCY	101.00	0	20,605	0	10.00	
11.00	OTHER	192.01	0	5	0	11.00	
	NONREIMBURSABLE-METHODIST		0				
	0		0	2,919,336			
CC - HOME CARE OFFSET REVISION							
1.00	HOSPICE	116.00	0	110,740	0	1.00	
2.00	SLEEP LAB	90.11	0	27,636	0	2.00	
	0		0	138,376			
DD - ALTEPLASE AND TRANSPLANT EQU RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	196,086	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	228,000	0	2.00	
3.00	OPERATING ROOM	50.00	0	232,200	0	3.00	
4.00	OTHER ORGAN ACQUISITION EXP	112.00	0	52,050	0	4.00	
	0		0	708,336			
EE - INPATIENT ROUTINE							
1.00	EMERGENCY	91.00	0	0	0	1.00	
	0		0	0			
FF - TRANSPLANT INSTITUTE							
1.00	KIDNEY ACQUISITION	105.00	0	1,605,833	0	1.00	
	0		0	1,605,833			
II - GRANT REVISIONS							
1.00	RESEARCH	191.00	2,270,515	160,933	0	1.00	
2.00	OSA	191.02	0	1,079,268	0	2.00	
3.00		0.00	0	0	0	3.00	
	0		2,270,515	1,240,201			
JJ - SAXONY TO TIPTON ALLOCATION							
1.00	PHARMACY	15.00	128,709	23,271	0	1.00	
	0		128,709	23,271			
KK - ALLOGENEIC AND CAR T- CELL							
1.00	ALLOGENEIC STEM CELL	77.00	664,243	97,652	0	1.00	
2.00	ACQUISITION	0.00	0	0	0	2.00	
	0		664,243	97,652			
500.00	Grand Total: Decreases		17,791,258	963,076,991		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	318,033,736	0	0	0	293,940,242 1.00
2.00	Land Improvements	29,256,409	0	0	0	4,517,976 2.00
3.00	Buildings and Fixtures	1,420,993,524	0	0	0	469,974,699 3.00
4.00	Building Improvements	921,317,900	18,424,644	0	18,424,644	53,206,421 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	1,720,896,389	41,978,075	0	41,978,075	697,083,827 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	4,410,497,958	60,402,719	0	60,402,719	1,518,723,165 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	4,410,497,958	60,402,719	0	60,402,719	1,518,723,165 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	24,093,494	0			1.00
2.00	Land Improvements	24,738,433	2,047,901			2.00
3.00	Buildings and Fixtures	951,018,825	200,478,450			3.00
4.00	Building Improvements	886,536,123	387,377,852			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	1,065,790,637	591,856,685			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	2,952,177,512	1,181,760,888			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	2,952,177,512	1,181,760,888			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,862,293,381	0	1,862,293,381	0.636011	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,065,790,638	0	1,065,790,638	0.363989	0	2.00
3.00	Total (sum of lines 1-2)	2,928,084,019	0	2,928,084,019	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	63,690,355	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	119,904,176	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	183,594,531	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,484,357	121,002	0	66,295,714	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	434,979	0	0	120,339,155	2.00
3.00	Total (sum of lines 1-2)	0	2,919,336	121,002	0	186,634,869	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

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

Worksheet A-8

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
	1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)			0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00 Television and radio service (chapter 21)			0		0.00	0 8.00
9.00 Parking lot (chapter 21)			0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-143,568,054				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	355,626,465				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests			0		0.00	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	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 FRINGE BENEFIT TO HOME OFFICE	A	-120,111,038		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

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

Worksheet A-8

Date/Time Prepared:
5/24/2024 12:26 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
		1.00	2.00	5.00		
33.01	CLASS & LECTURE REVENUE	B	-240	NURSING ADMINISTRATION	13.00	0 33.01
33.02	CLASS & LECTURE REVENUE	B	-7,750	PARAMEDICAL ADMINISTRATION	13.01	0 33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.03
33.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.05
33.06	CLASS & LECTURE REVENUE	B	-62,651	PARAMED SURGERY TECHNOLOGY	23.09	0 33.06
33.07	CLASS & LECTURE REVENUE	B	-13,480	PARAMED PHARMACY TECH	23.10	0 33.07
33.08	CLASS & LECTURE REVENUE	B	-46,416	EMERGENCY	91.00	0 33.08
33.09	CLASS & LECTURE REVENUE	B	-6,225	AMBULANCE SERVICES	95.00	0 33.09
33.10	MISC OTHER OP REVENUE - RETAIL PHARM	B	-171,118	OUTPATIENT RETAIL PHARMACY	73.03	0 33.10
33.11	MISC OTHER OP REVENUE	B	-47,777	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12	MISC OTHER OP REVENUE	B	-592,838	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.12
33.13	MISC OTHER OP REVENUE	B	-103,400	OPERATION OF PLANT	7.00	0 33.13
33.14	MISC OTHER OP REVENUE	B	-37	HOUSEKEEPING - MORGAN	9.05	0 33.14
33.15	MISC OTHER OP REVENUE	B	-19,819	NURSING ADMINISTRATION	13.00	0 33.15
33.16	MISC OTHER OP REVENUE	B	-1,297,907	PHARMACY	15.00	0 33.16
33.17	MISC OTHER OP REVENUE	B	-15,000	SOCIAL SERVICE	17.00	0 33.17
33.18	MISC OTHER OP REVENUE	B	-9,639	PARAMED PASTORAL EDUCATION	23.05	0 33.18
33.19	MISC OTHER OP REVENUE	B	1,089	ADULTS & PEDIATRICS	30.00	0 33.19
33.20	MISC OTHER OP REVENUE	B	-243,000	OPERATING ROOM	50.00	0 33.20
33.21	MISC OTHER OP REVENUE	B	-1,415	DELIVERY ROOM & LABOR ROOM	52.00	0 33.21
33.22	MISC OTHER OP REVENUE	B	17,130	PULMONARY FUNCTION TESTING	53.01	0 33.22
33.23	MISC OTHER OP REVENUE	B	-202,009	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.24	MISC OTHER OP REVENUE	B	-11,818	RADIOLOGY-THERAPEUTIC	55.00	0 33.24
33.25	MISC OTHER OP REVENUE	B	-12,588,427	LABORATORY	60.00	0 33.25
33.26	MISC OTHER OP REVENUE	B	-99,649	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.26
33.27	MISC OTHER OP REVENUE	B	-99,702	PHYSICAL THERAPY	66.00	0 33.27
33.28	MISC OTHER OP REVENUE	B	4,000	OCCUPATIONAL THERAPY	67.00	0 33.28
33.29	MISC OTHER OP REVENUE	B	-2,566	SPEECH PATHOLOGY	68.00	0 33.29
33.30	MISC OTHER OP REVENUE	B	-45,356	ELECTROCARDIOLOGY	69.00	0 33.30
33.31	MISC OTHER OP REVENUE	B	-21,645	CARDIOLOGY	76.01	0 33.31
33.32	MISC OTHER OP REVENUE	B	-617,119	CARDIAC CATH	76.03	0 33.32
33.33	MISC OTHER OP REVENUE	B	-29,396	ECMO-ADULT	76.08	0 33.33
33.34	MISC OTHER OP REVENUE	B	1,200	CARDIAC REHABILITATION	76.97	0 33.34
33.35	MISC OTHER OP REVENUE	B	-575	ALLOGENEIC STEM CELL ACQUISITION	77.00	0 33.35
33.36	MISC OTHER OP REVENUE	B	-390	IUSCC HEM/ONC	90.02	0 33.36
33.37	MISC OTHER OP REVENUE	B	-576	SLEEP LAB	90.11	0 33.37
33.38	MISC OTHER OP REVENUE	B	-750	LIFE CARE CLINIC	90.24	0 33.38
33.39	MISC OTHER OP REVENUE	B	-777,831	EMERGENCY	91.00	0 33.39
33.40	MISC OTHER OP REVENUE	B	-1,644,806	AMBULANCE SERVICES	95.00	0 33.40
33.41	MISC OTHER OP REVENUE	B	-846	HOME HEALTH AGENCY	101.00	0 33.41
33.42	INTERCOMPANY REVENUE	B	-516,183	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.42
33.43	INTERCOMPANY REVENUE	B	-754,965	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.43
33.44	INTERCOMPANY REVENUE	B	-684,918	OPERATION OF PLANT	7.00	0 33.44
33.45	INTERCOMPANY REVENUE	B	-73,952	DIETARY	10.00	0 33.45
33.46	INTERCOMPANY REVENUE	B	-707,660	NURSING ADMINISTRATION	13.00	0 33.46
33.47	INTERCOMPANY REVENUE	B	-2,159,982	PHARMACY	15.00	0 33.47
33.48	INTERCOMPANY REVENUE	B	-176,468	SOCIAL SERVICE	17.00	0 33.48
33.49	INTERCOMPANY REVENUE	B	-600,105	ADULTS & PEDIATRICS	30.00	0 33.49
33.50	INTERCOMPANY REVENUE	B	-318,859	OPERATING ROOM	50.00	0 33.50
33.51	INTERCOMPANY REVENUE	B	-789,214	ENDOSCOPY	50.01	0 33.51
33.52	INTERCOMPANY REVENUE	B	-760,933	RADIOLOGY-DIAGNOSTIC	54.00	0 33.52
33.53	INTERCOMPANY REVENUE	B	-607,713	RADIOLOGY-THERAPEUTIC	55.00	0 33.53
33.54	INTERCOMPANY REVENUE	B	-173,579,137	LABORATORY	60.00	0 33.54
33.55	INTERCOMPANY REVENUE	B	-37	TRANSPLANT IMMUNOLOGY	60.01	0 33.55
33.56	INTERCOMPANY REVENUE	B	-6,573,146	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.56
33.57	INTERCOMPANY REVENUE	B	-17,580	PHYSICAL THERAPY	66.00	0 33.57
33.58	INTERCOMPANY REVENUE	B	-105,745	SPEECH PATHOLOGY	68.00	0 33.58
33.59	INTERCOMPANY REVENUE	B	-558,555	ELECTROCARDIOLOGY	69.00	0 33.59
33.60	INTERCOMPANY REVENUE	B	-277,600	ELECTROENCEPHALOGRAPHY	70.00	0 33.60

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
33.61	INTERCOMPANY REVENUE	B	-1,610,153	CARDIAC CATH		76.03	0 33.61
33.62	INTERCOMPANY REVENUE	B	-675,832	AMB SVC-OB & GYN		90.01	0 33.62
33.63	INTERCOMPANY REVENUE	B	-1,581,682	IUSCC HEM/ONC		90.02	0 33.63
33.64	INTERCOMPANY REVENUE	B	-114,416	AMB SVC-OPHTHALMOLOGY		90.03	0 33.64
33.65	INTERCOMPANY REVENUE	B	-315,683	OUTPATIENT SURGERY		90.06	0 33.65
33.66	INTERCOMPANY REVENUE	B	-7,090,397	AMB SVC-RILEY CLINICS		90.07	0 33.66
33.67	INTERCOMPANY REVENUE	B	-2,339,607	SLEEP LAB		90.11	0 33.67
33.68	INTERCOMPANY REVENUE	B	-452,916	PHYSICAL MEDICINE		90.17	0 33.68
33.69	INTERCOMPANY REVENUE	B	-228,077	DERMATOLOGY CLINIC		90.18	0 33.69
33.70	INTERCOMPANY REVENUE	B	-353,432	GASTROENTEROLOGY CLINIC		90.23	0 33.70
33.71	INTERCOMPANY REVENUE	B	-500	EMERGENCY		91.00	0 33.71
33.72	INTERCOMPANY REVENUE	B	-751,380	AMBULANCE SERVICES		95.00	0 33.72
33.73	INTERCOMPANY REVENUE	B	-921,658	HOME HEALTH AGENCY		101.00	0 33.73
33.74	INTERCOMPANY REVENUE	B	-134,316	KIDNEY ACQUISITION		105.00	0 33.74
33.75	INTERCOMPANY REVENUE	B	-145,678	HEART ACQUISITION		106.00	0 33.75
33.76	PARKING GARAGE	A	-7,176,538	OPERATION OF PLANT		7.00	0 33.76
33.77	INTEREST EXPENSE	A	-2,256	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.77
33.78	PARKING GARAGE DEPRECIATION	A	-651,491	CAP REL COSTS-BLDG & FIXT		1.00	9 33.78
33.79	PHYSICIAN MALPRACTICE INSURANCE	A	-6,384	KIDNEY ACQUISITION		105.00	0 33.79
33.80	DEPRECIATION TO HOME OFFICE	A	-43,494,034	CAP REL COSTS-BLDG & FIXT		1.00	9 33.80
33.81	PHARMACY RESEARCH	A	-1,297,172	PHARMACY		15.00	0 33.81
33.82	PHARMACY RESEARCH	A	-187,308	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.82
33.83	PHONES TO HOME OFFICE	A	-66,068	NONPATIENT TELEPHONES		5.01	0 33.83
33.84	CONTRIBUTION EXPENSE	A	-390	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.84
33.85	CONTRIBUTION EXPENSE	A	-752,575	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.85
33.86	CONTRIBUTION EXPENSE	A	-76,716	OPERATION OF PLANT		7.00	0 33.86
33.87	CONTRIBUTION EXPENSE	A	-10,053	NURSING ADMINISTRATION		13.00	0 33.87
33.88	CONTRIBUTION EXPENSE	A	-795	OPERATING ROOM		50.00	0 33.88
33.89	CONTRIBUTION EXPENSE	A	-136,767	RADIOLOGY-THERAPEUTIC		55.00	0 33.89
33.90	CONTRIBUTION EXPENSE	A	-420	LABORATORY		60.00	0 33.90
33.91	CONTRIBUTION EXPENSE	A	-1,000	RESPIRATORY THERAPY		65.00	0 33.91
33.92	CONTRIBUTION EXPENSE	A	-55,000	ELECTROENCEPHALOGRAPHY		70.00	0 33.92
33.93	CONTRIBUTION EXPENSE	A	-30,862	OUTPATIENT RETAIL PHARMACY		73.03	0 33.93
33.94	CONTRIBUTION EXPENSE	A	-6,814	RENAL DIALYSIS		74.00	0 33.94
33.95	CONTRIBUTION EXPENSE	A	-174	CARDIAC CATH		76.03	0 33.95
33.96	CONTRIBUTION EXPENSE	A	-160,065	AMBULANCE SERVICES		95.00	0 33.96
33.97	CONTRIBUTION EXPENSE	A	8,937	HOME HEALTH AGENCY		101.00	0 33.97
33.98	ACADEMIC SUPPORT	A	62,750,000	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.98
33.99	MEDICAID HAF FEES	A	-99,739,190	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.99
34.00	OUR HOUSE UTILITIES	A	-37,412	OPERATION OF PLANT		7.00	0 34.00
34.01	UNWONTED SITUATIONS	A	-303	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.01
34.02	UNWONTED SITUATIONS	A	-41,936	ADULTS & PEDIATRICS		30.00	0 34.02
34.03	UNWONTED SITUATIONS	A	-2,800	INTENSIVE CARE UNIT		31.00	0 34.03
34.04	UNWONTED SITUATIONS	A	-2,381	OPERATING ROOM		50.00	0 34.04
34.05	UNWONTED SITUATIONS	A	-295	RECOVERY ROOM		51.00	0 34.05
34.06	UNWONTED SITUATIONS	A	-4,425	RADIOLOGY-DIAGNOSTIC		54.00	0 34.06
34.07	UNWONTED SITUATIONS	A	-42	CARDIAC CATH		76.03	0 34.07
34.08	UNWONTED SITUATIONS	A	-4,456	EMERGENCY		91.00	0 34.08
34.09	UNWONTED SITUATIONS	A	-413	AMBULANCE SERVICES		95.00	0 34.09
34.10	LEASE AND RENT REVENUE	B	-3,759,191	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.10
34.11	LEASE AND RENT REVENUE	B	-164,850	OPERATION OF PLANT		7.00	0 34.11
34.12	LEASE AND RENT REVENUE	B	-17,586	AMB SVC-RILEY CLINICS		90.07	0 34.12
34.13	LEASE AND RENT REVENUE	B	-25,000	AMBULANCE SERVICES		95.00	0 34.13
34.14	NON-ALLOWABLE ADVERTISING	A	-767,542	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.14
34.15	NON-ALLOWABLE ADVERTISING	A	-150	DIETARY		10.00	0 34.15
34.16	NON-ALLOWABLE ADVERTISING	A	-47	NURSING ADMINISTRATION		13.00	0 34.16
34.17	NON-ALLOWABLE ADVERTISING	A	-3,536	PARAMEDICAL ADMINISTRATION		13.01	0 34.17
34.18	NON-ALLOWABLE ADVERTISING	A	-5,298	PHARMACY		15.00	0 34.18
34.19	NON-ALLOWABLE ADVERTISING	A	-41,689	ADULTS & PEDIATRICS		30.00	0 34.19
34.20	NON-ALLOWABLE ADVERTISING	A	-11,500	BURN INTENSIVE CARE UNIT		33.00	0 34.20
34.21	NON-ALLOWABLE ADVERTISING	A	-399	OPERATING ROOM		50.00	0 34.21

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.22	NON-ALLOWABLE ADVERTISING	A	-6,314	DELIVERY ROOM & LABOR ROOM	52.00	0 34.22
34.23	NON-ALLOWABLE ADVERTISING	A	-1,119	RADIOLOGY-DIAGNOSTIC	54.00	0 34.23
34.24	NON-ALLOWABLE ADVERTISING	A	-8	LABORATORY	60.00	0 34.24
34.25	NON-ALLOWABLE ADVERTISING	A	-8,015	RESPIRATORY THERAPY	65.00	0 34.25
34.26	NON-ALLOWABLE ADVERTISING	A	-24,500	PHYSICAL THERAPY	66.00	0 34.26
34.27	NON-ALLOWABLE ADVERTISING	A	-1,000	ELECTROENCEPHALOGRAPHY	70.00	0 34.27
34.28	NON-ALLOWABLE ADVERTISING	A	-187	RENAL DIALYSIS	74.00	0 34.28
34.29	NON-ALLOWABLE ADVERTISING	A	-75	RH NBN ECMO IC	76.00	0 34.29
34.30	NON-ALLOWABLE ADVERTISING	A	-134	CARDIAC REHABILITATION	76.97	0 34.30
34.31	NON-ALLOWABLE ADVERTISING	A	-68	SLEEP LAB	90.11	0 34.31
34.32	NON-ALLOWABLE ADVERTISING	A	-5,647	EMERGENCY	91.00	0 34.32
34.33	NON-ALLOWABLE ADVERTISING	A	-37,878	AMBULANCE SERVICES	95.00	0 34.33
34.34	NON-ALLOWABLE ADVERTISING	A	-17,655	HOME HEALTH AGENCY	101.00	0 34.34
34.35	NON-ALLOWABLE ADVERTISING	A	-95,000	KIDNEY ACQUISITION	105.00	0 34.35
34.36	NON-ALLOWABLE ADVERTISING	A	-13,263	HOSPICE	116.00	0 34.36
34.37	START-UP EXPENSE OFFSET ADULT	A	-24,955,451	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.37
34.38	AMORTIZATION OF START-UP RILEY	A	1,336,491	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.38
34.39	CONSOLIDATED CASH OFFSET	B	-36,660,355	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.39
34.40	HEART ACCRUAL ADJUSTMENT	A	-47,861	HEART ACQUISITION	106.00	0 34.40
34.41	INTESTINE ACCRUAL ADJUSTMENT	A	1,775	INTESTINAL ACQUISITION	110.00	0 34.41
34.42	KIDNEY ACCRUAL ADJUSTMENT	A	-61,896	KIDNEY ACQUISITION	105.00	0 34.42
34.43	LIVER ACCRUAL ADJUSTMENT	A	-168,520	LIVER ACQUISITION	107.00	0 34.43
34.44	LUNG ACCRUAL ADJUSTMENT	A	-236,424	LUNG ACQUISITION	108.00	0 34.44
34.45	PANCREAS ACCRUAL ADJUSTMENT	A	24,902	PANCREAS ACQUISITION	109.00	0 34.45
34.46	ADULT AHC PRESIDENT SALARY	A	742,410	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.46
34.47	HOME HEALTH PHYSICIAN FEE	A	-805,802	HOME HEALTH AGENCY	101.00	0 34.47
34.48	OTHER ORGAN ACQ PHYSICIAN FEE	A	-1,919,008	OTHER ORGAN ACQUISITION EXP	112.00	0 34.48
34.49	HOSPICE PHYSICIAN FEE	A	-466,910	HOSPICE	116.00	0 34.49
34.50	NRCC PHYSICIAN FEE	A	-2,127,208	OSA	191.02	0 34.50
34.51	NRCC PHYSICIAN FEE	A	-1,323,572	OTHER NONREIMBURSABLE-METHODIST	192.01	0 34.51
34.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.52
34.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.53
34.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.54
34.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.55
34.56	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.56
34.57	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.57
34.58	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.58
34.59	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.59
34.60	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.60
34.61	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.61
34.62	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.62
34.63	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.63
34.64	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 34.64
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-295,652,538			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0056

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2024 12:26 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY EXPENSE	59,564,423	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	49,812,676	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	127,963,185	9,274	3.00
4.00	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	10,054	10,054	4.00
4.01	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	92,372,747	0	4.01
4.02	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	21,460,153	0	4.02
4.03	5.04	ADMINISTRATIVE	INTERCOMPANY EXPENSE	16,724,717	0	4.03
4.04	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	59,646,878	0	4.04
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	215,290,497	368,012,628	4.05
4.06	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	12,541,690	0	4.06
4.07	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	48,956,836	27,094	4.07
4.08	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	5,076,430	0	4.08
4.09	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	4,961,638	0	4.09
4.10	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	8,466,988	0	4.10
4.11	10.00	DIETARY	INTERCOMPANY EXPENSE	0	123,520	4.11
4.12	11.00	CAFETERIA	INTERCOMPANY EXPENSE	2,827,147	0	4.12
4.13	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	31,325,197	23,198,824	4.13
4.14	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	46,714	46,714	4.14
4.15	15.00	PHARMACY	INTERCOMPANY EXPENSE	9,444	9,444	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	17,728,845	0	4.16
4.17	17.00	SOCIAL SERVICE	INTERCOMPANY EXPENSE	50,911	50,911	4.17
4.18	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	786,779	786,779	4.18
4.19	22.00	IR SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	5,412,155	5,412,155	4.19
4.20	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	4.20
4.21	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	28,137,861	28,137,861	4.21
4.22	31.00	INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	712,021	712,021	4.22
4.23	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	563,582	563,582	4.23
4.24	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	93,096	93,096	4.24
4.25	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	13,135	13,135	4.25
4.26	34.02	UHSURGIC	INTERCOMPANY EXPENSE	26,503	26,503	4.26
4.27	34.04	RHPEDIC	INTERCOMPANY EXPENSE	47,659	47,659	4.27
4.28	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	31,975	31,975	4.28
4.29	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	881,550	881,550	4.29
4.30	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	3,868,294	3,868,294	4.30
4.31	50.01	ENDOSCOPY	INTERCOMPANY EXPENSE	319,821	319,821	4.31
4.32	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	2,148,234	2,148,234	4.32
4.33	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	21,490,674	21,490,674	4.33
4.34	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	147,677	147,677	4.34
4.35	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	1,348,455	1,229,884	4.35
4.36	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	4,176,745	4,176,745	4.36
4.37	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	117,396	117,396	4.37
4.38	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	6,981	163,072	4.38
4.39	60.00	LABORATORY	INTERCOMPANY EXPENSE	81,858,266	81,858,266	4.39
4.40	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	408,066	408,066	4.40
4.41	63.00	BLOOD STORAGE, PROCESSING &	INTERCOMPANY EXPENSE	6,265,018	6,265,018	4.41
4.42	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	8,314	8,314	4.42
4.43	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	84,412	225,727	4.43
4.44	68.00	SPEECH PATHOLOGY	INTERCOMPANY EXPENSE	212	212	4.44
4.45	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,671,087	2,671,087	4.45
4.46	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	414,205	422,144	4.46
4.47	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	180,471	4.47
4.48	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	49,067	49,067	4.48
4.49	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	138,977	138,977	4.49
4.50	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	7,497,569	7,497,569	4.50
4.51	76.08	ECMO-ADULT	INTERCOMPANY EXPENSE	18,775	18,775	4.51
4.52	76.97	CARDIAC REHABILITATION	INTERCOMPANY EXPENSE	36,678	156,529	4.52
4.53	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	136,907	136,907	4.53
4.54	90.02	USCC HEM/ONC	INTERCOMPANY EXPENSE	8,676,984	8,676,984	4.54
4.55	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	34,340	34,340	4.55
4.56	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	1,153,506	1,153,506	4.56
4.57	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	4.57
4.58	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	927,030	2,655,013	4.58
4.59	90.14	INFUSION CLINIC	INTERCOMPANY EXPENSE	41,600	101,438	4.59
4.60	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	438,575	438,575	4.60
4.61	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	132,150	132,150	4.61
4.62	91.00	EMERGENCY	INTERCOMPANY EXPENSE	17,113,780	17,121,492	4.62
4.63	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	748,881	8,791,700	4.63
4.64	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	981,625	14,570,190	4.64
4.65	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	2,235,300	1,990,918	4.65
4.66	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	85,466	85,466	4.66

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0056
 Period: From 01/01/2023 To 12/31/2023
 Worksheet A-8-1
 Date/Time Prepared: 5/24/2024 12:26 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
4.67	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,496,948	1,496,948	4.67
4.68	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	1,348,163	1,348,163	4.68
4.69	112.00	OTHER ORGAN ACQUISITION EXP	INTERCOMPANY EXPENSE	1,919,008	1,919,008	4.69
4.70	116.00	HOSPICE	INTERCOMPANY EXPENSE	517,090	4,349,216	4.70
4.71	190.00	GIFT, FLOWER, COFFEE SHOP &	INTERCOMPANY EXPENSE	58	58	4.71
4.72	191.00	RESEARCH	INTERCOMPANY EXPENSE	30	30	4.72
4.73	191.01	RESEARCH-GCRC	INTERCOMPANY EXPENSE	2,493	2,493	4.73
4.74	191.02	OSA	INTERCOMPANY EXPENSE	2,000,000	2,147,430	4.74
4.75	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY EXPENSE	1,577,772	1,713,916	4.75
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			986,277,125	630,650,660	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

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

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

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

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

Provider CCN: 15-0056

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2024 12:26 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	59,564,423	9	1.00
2.00	49,812,676	9	2.00
3.00	127,953,911	0	3.00
4.00	0	0	4.00
4.01	92,372,747	0	4.01
4.02	21,460,153	0	4.02
4.03	16,724,717	0	4.03
4.04	59,646,878	0	4.04
4.05	-152,722,131	0	4.05
4.06	12,541,690	0	4.06
4.07	48,929,742	0	4.07
4.08	5,076,430	0	4.08
4.09	4,961,638	0	4.09
4.10	8,466,988	0	4.10
4.11	-123,520	0	4.11
4.12	2,827,147	0	4.12
4.13	8,126,373	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	17,728,845	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	0	0	4.28
4.29	0	0	4.29
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	118,571	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	-156,091	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	-141,315	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	-7,939	0	4.46
4.47	-117,382	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
4.51	0	0	4.51
4.52	-119,851	0	4.52
4.53	0	0	4.53
4.54	0	0	4.54
4.55	0	0	4.55
4.56	0	0	4.56
4.57	0	0	4.57
4.58	-1,727,983	0	4.58
4.59	-59,838	0	4.59
4.60	0	0	4.60
4.61	0	0	4.61
4.62	-7,712	0	4.62
4.63	-8,042,819	0	4.63
4.64	-13,588,565	0	4.64
4.65	244,382	0	4.65
4.66	0	0	4.66

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

Provider CCN: 15-0056

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2024 12:26 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.67	0	0		4.67
4.68	0	0		4.68
4.69	0	0		4.69
4.70	-3,832,126	0		4.70
4.71	0	0		4.71
4.72	0	0		4.72
4.73	0	0		4.73
4.74	-147,430	0		4.74
4.75	-136,144	0		4.75
5.00	355,626,465			5.00

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

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2024 12:26 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	26,359,693	26,359,693	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	22,055,717	22,055,717	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	862,900	862,900	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	27,518,346	27,518,346	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	670,000	670,000	0	0	0	5.00
6.00	32.00	CORONARY CARE UNIT	544,612	544,612	0	0	0	6.00
7.00	34.04	RH PEDIATRIC	1,119	1,119	0	0	0	7.00
8.00	40.00	SUBPROVIDER - IPF	855,000	855,000	0	0	0	8.00
9.00	50.00	OPERATING ROOM	3,440,198	3,440,198	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	1,629,190	1,629,190	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	21,042,261	19,709,197	1,333,064	239,400	26,280	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	107,528	107,528	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	3,623,995	3,623,995	0	0	0	13.00
14.00	56.00	RADIOISOTOPE	117,396	117,396	0	0	0	14.00
15.00	60.00	LABORATORY	447,964	447,964	0	0	0	15.00
16.00	66.00	PHYSICAL THERAPY	26,172	26,172	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	2,686,573	2,686,573	0	0	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	414,205	414,205	0	0	0	18.00
19.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	120,894	120,894	0	0	0	19.00
20.00	76.03	CARDIAC CATH	7,281,997	7,281,997	0	0	0	20.00
21.00	76.08	ECMO-ADULT	1,423	1,423	0	0	0	21.00
22.00	90.02	IUSCC HEM/ONC	6,567,708	6,567,708	0	0	0	22.00
23.00	90.06	OUTPATIENT SURGERY	6,695	6,695	0	0	0	23.00
24.00	90.07	AMB SVC-RILEY CLINICS	730,915	730,915	0	0	0	24.00
25.00	90.14	INFUSION CLINIC	41,600	41,600	0	0	0	25.00
26.00	90.22	EATING DISORDERS CLINIC	469,882	469,882	0	0	0	26.00
27.00	90.24	LIFE CARE CLINIC	574,935	574,935	0	0	0	27.00
28.00	91.00	EMERGENCY	15,803,966	11,850,284	3,953,682	197,500	21,180	28.00
29.00	95.00	AMBULANCE SERVICES	147,660	147,660	0	0	0	29.00
30.00	105.00	KIDNEY ACQUISITION	108,333	108,333	0	0	0	30.00
31.00	107.00	LIVER ACQUISITION	1,375,706	1,375,706	0	0	0	31.00
32.00	108.00	LUNG ACQUISITION	1,277,617	1,277,617	0	0	0	32.00
200.00			146,912,200	141,625,454	5,286,746		47,460	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2024 12:26 pm

1.00	2.00	8.00	9.00	12.00	13.00	14.00
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	5.06 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0
2.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
5.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
6.00	32.00 CORONARY CARE UNIT	0	0	0	0	0
7.00	34.04 RH PEDI C	0	0	0	0	0
8.00	40.00 SUBPROVIDER - IPF	0	0	0	0	0
9.00	50.00 OPERATING ROOM	0	0	0	0	0
10.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
11.00	53.00 ANESTHESIOLOGY	3,024,727	151,236	0	0	0
12.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
13.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
14.00	56.00 RADIOISOTOPE	0	0	0	0	0
15.00	60.00 LABORATORY	0	0	0	0	0
16.00	66.00 PHYSICAL THERAPY	0	0	0	0	0
17.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
18.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
19.00	76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
20.00	76.03 CARDIAC CATH	0	0	0	0	0
21.00	76.08 ECMO-ADULT	0	0	0	0	0
22.00	90.02 IUSCC HEM/ONC	0	0	0	0	0
23.00	90.06 OUTPATIENT SURGERY	0	0	0	0	0
24.00	90.07 AMB SVC-RILEY CLINICS	0	0	0	0	0
25.00	90.14 INFUSION CLINIC	0	0	0	0	0
26.00	90.22 EATING DISORDERS CLINIC	0	0	0	0	0
27.00	90.24 LIFE CARE CLINIC	0	0	0	0	0
28.00	91.00 EMERGENCY	2,011,082	100,554	0	0	0
29.00	95.00 AMBULANCE SERVICES	0	0	0	0	0
30.00	105.00 KIDNEY ACQUISITION	0	0	0	0	0
31.00	107.00 LIVER ACQUISITION	0	0	0	0	0
32.00	108.00 LUNG ACQUISITION	0	0	0	0	0
200.00		5,035,809	251,790	0	0	0

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2024 12:26 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	26,359,693		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	22,055,717		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	862,900		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	27,518,346		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	670,000		5.00
6.00	32.00	CORONARY CARE UNIT	0	0	0	544,612		6.00
7.00	34.04	RH PEDI C	0	0	0	1,119		7.00
8.00	40.00	SUBPROVIDER - IPF	0	0	0	855,000		8.00
9.00	50.00	OPERATING ROOM	0	0	0	3,440,198		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,629,190		10.00
11.00	53.00	ANESTHESIOLOGY	0	3,024,727	0	19,709,197		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	107,528		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,623,995		13.00
14.00	56.00	RADIOISOTOPE	0	0	0	117,396		14.00
15.00	60.00	LABORATORY	0	0	0	447,964		15.00
16.00	66.00	PHYSICAL THERAPY	0	0	0	26,172		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,686,573		17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	414,205		18.00
19.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	120,894		19.00
20.00	76.03	CARDIAC CATH	0	0	0	7,281,997		20.00
21.00	76.08	ECMO-ADULT	0	0	0	1,423		21.00
22.00	90.02	IUSCC HEM/ONC	0	0	0	6,567,708		22.00
23.00	90.06	OUTPATIENT SURGERY	0	0	0	6,695		23.00
24.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	730,915		24.00
25.00	90.14	INFUSION CLINIC	0	0	0	41,600		25.00
26.00	90.22	EATING DISORDERS CLINIC	0	0	0	469,882		26.00
27.00	90.24	LIFE CARE CLINIC	0	0	0	574,935		27.00
28.00	91.00	EMERGENCY	0	2,011,082	1,942,600	13,792,884		28.00
29.00	95.00	AMBULANCE SERVICES	0	0	0	147,660		29.00
30.00	105.00	KIDNEY ACQUISITION	0	0	0	108,333		30.00
31.00	107.00	LIVER ACQUISITION	0	0	0	1,375,706		31.00
32.00	108.00	LUNG ACQUISITION	0	0	0	1,277,617		32.00
200.00			0	5,035,809	1,942,600	143,568,054		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	66,295,714	66,295,714				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	120,339,155		120,339,155			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	131,833,830	191,405	26,019	132,051,254		4.00
5.01 00540 NONPATIENT TELEPHONES	32,578	30,198	0	0	62,776	5.01
5.02 00550 DATA PROCESSING	92,372,747	59,067	0	0	0	5.02
5.03 00590 PURCHASING, RECEIVING & STORES	21,460,153	0	0	0	0	5.03
5.04 00570 ADMINISTRATION	16,724,717	0	0	0	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	59,646,878	0	0	0	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	202,806,794	2,147,403	6,153,363	4,278,497	1,367	5.06
6.00 00600 MAINTENANCE & REPAIRS	43,028,618	996,201	306,054	0	0	6.00
7.00 00700 OPERATION OF PLANT	61,990,369	1,038,813	826,703	1,240,704	790	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	76,724	13,381	0	0	0	8.00
9.00 00900 HOUSEKEEPING	0	0	0	0	0	9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY	5,076,430	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING - RILEY	4,961,638	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING - METHODIST	8,466,988	0	0	0	0	9.03
9.04 00904 HOUSEKEEPING - SAXONY	1,021,440	23,298	296	108,694	100	9.04
9.05 00905 HOUSEKEEPING - MORGAN	753,543	29,043	18,658	74,141	71	9.05
10.00 01000 DIETARY	13,900,563	672,487	669,221	2,250,832	1,858	10.00
11.00 01100 CAFETERIA	2,827,147	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	39,126,025	741,760	7,448,568	4,650,944	1,872	13.00
13.01 01851 PARAMED ADMINISTRATION	272,498	376,084	7,097	38,078	14	13.01
14.00 01400 CENTRAL SERVICES & SUPPLY	134,271,633	417,988	94,981	7,628	7	14.00
15.00 01500 PHARMACY	46,636,096	804,753	1,997,072	6,994,859	2,527	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	17,728,845	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	10,037,033	150,410	0	937,616	534	17.00
18.00 01850 PATIENT TRANSPORTATION	5,108,141	43,189	44,938	437,893	399	18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	51,645,032	72,679	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	68,481,251	3,436,890	0	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	442,118	76,115	0	77,731	57	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	1,825,748	66,847	0	295,436	149	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	326,915	29,793	0	64,422	36	23.09
23.10 02310 PARAMED PHARMACY TECH	220,406	33,835	0	35,270	14	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	213,380,962	13,127,951	4,320,810	18,829,359	8,396	30.00
31.00 03100 INTENSIVE CARE UNIT	25,001,562	597,296	793,487	2,440,278	904	31.00
32.00 03200 CORONARY CARE UNIT	26,166,293	708,848	1,890,301	3,176,121	1,267	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	29,921,684	1,601,393	1,601,492	4,298,992	1,715	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	2,555,293	217,012	167,158	381,735	142	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	4,869,424	342,855	40,288	348,594	149	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PED IC	12,522,890	568,499	821,774	1,842,072	840	34.04
34.05 03404 TRANSPLANT ICU	4,082,921	227,261	72,184	249,299	85	34.05
34.06 03407 PEDS CANCER CARE	2,807,039	552,982	289,971	425,268	185	34.06
40.00 04000 SUBPROVIDER - I PF	3,472,347	343,836	52,222	563,634	249	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	1,960,557	197,323	18,686	247,699	107	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	98,933,169	4,321,164	24,113,635	6,651,809	3,331	50.00
50.01 05001 ENDOSCOPY	6,700,767	330,109	1,899,233	464,312	178	50.01
51.00 05100 RECOVERY ROOM	13,679,620	746,205	548,073	1,485,070	712	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	13,119,340	437,749	575,621	1,550,585	719	52.00
53.00 05300 ANESTHESIOLOGY	4,424,948	125,539	878,771	254,086	142	53.00
53.01 05301 PULMONARY FUNCTION TESTING	2,853,203	300,720	52,615	439,888	206	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	52,244,966	3,810,909	24,736,313	5,748,047	2,548	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,768,639	969,742	3,128,375	881,743	349	55.00
56.00 05600 RADIOISOTOPE	1,454,153	294,556	1,146,842	200,779	85	56.00
59.00 05900 CARDIAC CATHETERIZATION	791,376	0	335,666	110,851	50	59.00
60.00 06000 LABORATORY	17,908,317	3,804,472	9,919,351	11,165,598	6,897	60.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
60.01	06001	TRANSPLANT IMMUNOLOGY	1,753,463	63,585	191,049	170,314	85	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,606,035	48,068	216,640	523,110	270	63.00
65.00	06500	RESPIRATORY THERAPY	38,175,031	397,375	2,036,962	3,429,078	1,594	65.00
66.00	06600	PHYSICAL THERAPY	33,069,944	894,119	515,085	5,014,941	2,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,437,059	60,438	17,608	887,185	406	67.00
68.00	06800	SPEECH PATHOLOGY	5,206,772	285,852	377,661	855,814	391	68.00
69.00	06900	ELECTROCARDIOLOGY	2,925,961	151,810	2,407,043	535,454	263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,291,637	447,521	837,906	1,141,377	527	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,551,028	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,238,129	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	399,731,418	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	416,662,119	105,027	94,384	1,804,967	740	73.03
74.00	07400	RENAL DIALYSIS	6,968,599	576,034	495,328	719,721	313	74.00
76.00	03020	RH NBN ECMO I C	1,626,079	2,050	386,306	263,467	71	76.00
76.01	03140	CARDIOLOGY	2,750,322	84,357	1,339,125	183,273	85	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,064,401	0	41,434	659,060	299	76.02
76.03	03950	CARDIAC CATH	10,815,445	1,025,764	2,296,989	1,688,071	626	76.03
76.04	03951	DAY SURGERY	5,182,274	375,997	166,041	735,098	363	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,996,133	6,265	153,359	335,035	93	76.08
76.97	07697	CARDIAC REHABILITATION	972,204	145,921	122,939	141,642	71	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,661,962	30,096	0	63,640	28	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	26,835,492	0	0	33,270	14	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	724,133	291,481	114,762	162,425	114	90.01
90.02	09002	IUSCC HEM/ONC	27,386,607	1,978,358	993,281	3,466,498	1,658	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	502,170	0	158,854	74,755	57	90.03
90.04	09004	AMB SVC-PSYCH ADULT	914,892	86,046	26	151,441	93	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,148,628	231,490	207,682	382,307	178	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	832,798	708,487	420,000	1,189,360	605	90.07
90.08	09008	MOTILITY LAB	247,729	0	75,975	27,365	7	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	5,181,547	214,544	374,177	911,911	512	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	620,673	0	12,651	89,698	50	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,113,355	155,982	3,717	145,550	100	90.17
90.18	09016	DERMATOLOGY CLINIC	577,424	116,994	26,709	128,554	71	90.18
90.19	09017	INFUSION/HEM/ONC	315	0	3,043	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	45,090	48,530	2,396	7,476	7	90.21
90.22	09020	EATING DISORDERS CLINIC	2,205,378	0	0	279,325	149	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,710,350	231,620	60,435	189,131	114	90.23
90.24	09021	LIFE CARE CLINIC	621,909	160,760	7,188	177,465	192	90.24
91.00	09100	EMERGENCY	40,303,178	1,967,979	1,785,863	5,034,364	2,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	48,072,763	0	8,328,375	5,088,021	3,110	95.00
101.00	10100	HOME HEALTH AGENCY	62,996,995	466,286	677,477	4,815,241	2,299	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	18,927,108	143,294	11,835	681,817	292	105.00
106.00	10600	HEART ACQUISITION	2,566,859	6,683	909	116,055	43	106.00
107.00	10700	LIVER ACQUISITION	16,025,239	79,016	7,804	346,308	149	107.00
108.00	10800	LUNG ACQUISITION	5,698,238	9,628	1,978	115,247	50	108.00
109.00	10900	PANCREAS ACQUISITION	2,251,924	11,375	1,236	39,726	14	109.00
110.00	11000	INTESTINAL ACQUISITION	762,318	3,392	270	23,405	7	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	374,139	0	0	47,961	14	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,933,243	152,373	13,764	765,810	320	112.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	19,446,428	14,348	16,329	2,251,602	1,196	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3,158,070,174	56,857,005	119,998,433	129,141,899	61,489	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,004	335,940	0	134	171	190.00
191.00 19100 RESEARCH	2,714,610	93,393	9,346	256,851	28	191.00
191.01 19101 RESEARCH-GCRC	32,689	8,098	47,945	0	0	191.01
191.02 19102 OSA	1,657,529	9,960	0	440,206	64	191.02
191.03 19103 RESEARCH ADMIN	1,058,759	0	0	106,097	0	191.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,605,833	530,276	0	0	0	192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	14,599,019	2,903,092	241,516	2,042,940	996	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	5,538,564	0	0	0	192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05 19205 IUH TIPTON	151,980	12,154	0	23,329	7	192.05
192.06 19206 BELTWAY SURGERY	0	0	41,915	0	0	192.06
192.07 19207 RHI	242,851	0	0	39,798	21	192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10 19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11 19211 UNUSED SPACE	0	7,232	0	0	0	192.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,180,134,448	66,295,714	120,339,155	132,051,254	62,776	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	92,431,814					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	21,460,153				5.03
5.04	00570	ADMINISTRATIVE	0	0	16,724,717			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	59,646,878		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,012,121	11,430	0	0	217,410,975	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	123	0	0	44,330,996	6.00
7.00	00700	OPERATION OF PLANT	1,163,258	2,246	0	0	66,262,883	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	90,105	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	5,076,430	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	4,961,638	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	8,466,988	9.03
9.04	00904	HOUSEKEEPING - SAXONY	146,717	41	0	0	1,300,586	9.04
9.05	00905	HOUSEKEEPING - MORGAN	104,798	0	0	0	980,254	9.05
10.00	01000	DIETARY	2,735,227	0	0	0	20,230,188	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,827,147	11.00
13.00	01300	NURSING ADMINISTRATION	2,756,187	1,019	0	0	54,726,375	13.00
13.01	01851	PARAMEDIC ADMINISTRATION	20,960	9	0	0	714,740	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,480	0	0	134,802,717	14.00
15.00	01500	PHARMACY	3,720,328	55,316	0	0	60,210,951	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17,728,845	16.00
17.00	01700	SOCIAL SERVICE	785,985	0	0	0	11,911,578	17.00
18.00	01850	PATIENT TRANSPORTATION	586,869	358	0	0	6,221,787	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	51,717,711	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	71,918,141	22.00
23.00	02300	PARAMEDIC PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMEDIC HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDIC RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMEDIC RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMEDIC EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMEDIC PASTORAL EDUCATION	83,838	0	0	0	679,859	23.05
23.06	02306	PARAMEDIC LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDIC PHARMACY	220,076	0	0	0	2,408,256	23.07
23.08	02308	PARAMEDIC MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDIC SURGERY TECHNOLOGY	52,399	93	0	0	473,658	23.09
23.10	02310	PARAMEDIC PHARMACY TECH	20,960	43	0	0	310,528	23.10
23.11	02311	PARAMEDIC NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,355,673	395,891	2,757,305	5,334,707	270,511,054	30.00
31.00	03100	INTENSIVE CARE UNIT	1,330,934	55,985	386,663	658,765	31,265,874	31.00
32.00	03200	CORONARY CARE UNIT	1,865,404	87,885	372,354	634,386	34,902,859	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,525,631	54,316	665,117	1,133,171	41,803,511	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	209,596	6,711	30,612	52,155	3,620,414	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	220,076	9,854	57,279	97,586	5,986,105	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,236,616	48,166	225,030	383,388	17,649,275	34.04
34.05	03404	TRANSPLANT ICU	125,758	7,895	46,818	79,764	4,891,985	34.05
34.06	03407	PEDS CANCER CARE	272,475	4,946	34,643	59,022	4,446,531	34.06
40.00	04000	SUBPROVIDER - I PF	366,793	1,024	44,471	75,767	4,920,343	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	157,197	536	30,310	51,640	2,664,055	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,904,545	3,842,371	2,067,999	6,064,867	150,902,890	50.00
50.01	05001	ENDOSCOPY	261,995	275,974	122,726	529,554	10,584,848	50.01
51.00	05100	RECOVERY ROOM	1,047,980	13,683	147,757	834,586	18,503,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,058,460	26,861	193,435	473,610	17,436,380	52.00
53.00	05300	ANESTHESIOLOGY	209,596	146,698	179,787	496,397	6,715,964	53.00
53.01	05301	PULMONARY FUNCTION TESTING	303,914	8,262	11,330	152,258	4,122,396	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,751,768	410,828	895,618	3,756,165	95,357,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	513,510	5,608	38,179	1,068,428	12,374,573	55.00
56.00	05600	RADIOISOTOPE	125,758	3,273	18,346	509,051	3,752,843	56.00
59.00	05900	CARDIAC CATHETERIZATION	73,359	106	5,852	19,471	1,336,731	59.00
60.00	06000	LABORATORY	10,154,924	4,272,775	775,269	2,938,478	60,946,081	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	125,758	164,776	11,527	112,017	2,592,574	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	398,232	111,336	482,845	1,029,696	24,416,232	63.00
65.00	06500	RESPIRATORY THERAPY	2,347,475	461,052	525,012	916,355	48,289,934	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
66.00	06600	PHYSICAL THERAPY	3,447,853	25,079	144,854	601,878	43,716,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	597,348	121	64,917	126,147	7,191,229	67.00
68.00	06800	SPEECH PATHOLOGY	576,389	2,560	42,146	146,802	7,494,387	68.00
69.00	06900	ELECTROCARDIOLOGY	387,753	786	199,319	604,488	7,212,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	775,505	4,201	167,101	456,938	11,122,713	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,710,264	779,252	2,253,934	65,294,478	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,093,794	1,543,502	3,924,788	72,800,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,272,657	9,593,079	411,597,154	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,089,899	2,339	0	2,248,528	422,008,003	73.03
74.00	07400	RENAL DIALYSIS	461,111	32,768	77,055	211,687	9,542,616	74.00
76.00	03020	RH NBN ECMO IC	104,798	21,025	23,973	40,843	2,468,612	76.00
76.01	03140	CARDIOLOGY	125,758	42,655	33,069	356,947	4,915,591	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	440,151	2,207	0	4	5,207,556	76.02
76.03	03950	CARDIAC CATH	922,222	226,881	231,884	1,084,525	18,292,407	76.03
76.04	03951	DAY SURGERY	534,470	29,277	2,542	141,312	7,167,374	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	136,237	14	25,516	43,472	2,696,124	76.08
76.97	07697	CARDIAC REHABILITATION	104,798	549	1,084	37,285	1,526,493	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	41,919	0	27,016	46,777	3,871,438	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	20,960	0	102,781	190,244	27,182,761	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	167,677	4,780	10	29,951	1,495,333	90.01
90.02	09002	IUSCC HEM/ONC	2,441,793	53,314	2,388	751,820	37,075,717	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	83,838	537	23	23,564	843,798	90.03
90.04	09004	AMB SVC-PSYCH ADULT	136,237	236	0	5,958	1,294,929	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	261,995	246	37,129	139,965	3,409,620	90.06
90.07	09007	AMB SVC-RILEY CLINICS	890,783	9,855	1,515	150,573	4,203,976	90.07
90.08	09008	MOTILITY LAB	10,480	109	12	5,577	367,254	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	754,545	19,974	3,012	213,959	7,674,181	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	73,359	378	10	48,967	845,786	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	146,717	757	10	6,010	1,572,198	90.17
90.18	09016	DERMATOLOGY CLINIC	104,798	1,528	4	25,509	981,591	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	3,358	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	10,480	0	0	2	113,981	90.21
90.22	09020	EATING DISORDERS CLINIC	220,076	129	4	13,873	2,718,934	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	167,677	138	17	9,604	2,369,086	90.23
90.24	09021	LIFE CARE CLINIC	282,955	413	3	4,867	1,255,752	90.24
91.00	09100	EMERGENCY	3,615,530	127,365	614,233	3,911,949	57,362,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,579,672	58,559	0	2,261,440	68,391,940	95.00
101.00	10100	HOME HEALTH AGENCY	3,384,975	463,393	0	1,898,798	74,705,464	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	429,672	9,556	76,574	130,460	20,410,608	105.00
106.00	10600	HEART ACQUISITION	62,879	0	18,510	31,536	2,803,474	106.00
107.00	10700	LIVER ACQUISITION	220,076	4,783	68,881	117,354	16,869,610	107.00
108.00	10800	LUNG ACQUISITION	73,359	0	26,556	45,244	5,970,300	108.00
109.00	10900	PANCREAS ACQUISITION	20,960	490	7,981	13,597	2,347,303	109.00
110.00	11000	INTESTINAL ACQUISITION	10,480	0	2,893	4,930	807,695	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	20,960	0	0	0	443,074	112.00
112.01	08601	POST TRANSPLANT EXPENSES	471,591	7,065	0	0	6,344,166	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,760,606	5,710	0	230,409	23,726,628	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,534,971	21,451,325	16,724,717	59,646,878	3,143,474,430	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	251,515	0	0	0	588,764	190.00
191.00	19100	RESEARCH	41,919	0	0	0	3,116,147	191.00
191.01	19101	RESEARCH-GCRC	0	1,422	0	0	90,154	191.01
191.02	19102	OSA	94,318	46	0	0	2,202,123	191.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
191.03	19103	RESEARCH ADMIN	0	0	0	0	1,164,856	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,136,109	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,467,172	3,756	0	0	21,258,491	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,538,564	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	10,480	0	0	0	197,950	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	41,915	192.06
192.07	19207	RHI	31,439	3,604	0	0	317,713	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	7,232	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	92,431,814	21,460,153	16,724,717	59,646,878	3,180,134,448	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
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5/24/2024 12:26 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	217,410,975					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,253,097	47,584,093				6.00
7.00	00700	OPERATION OF PLANT	4,862,503	786,223	71,911,609			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,612	10,127	15,562	122,406		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	372,519	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	364,095	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	621,325	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	95,440	17,633	27,095	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	71,933	21,981	33,777	0	0	9.05
10.00	01000	DIETARY	1,484,532	508,970	782,105	0	0	10.00
11.00	01100	CAFETERIA	207,462	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,015,931	561,399	862,670	0	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	52,449	284,638	437,387	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,892,093	316,353	486,121	655	0	14.00
15.00	01500	PHARMACY	4,418,400	609,075	935,931	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,300,978	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	874,095	113,838	174,928	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	456,567	32,687	50,229	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,795,149	55,007	84,526	75	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,277,497	2,601,202	3,997,118	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	49,889	57,607	88,522	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	176,723	50,593	77,744	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	34,758	22,549	34,650	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	22,787	25,608	39,350	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,850,642	9,935,858	15,267,861	61,806	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,294,352	452,062	694,658	6,162	0	31.00
32.00	03200	CORONARY CARE UNIT	2,561,242	536,490	824,394	684	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	3,067,625	1,212,011	1,862,427	2,284	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	265,673	164,245	252,386	607	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURGIC	439,272	259,489	398,741	405	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,295,139	430,267	661,167	1,089	0	34.04
34.05	03404	TRANSPLANT ICU	358,984	172,002	264,306	476	0	34.05
34.06	03407	PEDS CANCER CARE	326,295	418,523	643,120	582	0	34.06
40.00	04000	SUBPROVIDER - I PF	361,065	260,232	399,883	457	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	195,494	149,344	229,488	6	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,073,556	3,270,463	5,025,532	9,889	0	50.00
50.01	05001	ENDOSCOPY	776,737	249,842	383,918	235	0	50.01
51.00	05100	RECOVERY ROOM	1,357,837	564,764	867,840	1,111	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,279,516	331,309	509,104	1,094	0	52.00
53.00	05300	ANESTHESIOLOGY	492,831	95,014	146,003	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	302,510	227,599	349,738	11	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,997,499	2,884,277	4,432,104	6,531	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	908,071	733,947	1,127,814	527	0	55.00
56.00	05600	RADIOISOTOPE	275,391	222,934	342,570	497	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	98,092	0	0	0	0	59.00
60.00	06000	LABORATORY	4,472,345	2,879,405	4,424,617	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	190,248	48,124	73,950	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,791,712	36,380	55,903	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,543,612	300,752	462,149	1	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	3,207,974	676,711	1,039,864	1,568	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,707	45,743	70,290	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	549,953	216,346	332,447	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	529,295	114,897	176,556	79	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	816,207	338,705	520,469	192	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,791,439	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,342,225	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,203,822	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	30,968,194	79,490	122,147	0	0	73.03
74.00	07400	RENAL DIALYSIS	700,256	435,970	669,930	852	0	74.00
76.00	03020	RH NBN ECMO I C	181,152	1,551	2,384	0	0	76.00
76.01	03140	CARDIOLOGY	360,716	63,845	98,107	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	382,141	0	0	10	0	76.02
76.03	03950	CARDIAC CATH	1,342,333	776,347	1,192,968	2,491	0	76.03
76.04	03951	DAY SURGERY	525,956	284,572	437,286	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	197,847	4,741	7,286	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	112,017	110,440	169,707	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	284,094	22,778	35,002	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	1,994,725	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	109,731	220,607	338,994	0	0	90.01
90.02	09002	IUSCC HEM/ONC	2,720,690	1,497,315	2,300,838	495	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	61,920	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	95,024	65,123	100,071	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	250,205	175,203	269,224	0	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	308,496	536,217	823,974	877	0	90.07
90.08	09008	MOTILITY LAB	26,950	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	563,147	162,377	249,516	255	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	62,065	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	115,371	118,055	181,408	12	0	90.17
90.18	09016	DERMATOLOGY CLINIC	72,031	88,546	136,064	59	0	90.18
90.19	09017	INFUSION/HEM/ONC	246	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	8,364	36,730	56,440	44	0	90.21
90.22	09020	EATING DISORDERS CLINIC	199,521	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	173,848	175,301	269,375	760	0	90.23
90.24	09021	LIFE CARE CLINIC	92,150	121,671	186,965	0	0	90.24
91.00	09100	EMERGENCY	4,209,406	1,489,460	2,288,768	19,226	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,018,737	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	5,482,036	352,908	542,293	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	1,497,771	108,452	166,651	9	0	105.00
106.00	10600	HEART ACQUISITION	205,725	5,058	7,773	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,237,926	59,803	91,896	0	0	107.00
108.00	10800	LUNG ACQUISITION	438,113	7,287	11,197	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	172,250	8,609	13,229	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	59,270	2,567	3,945	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	32,514	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	465,548	115,323	177,211	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,741,107	10,859	16,687	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	214,720,789	40,440,430	60,934,350	122,114	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,205	254,256	390,700	0	0	190.00
191.00	19100	RESEARCH	228,669	70,684	108,616	0	0	191.00
191.01	19101	RESEARCH-GCRC	6,616	6,129	9,418	119	0	191.01
191.02	19102	OSA	161,596	7,538	11,584	0	0	191.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
191.03	19103	RESEARCH ADMIN	85,479	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156,752	401,338	616,713	0	0	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,559,991	2,197,198	3,376,309	173	0	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	406,431	4,191,848	6,441,373	0	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0
192.05	19205	IUH TIPTON	14,526	9,199	14,135	0	0	0
192.06	19206	BELTWAY SURGERY	3,076	0	0	0	0	0
192.07	19207	RHI	23,314	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0
192.11	19211	UNUSED SPACE	531	5,473	8,411	0	0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	217,410,975	47,584,093	71,911,609	122,406	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,448,949					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	5,325,733				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	9,088,313			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	1,440,754		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	1,107,945	9.05
10.00	01000	DIETARY	76,549	10,163	152,732	29,951	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,341	78,273	172,099	0	10,980	13.00
13.01	01851	PARAMED ADMINISTRATION	0	0	61,814	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,713	98,000	17,549	37,856	14.00
15.00	01500	PHARMACY	117,839	45,300	89,394	64,377	18,233	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	759	16,076	27,251	0	29,727	17.00
18.00	01850	PATIENT TRANSPORTATION	5,714	0	10,934	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,288	14,922	10,402	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	286,192	387,762	233,093	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	1,549	28,781	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	26,748	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	11,921	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	13,539	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,105,137	1,133,118	2,628,849	251,946	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	239,002	0	0	31.00
32.00	03200	CORONARY CARE UNIT	98,741	46,587	123,570	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	548,234	47,599	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	80,292	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	122,732	0	855	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	210,338	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	81,863	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	204,597	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	286	58,315	74,203	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	73,007	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	540,816	338,382	565,780	231,751	79,287	50.00
50.01	05001	ENDOSCOPY	80,214	0	37,399	0	0	50.01
51.00	05100	RECOVERY ROOM	43,547	89,024	80,892	107,573	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	161,962	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,609	32,471	7,780	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	20,949	38,928	53,098	2,739	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	411,752	278,774	646,434	97,153	108,429	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	132,236	0	212,923	0	57,059	55.00
56.00	05600	RADIOISOTOPE	44,451	11,712	50,441	7,920	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	39,678	34,063	118,296	65,066	43,696	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	25,443	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,378	2,766	11,379	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	26,326	36,381	84,912	4,364	5,139	65.00
66.00	06600	PHYSICAL THERAPY	18,225	4,524	264,485	51,175	40,788	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description			HOUSEKEEPING - UNI VERSI TY	HOUSEKEEPING - RI LEY	HOUSEKEEPING - METHO DI ST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	3,338	6,078	8,802	0	10,314	67.00
68.00	06800	SPEECH PATHOLOGY	24,443	63,966	13,573	0	9,041	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,032	43,129	0	18,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,576	155,730	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	42,026	0	0	73.03
74.00	07400	RENAL DIALYSIS	162,675	22,073	25,917	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	758	0	0	0	76.00
76.01	03140	CARDIOLOGY	7,435	23,574	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	17,795	266,316	183,919	0	76.03
76.04	03951	DAY SURGERY	132,710	0	3,032	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	2,507	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	60,098	35,555	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	7,392	4,055	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	104,996	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	570,262	326	104,509	0	84,508	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	34,430	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	73,190	0	11,327	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	262,132	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	38,122	0	38,050	37,985	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	56,187	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	42,143	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	17,955	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	83,433	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	64,326	0	0	90.24
91.00	09100	EMERGENCY	0	197,499	388,442	115,859	214,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,635	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	30,574	3,050	20,077	0	0	105.00
106.00	10600	HEART ACQUISITION	1,144	112	751	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,857	1,682	11,067	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,054	203	1,346	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,428	240	1,594	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	723	75	474	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	32,513	3,242	21,348	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,468	0	780	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,644,830	4,669,115	7,435,606	1,329,490	841,259	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,143	43,564	15,768	87,132	0	190.00
191.00	19100	RESEARCH	2,283	0	34,598	0	0	191.00
191.01	19101	RESEARCH-GCRC	2,917	0	0	0	0	191.01
191.02	19102	OSA	0	2,483	1,305	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	80,308	0	266,686	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description			HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	
			UNIVERSITY	RILEY	METHODIST	SAXONY	MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	43,749	24,322	1,080,442	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	744,027	586,249	440,286	16,970	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	7,162	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	5,448,949	5,325,733	9,088,313	1,440,754	1,107,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000	23,275,190					10.00
11.00	01100	0	3,034,609				11.00
13.00	01300	0	96,951	60,548,019			13.00
13.01	01851	0	737	0	1,551,765		13.01
14.00	01400	0	369	0	0	145,687,426	14.00
15.00	01500	0	130,866	0	0	375,786	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	27,648	0	0	0	17.00
18.00	01850	0	20,644	0	0	2,430	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	2,949	0	135,228	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	7,741	0	546,511	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	1,843	0	116,612	629	23.09
23.10	02310	0	737	0	70,011	294	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,572,336	434,621	18,752,924	0	2,689,456	30.00
31.00	03100	583,358	46,817	2,413,941	0	380,333	31.00
32.00	03200	526,372	65,617	3,431,387	0	597,044	32.00
32.01	03201	230,939	88,841	4,728,132	0	368,989	32.01
33.00	03300	161,813	7,373	379,049	0	45,593	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	68,926	7,741	379,049	0	66,943	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	149,553	43,499	2,154,592	0	327,213	34.04
34.05	03404	50,437	4,424	219,449	0	53,633	34.05
34.06	03407	128,149	9,585	498,748	0	33,601	34.06
40.00	04000	763,382	12,902	438,898	0	6,958	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	5,530	259,349	0	3,642	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	172,522	3,730,636	0	26,102,868	50.00
50.01	05001	0	9,216	438,898	0	1,874,807	50.01
51.00	05100	13,857	36,864	1,795,493	0	92,954	51.00
52.00	05200	128,508	37,232	1,595,994	0	182,481	52.00
53.00	05300	0	7,373	259,349	0	996,583	53.00
53.01	05301	0	10,690	99,750	0	56,124	53.01
54.00	05400	0	131,972	1,196,995	255,373	2,790,931	54.00
55.00	05500	0	18,063	139,649	0	38,097	55.00
56.00	05600	0	4,424	0	0	22,236	56.00
59.00	05900	0	2,580	0	0	721	59.00
60.00	06000	0	357,208	199,499	125,135	29,026,783	60.00
60.01	06001	0	4,424	0	0	1,119,394	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	14,008	0	0	756,354	63.00
65.00	06500	0	82,574	0	302,895	3,132,124	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	13.00	13.01	14.00		
66.00	06600	PHYSICAL THERAPY	0	121,281	119,700	0	170,369	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,012	0	0	819	67.00
68.00	06800	SPEECH PATHOLOGY	0	20,275	79,800	0	17,388	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,640	79,800	0	5,339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,279	19,950	0	28,539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	31,998,832	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	34,604,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	38,338	0	0	15,893	73.03
74.00	07400	RENAL DIALYSIS	0	16,220	698,247	0	222,604	74.00
76.00	03020	RH NBN ECMO IC	0	3,686	199,499	0	142,832	76.00
76.01	03140	CARDIOLOGY	0	4,424	119,700	0	289,772	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	15,483	319,199	0	14,993	76.02
76.03	03950	CARDIAC CATH	26,716	32,440	1,057,346	0	1,541,301	76.03
76.04	03951	DAY SURGERY	0	18,800	897,747	0	198,892	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	4,792	119,700	0	96	76.08
76.97	07697	CARDIAC REHABILITATION	0	3,686	59,850	0	3,727	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,475	59,850	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	737	19,950	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	5,898	119,700	0	32,470	90.01
90.02	09002	IUSCC HEM/ONC	0	85,892	2,413,941	0	362,188	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	2,949	19,950	0	3,651	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	4,792	19,950	0	1,605	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	9,216	139,649	0	1,670	90.06
90.07	09007	AMB SVC-RILEY CLINICS	99,835	31,334	917,696	0	66,948	90.07
90.08	09008	MOTILITY LAB	0	369	19,950	0	742	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	1,677	26,542	59,850	0	135,691	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	2,580	59,850	0	2,567	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	5,161	59,850	0	5,146	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3,686	179,549	0	10,378	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	369	19,950	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	7,741	19,950	0	875	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	5,898	139,649	0	936	90.23
90.24	09021	LIFE CARE CLINIC	0	9,953	79,800	0	2,809	90.24
91.00	09100	EMERGENCY	753,558	127,179	4,508,683	0	865,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	161,094	857,847	0	397,817	95.00
101.00	10100	HOME HEALTH AGENCY	0	119,069	1,436,395	0	3,148,028	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	15,114	39,900	0	64,916	105.00
106.00	10600	HEART ACQUISITION	0	2,212	19,950	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	7,741	0	0	32,495	107.00
108.00	10800	LUNG ACQUISITION	0	2,580	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	737	0	0	3,328	109.00
110.00	11000	INTESTINAL ACQUISITION	0	369	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	737	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	16,589	0	0	47,998	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	61,931	1,675,794	0	38,794	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,259,416	2,967,885	59,769,972	1,551,765	145,627,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,847	0	0	0	190.00
191.00	19100	RESEARCH	0	1,475	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	15,774	0	0	0	9,657	191.01
191.02	19102	OSA	0	3,318	99,750	0	310	191.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			DI ETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	51,609	678,297	0	25,519	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	369	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	1,106	0	0	24,484	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	23,275,190	3,034,609	60,548,019	1,551,765	145,687,426	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	67,016,152					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	19,029,823				16.00
17.00 01700 SOCIAL SERVICE	151	0	13,176,051			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	6,800,992		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	55,680,080	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	20	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	254,562	1,702,542	9,157,142	608,214	25,457,597	30.00
31.00 03100 INTENSIVE CARE UNIT	39,728	210,241	741,437	75,106	1,929,113	31.00
32.00 03200 CORONARY CARE UNIT	99,640	202,461	706,976	72,327	599,578	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	59,450	361,645	1,352,312	129,194	823,454	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	1,462	16,645	80,499	5,946	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	11,354	31,144	113,006	11,126	84,919	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	36,531	122,356	395,635	43,710	687,070	34.04
34.05 03404 TRANSPLANT ICU	9,120	25,456	92,689	9,094	62,617	34.05
34.06 03407 PEDS CANCER CARE	5,992	18,837	124,007	6,729	0	34.06
40.00 04000 SUBPROVIDER - I PF	174	24,180	196,188	8,638	139,816	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	16,480	216,160	5,887	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	89,219	1,935,568	0	691,460	4,021,201	50.00
50.01 05001 ENDOSCOPY	10,188	169,004	0	60,375	0	50.01
51.00 05100 RECOVERY ROOM	13,959	266,354	0	95,152	167,264	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	19,643	151,150	0	53,997	0	52.00
53.00 05300 ANESTHESIOLOGY	142,409	158,422	0	56,595	3,767,303	53.00
53.01 05301 PULMONARY FUNCTION TESTING	72	48,592	0	17,359	233,312	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	107,247	1,198,759	0	428,243	2,577,583	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	335	340,983	0	121,812	345,679	55.00
56.00 05600 RADIOISOTOPE	2,702	162,461	0	58,037	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	1,487	6,214	0	2,220	84,061	59.00
60.00 06000 LABORATORY	178,848	937,799	0	335,018	1,854,487	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	35,749	0	12,771	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
				PATIENT TRANSPORTATION	18.00		
15.00	16.00	17.00	18.00	21.00			
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,601	328,622	0	117,396	0	63.00	
65.00 06500 RESPIRATORY THERAPY	89	292,450	0	104,474	14,582	65.00	
66.00 06600 PHYSICAL THERAPY	0	192,086	0	68,621	32,595	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	40,259	0	14,382	0	67.00	
68.00 06800 SPEECH PATHOLOGY	3	46,851	0	16,737	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,919	192,919	0	68,918	554,974	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	145,829	0	52,096	948,688	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	719,330	0	256,973	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,252,574	0	447,468	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	61,365,834	3,055,434	0	1,094,323	0	73.00	
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	717,605	0	256,356	0	73.03	
74.00 07400 RENAL DIALYSIS	3,045	67,559	0	24,135	186,993	74.00	
76.00 03020 RH NBN ECMO IC	1,468	13,035	0	4,657	0	76.00	
76.01 03140 CARDIOLOGY	2,473	113,918	0	40,696	834,605	76.01	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,423	1	0	0	0	76.02	
76.03 03950 CARDIAC CATH	44,297	346,120	0	123,647	0	76.03	
76.04 03951 DAY SURGERY	22,045	45,099	0	16,111	0	76.04	
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05	
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08 03954 ECMO-ADULT	0	13,874	0	4,956	0	76.08	
76.97 07697 CARDIAC REHABILITATION	33	11,899	0	4,251	0	76.97	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	14,929	0	5,333	0	77.00	
78.00 07800 CAR T-CELL IMMUNOTHERAPY	4,087,409	60,715	0	21,690	0	78.00	
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 AMB SVC-OB & GYN	111	9,559	0	3,415	466,624	90.01	
90.02 09002 IUSCC HEM/ONC	120,090	239,939	0	85,716	207,579	90.02	
90.03 09003 AMB SVC-OPHTHALMOLOGY	72	7,520	0	2,687	0	90.03	
90.04 09004 AMB SVC-PSYCH ADULT	0	1,902	0	679	101,216	90.04	
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06 09006 OUTPATIENT SURGERY	41	44,669	0	15,957	0	90.06	
90.07 09007 AMB SVC-RILEY CLINICS	15,526	48,054	0	17,167	196,428	90.07	
90.08 09008 MOTILITY LAB	6	1,780	0	636	0	90.08	
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10	
90.11 09023 SLEEP LAB	149	68,284	0	24,394	14,582	90.11	
90.12 09024 OP CARE ADULTS	0	0	0	0	190,424	90.12	
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14 09012 INFUSION CLINIC	4,894	15,628	0	5,583	134,669	90.14	
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15	
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17 09015 PHYSICAL MEDICINE	4	1,918	0	685	0	90.17	
90.18 09016 DERMATOLOGY CLINIC	0	8,141	0	2,908	95,212	90.18	
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	706,798	90.19	
90.20 09025 IUMG - MH	0	0	0	0	46,319	90.20	
90.21 09019 OP REHAB CLINIC	0	1	0	0	76,341	90.21	
90.22 09020 EATING DISORDERS CLINIC	0	4,427	0	1,582	0	90.22	
90.23 09018 GASTROENTEROLOGY CLINIC	2	3,065	0	1,095	0	90.23	
90.24 09021 LIFE CARE CLINIC	4	1,553	0	555	0	90.24	
91.00 09100 EMERGENCY	156,506	1,248,477	0	446,004	5,192,050	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	10,831	721,726	0	257,828	0	95.00	
101.00 10100 HOME HEALTH AGENCY	55,804	605,991	0	216,483	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	41,636	0	14,874	0	105.00	
106.00 10600 HEART ACQUISITION	0	10,065	0	3,595	0	106.00	
107.00 10700 LIVER ACQUISITION	30,103	37,453	0	13,380	67,763	107.00	
108.00 10800 LUNG ACQUISITION	0	14,439	0	5,158	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	4,339	0	1,550	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	1,573	0	562	0	110.00	
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00	
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01	
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	502	73,534	0	26,269	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	67,013,577	19,029,823	13,176,051	6,800,992	52,903,496	118.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
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	2,719,114	191.00
191.01 19101 RESEARCH-GCRC	1,670	0	0	0	0	191.01
191.02 19102 OSA	0	0	0	0	0	191.02
191.03 19103 RESEARCH ADMIN	0	0	0	0	0	191.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	57,470	192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	905	0	0	0	0	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.05 19205 IUH TIPTON	0	0	0	0	0	192.05
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07 19207 RHI	0	0	0	0	0	192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10 19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11 19211 UNUSED SPACE	0	0	0	0	0	192.11
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)	67,016,152	19,029,823	13,176,051	6,800,992	55,680,080	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
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	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	84,701,005				22.00
23.00	02300	PARAMED PRGM		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0 23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,726,313	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	2,934,583	0	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	912,082	0	0	0	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,252,645	0	0	0	0 32.01
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
34.02	03401	UH SURG 61C	129,179	0	0	0	0 34.02
34.03	03402	UH NS 31C	0	0	0	0	0 34.03
34.04	03403	RH PEDIC	1,045,176	0	0	0	0 34.04
34.05	03404	TRANSPLANT ICU	95,253	0	0	0	0 34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0 34.06
40.00	04000	SUBPROVIDER - I PF	212,689	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,117,085	0	0	0	0 50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	254,444	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	5,730,852	0	0	0	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING	354,916	0	0	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,921,041	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	525,850	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	127,874	0	0	0	0 59.00
60.00	06000	LABORATORY	2,821,062	0	0	0	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,182	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	49,584	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	844,231	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,443,152	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	284,455	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	1,269,608	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
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								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	709,832	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	315,771	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	153,971	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	298,808	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	22,182	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	289,674	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	204,860	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	144,837	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,075,187	0	0	0	0	90.19
90.20	09025	IUMG - MH	70,461	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	116,131	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	7,898,190	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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	103,082	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
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,477,242	0	0	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00					
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
191.00 19100 RESEARCH	4,136,339	0	0	0	0	0 191.00
191.01 19101 RESEARCH-GCRC	0	0	0	0	0	0 191.01
191.02 19102 OSA	0	0	0	0	0	0 191.02
191.03 19103 RESEARCH ADMIN	0	0	0	0	0	0 191.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	87,424	0	0	0	0	0 192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0 192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0 192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	0	0 192.04
192.05 19205 IUH TIPTON	0	0	0	0	0	0 192.05
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	0 192.06
192.07 19207 RHI	0	0	0	0	0	0 192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0 192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0 192.09
192.10 19212 CARDIO PHYSICIANS	0	0	0	0	0	0 192.10
192.11 19211 UNUSED SPACE	0	0	0	0	0	0 192.11
200.00 Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	84,701,005	0	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		1,044,384				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				3,294,316		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	725,829	0	12,513	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	58,769	0	1,953	0	31.00
32.00	03200	CORONARY CARE UNIT	0	56,038	0	4,898	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	107,189	0	2,922	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,381	0	72	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	8,957	0	558	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	31,360	0	1,796	0	34.04
34.05	03404	TRANSPLANT ICU	0	7,347	0	448	0	34.05
34.06	03407	PEDS CANCER CARE	0	9,829	0	295	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	15,551	0	9	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	17,134	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,385	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	501	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	686	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	966	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,000	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	4	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,272	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	133	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	73	0	59.00
60.00	06000	LABORATORY	0	0	0	8,791	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	226	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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To 12/31/2023

Worksheet B
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Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
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	94	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,016,588	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	150	0	74.00
76.00	03020	RH NBN ECMO I C	0	0	0	72	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	122	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	70	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	2,177	0	76.03
76.04	03951	DAY SURGERY	0	0	0	1,084	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	200,912	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	5	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	5,903	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	4	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	2	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	0	0	0	763	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	7	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	241	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	7,693	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	532	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,743	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	1,480	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
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	25	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,044,384	0	3,294,190	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	82	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

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

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Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	0 191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	44	0	0 192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0 192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0 192.04
192.05	19205	IUH TIPTON	0	0	0	0	0	0 192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0 192.06
192.07	19207	RHI	0	0	0	0	0	0 192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0 192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0 192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0 192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0 192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,044,384	0	3,294,316	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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To 12/31/2023

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Cost Center Description		PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.09	23.10	23.11	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00590	PURCHASING, RECEIVING & STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
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	
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01	
9.02	00902	HOUSEKEEPING - RILEY					9.02	
9.03	00903	HOUSEKEEPING - METHODIST					9.03	
9.04	00904	HOUSEKEEPING - SAXONY					9.04	
9.05	00905	HOUSEKEEPING - MORGAN					9.05	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
13.01	01851	PARAMED ADMINISTRATION					13.01	
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	PATIENT TRANSPORTATION					18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00	
23.00	02300	PARAMED PRGM					23.00	
23.01	02301	PARAMED HEALTH SCIENCES					23.01	
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02	
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03	
23.04	02304	PARAMED EMERGENCY					23.04	
23.05	02312	PARAMED PASTORAL EDUCATION					23.05	
23.06	02306	PARAMED LAB SCIENCE PRO					23.06	
23.07	02307	PARAMED PHARMACY					23.07	
23.08	02308	PARAMED MEDICAL ASSIST					23.08	
23.09	02309	PARAMED SURGERY TECHNOLOGY	696,620	482,874			23.09	
23.10	02310	PARAMED PHARMACY TECH					23.10	
23.11	02311	PARAMED NEUROPHYSIOLOGY			0		23.11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	438,840,320	-64,183,910	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	44,367,489	-4,863,696	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,368,987	-1,511,660	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	58,049,403	-2,076,099	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	5,088,450	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	8,120,501	-214,098	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	25,285,766	-1,732,246	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	6,399,583	-157,870	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	6,875,420	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	0	0	7,894,169	-352,505	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	3,835,576	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	696,620	0	0	215,599,910	-10,138,286	50.00
50.01	05001	ENDOSCOPY	0	0	0	14,676,182	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	24,353,301	-421,708	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,889,336	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,622,558	-9,498,155	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	5,938,787	-588,228	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	123,833,531	-6,498,624	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	17,077,634	-871,529	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,958,752	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,660,053	-211,935	59.00
60.00	06000	LABORATORY	0	0	0	108,867,877	-4,675,549	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	4,102,677	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	27,539,957	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,704,944	-36,764	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	49,775,645	-82,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,939,973	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,885,211	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,864,745	-1,399,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15,641,125	-2,391,840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	103,061,052	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	114,447,244	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	482,874	0	510,816,029	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	454,248,052	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	13,063,697	-471,448	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	3,019,706	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	8,144,586	-2,104,213	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	5,940,876	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	25,248,620	0	76.03
76.04	03951	DAY SURGERY	0	0	0	9,750,708	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	3,051,923	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,097,758	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,306,346	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	33,568,899	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	3,617,275	-1,176,456	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	48,191,679	-523,350	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	942,551	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,873,692	-255,187	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4,399,973	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	7,828,231	-495,236	90.07
90.08	09008	MOTILITY LAB	0	0	0	417,687	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	9,116,991	-36,764	90.11
90.12	09024	OP CARE ADULTS	0	0	0	480,098	-480,098	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	1,338,723	-339,529	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	2,115,995	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	1,765,145	-240,049	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	1,785,589	-1,781,985	90.19
90.20	09025	IUMG - MH	0	0	0	116,780	-116,780	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	446,306	-192,472	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,953,030	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	3,222,448	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	1,815,538	0	90.24
91.00	09100	EMERGENCY	0	0	0	87,489,776	-13,090,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	75,818,352	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	86,670,849	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	22,413,632	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	3,059,859	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	18,582,338	-170,845	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	6,452,677	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,555,607	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	877,253	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	476,325	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	7,223,938	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	27,376,378	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	696,620	482,874	0	3,111,248,073	-133,380,738	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description		PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.09	23.10	23.11	24.00	25.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,443,379	0	190.00
191.00	19100	RESEARCH	0	0	0	10,417,925	-6,855,453	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	142,536	0	191.01
191.02	19102	OSA	0	0	0	2,490,007	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	1,250,335	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,802,800	-144,894	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	30,297,049	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	18,365,748	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	243,341	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	44,991	0	192.06
192.07	19207	RHI	0	0	0	366,617	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	21,647	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	696,620	482,874	0	3,180,134,448	-140,381,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2023
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMEDICAL ADMINISTRATION		13.01
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 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMEDICAL PRGM		23.00
23.01	02301 PARAMEDICAL HEALTH SCIENCES		23.01
23.02	02302 PARAMEDICAL RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMEDICAL RESPIRATORY THERAPY		23.03
23.04	02304 PARAMEDICAL EMERGENCY		23.04
23.05	02312 PARAMEDICAL PASTORAL EDUCATION		23.05
23.06	02306 PARAMEDICAL LAB SCIENCE PRO		23.06
23.07	02307 PARAMEDICAL PHARMACY		23.07
23.08	02308 PARAMEDICAL MEDICAL ASSIST		23.08
23.09	02309 PARAMEDICAL SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMEDICAL PHARMACY TECH		23.10
23.11	02311 PARAMEDICAL NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	374,656,410	30.00
31.00	03100 INTENSIVE CARE UNIT	39,503,793	31.00
32.00	03200 CORONARY CARE UNIT	44,857,327	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	55,973,304	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	5,088,450	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURGIC	7,906,403	34.02
34.03	03402 UH NSIC	0	34.03
34.04	03403 RH PEDIC	23,553,520	34.04
34.05	03404 TRANSPLANT ICU	6,241,713	34.05
34.06	03407 PEDS CANCER CARE	6,875,420	34.06
40.00	04000 SUBPROVIDER - I PF	7,541,664	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
43.00	04300 NURSERY	3,835,576	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	205,461,624	50.00
50.01	05001 ENDOSCOPY	14,676,182	50.01
51.00	05100 RECOVERY ROOM	23,931,593	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,889,336	52.00
53.00	05300 ANESTHESIOLOGY	9,124,403	53.00
53.01	05301 PULMONARY FUNCTION TESTING	5,350,559	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	117,334,907	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	16,206,105	55.00
56.00	05600 RADIOISOTOPE	4,958,752	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,448,118	59.00
60.00	06000 LABORATORY	104,192,328	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	4,102,677	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	27,539,957	63.00
65.00	06500 RESPIRATORY THERAPY	56,668,180	65.00
66.00	06600 PHYSICAL THERAPY	49,693,466	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,939,973	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
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Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	8,885,211	68.00
69.00	06900 ELECTROCARDIOLOGY	8,465,540	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,249,285	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	103,061,052	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	114,447,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	510,816,029	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	454,248,052	73.03
74.00	07400 RENAL DIALYSIS	12,592,249	74.00
76.00	03020 RH NBN ECMO IC	3,019,706	76.00
76.01	03140 CARDIOLOGY	6,040,373	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,940,876	76.02
76.03	03950 CARDIAC CATH	25,248,620	76.03
76.04	03951 DAY SURGERY	9,750,708	76.04
76.05	03480 ONCOLOGY	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	76.07
76.08	03954 ECMO-ADULT	3,051,923	76.08
76.97	07697 CARDIAC REHABILITATION	2,097,758	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,306,346	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	33,568,899	78.00
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	2,440,819	90.01
90.02	09002 IUSCC HEM/ONC	47,668,329	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	942,551	90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,618,505	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	4,399,973	90.06
90.07	09007 AMB SVC-RILEY CLINICS	7,332,995	90.07
90.08	09008 MOTILITY LAB	417,687	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	90.10
90.11	09023 SLEEP LAB	9,080,227	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	999,194	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	2,115,995	90.17
90.18	09016 DERMATOLOGY CLINIC	1,525,096	90.18
90.19	09017 INFUSION/HEM/ONC	3,604	90.19
90.20	09025 IUMG - MH	0	90.20
90.21	09019 OP REHAB CLINIC	253,834	90.21
90.22	09020 EATING DISORDERS CLINIC	2,953,030	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	3,222,448	90.23
90.24	09021 LIFE CARE CLINIC	1,815,538	90.24
91.00	09100 EMERGENCY	74,399,536	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	75,818,352	95.00
101.00	10100 HOME HEALTH AGENCY	86,670,849	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	22,413,632	105.00
106.00	10600 HEART ACQUISITION	3,059,859	106.00
107.00	10700 LIVER ACQUISITION	18,411,493	107.00
108.00	10800 LUNG ACQUISITION	6,452,677	108.00
109.00	10900 PANCREAS ACQUISITION	2,555,607	109.00
110.00	11000 INTestinal ACQUISITION	877,253	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	476,325	112.00
112.01	08601 POST TRANSPLANT EXPENSES	7,223,938	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	27,376,378	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,977,867,335	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,443,379	190.00
191.00	19100 RESEARCH	3,562,472	191.00
191.01	19101 RESEARCH-GCRC	142,536	191.01
191.02	19102 OSA	2,490,007	191.02
191.03	19103 RESEARCH ADMIN	1,250,335	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,657,906	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	30,297,049	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMG	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	18,365,748	192.03
192.04	19204	MHH RADIOLOGY	0	192.04
192.05	19205	IUH TIPTON	243,341	192.05
192.06	19206	BELTWAY SURGERY	44,991	192.06
192.07	19207	RHI	366,617	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209	ARTHRTIS CLINIC - NR	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	192.10
192.11	19211	UNUSED SPACE	21,647	192.11
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,039,753,363	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	191,405	26,019	217,424	217,424 4.00
5.01 00540	NONPATIENT TELEPHONES	0	30,198	0	30,198	0 5.01
5.02 00550	DATA PROCESSING	0	59,067	0	59,067	0 5.02
5.03 00590	PURCHASING, RECEIVING & STORES	0	0	0	0	0 5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,147,403	6,153,363	8,300,766	7,034 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	996,201	306,054	1,302,255	0 6.00
7.00 00700	OPERATION OF PLANT	0	1,038,813	826,703	1,865,516	2,040 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	13,381	0	13,381	0 8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	0 9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0 9.01
9.02 00902	HOUSEKEEPING - RILEY	0	0	0	0	0 9.02
9.03 00903	HOUSEKEEPING - METHODIST	0	0	0	0	0 9.03
9.04 00904	HOUSEKEEPING - SAXONY	0	23,298	296	23,594	179 9.04
9.05 00905	HOUSEKEEPING - MORGAN	0	29,043	18,658	47,701	122 9.05
10.00 01000	DIETARY	0	672,487	669,221	1,341,708	3,701 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	741,760	7,448,568	8,190,328	7,647 13.00
13.01 01851	PARAMEDICAL ADMINISTRATION	0	376,084	7,097	383,181	63 13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	417,988	94,981	512,969	13 14.00
15.00 01500	PHARMACY	0	804,753	1,997,072	2,801,825	11,501 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	150,410	0	150,410	1,542 17.00
18.00 01850	PATIENT TRANSPORTATION	0	43,189	44,938	88,127	720 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	72,679	0	72,679	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,436,890	0	3,436,890	0 22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0 23.00
23.01 02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0 23.01
23.02 02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0 23.02
23.03 02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0 23.03
23.04 02304	PARAMEDICAL EMERGENCY	0	0	0	0	0 23.04
23.05 02312	PARAMEDICAL PASTORAL EDUCATION	0	76,115	0	76,115	128 23.05
23.06 02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0 23.06
23.07 02307	PARAMEDICAL PHARMACY	0	66,847	0	66,847	486 23.07
23.08 02308	PARAMEDICAL MEDICAL ASSISTANT	0	0	0	0	0 23.08
23.09 02309	PARAMEDICAL SURGERY TECHNOLOGY	0	29,793	0	29,793	106 23.09
23.10 02310	PARAMEDICAL PHARMACY TECH	0	33,835	0	33,835	58 23.10
23.11 02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0 23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	13,127,951	4,320,810	17,448,761	31,273 30.00
31.00 03100	INTENSIVE CARE UNIT	0	597,296	793,487	1,390,783	4,012 31.00
32.00 03200	CORONARY CARE UNIT	0	708,848	1,890,301	2,599,149	5,222 32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	0	1,601,393	1,601,492	3,202,885	7,068 32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	217,012	167,158	384,170	628 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.02 03401	UH SURG 61C	0	342,855	40,288	383,143	573 34.02
34.03 03402	UH NS 31C	0	0	0	0	0 34.03
34.04 03403	RH PEDIC	0	568,499	821,774	1,390,273	3,029 34.04
34.05 03404	TRANSPLANT ICU	0	227,261	72,184	299,445	410 34.05
34.06 03407	PEDS CANCER CARE	0	552,982	289,971	842,953	699 34.06
40.00 04000	SUBPROVIDER - I PF	0	343,836	52,222	396,058	927 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	197,323	18,686	216,009	407 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	4,321,164	24,113,635	28,434,799	10,936 50.00
50.01 05001	ENDOSCOPY	0	330,109	1,899,233	2,229,342	763 50.01
51.00 05100	RECOVERY ROOM	0	746,205	548,073	1,294,278	2,442 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	437,749	575,621	1,013,370	2,549 52.00
53.00 05300	ANESTHESIOLOGY	0	125,539	878,771	1,004,310	418 53.00
53.01 05301	PULMONARY FUNCTION TESTING	0	300,720	52,615	353,335	723 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,810,909	24,736,313	28,547,222	9,451 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	969,742	3,128,375	4,098,117	1,450 55.00
56.00 05600	RADIOISOTOPE	0	294,556	1,146,842	1,441,398	330 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	335,666	335,666	182 59.00
60.00 06000	LABORATORY	0	3,804,472	9,919,351	13,723,823	18,358 60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	0	63,585	191,049	254,634	280 60.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	48,068	216,640	860	63.00
65.00	06500	RESPIRATORY THERAPY	0	397,375	2,036,962	5,638	65.00
66.00	06600	PHYSICAL THERAPY	0	894,119	515,085	8,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	60,438	17,608	1,459	67.00
68.00	06800	SPEECH PATHOLOGY	0	285,852	377,661	1,407	68.00
69.00	06900	ELECTROCARDIOLOGY	0	151,810	2,407,043	880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	447,521	837,906	1,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	105,027	94,384	2,968	73.03
74.00	07400	RENAL DIALYSIS	0	576,034	495,328	1,183	74.00
76.00	03020	RH NBN ECMO I C	0	2,050	386,306	433	76.00
76.01	03140	CARDIOLOGY	0	84,357	1,339,125	301	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	41,434	1,084	76.02
76.03	03950	CARDIAC CATH	0	1,025,764	2,296,989	2,775	76.03
76.04	03951	DAY SURGERY	0	375,997	166,041	1,209	76.04
76.05	03480	ONCOLOGY	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	6,265	153,359	551	76.08
77.97	07697	CARDIAC REHABILITATION	0	145,921	122,939	233	77.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	30,096	0	105	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	55	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	291,481	114,762	267	90.01
90.02	09002	IUSCC HEM/ONC	0	1,978,358	993,281	5,699	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	158,854	123	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	86,046	26	249	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	231,490	207,682	629	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	0	708,487	420,000	1,955	90.07
90.08	09008	MOTILITY LAB	0	0	75,975	45	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	214,544	374,177	1,499	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	12,651	147	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	155,982	3,717	239	90.17
90.18	09016	DERMATOLOGY CLINIC	0	116,994	26,709	211	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	3,043	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	48,530	2,396	12	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	459	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	231,620	60,435	311	90.23
90.24	09021	LIFE CARE CLINIC	0	160,760	7,188	292	90.24
91.00	09100	EMERGENCY	0	1,967,979	1,785,863	8,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	8,328,375	8,365	95.00
101.00	10100	HOME HEALTH AGENCY	0	466,286	677,477	7,917	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	143,294	11,835	1,121	105.00
106.00	10600	HEART ACQUISITION	0	6,683	909	191	106.00
107.00	10700	LIVER ACQUISITION	0	79,016	7,804	569	107.00
108.00	10800	LUNG ACQUISITION	0	9,628	1,978	189	108.00
109.00	10900	PANCREAS ACQUISITION	0	11,375	1,236	65	109.00
110.00	11000	INTESTINAL ACQUISITION	0	3,392	270	38	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	79	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	152,373	13,764	1,259	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	14,348	16,329	3,702	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT				
		BLDG & FIXT	MVBLE EQUIP						
		1.00	2.00				2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)		0	56,857,005	119,998,433	176,855,438	212,642	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	335,940	0	335,940	0	0	190.00
191.00	19100	RESEARCH	0	93,393	9,346	102,739	422	191.00	
191.01	19101	RESEARCH-GCRC	0	8,098	47,945	56,043	0	191.01	
191.02	19102	OSA	0	9,960	0	9,960	724	191.02	
191.03	19103	RESEARCH ADMIN	0	0	0	0	174	191.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	530,276	0	530,276	0	192.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	2,903,092	241,516	3,144,608	3,359	192.01	
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	5,538,564	0	5,538,564	0	192.03	
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04	
192.05	19205	IUH TIPTON	0	12,154	0	12,154	38	192.05	
192.06	19206	BELTWAY SURGERY	0	0	41,915	41,915	0	192.06	
192.07	19207	RHI	0	0	0	0	65	192.07	
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08	
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09	
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10	
192.11	19211	UNUSED SPACE	0	7,232	0	7,232	0	192.11	
200.00		Cross Foot Adjustments				0		200.00	
201.00		Negative Cost Centers		0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	66,295,714	120,339,155	186,634,869	217,424	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	30,198					5.01
5.02	00550	DATA PROCESSING	0	59,067				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	0			5.03
5.04	00570	ADMINING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	657	1,286	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	380	743	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	48	94	0	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	34	67	0	0	0	9.05
10.00	01000	DIETARY	894	1,748	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	900	1,761	0	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	7	13	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3	7	0	0	0	14.00
15.00	01500	PHARMACY	1,215	2,377	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	257	502	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	192	375	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	27	54	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	72	141	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	17	33	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	7	13	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,040	7,899	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	435	851	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	609	1,192	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	825	1,614	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	68	134	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	72	141	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	404	790	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	41	80	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	89	174	0	0	0	34.06
40.00	04000	SUBPROVIDER - I PF	120	234	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	51	100	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,602	3,134	0	0	0	50.00
50.01	05001	ENDOSCOPY	86	167	0	0	0	50.01
51.00	05100	RECOVERY ROOM	342	670	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	346	676	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	68	134	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	99	194	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,226	2,398	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	168	328	0	0	0	55.00
56.00	05600	RADIOISOTOPE	41	80	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	24	47	0	0	0	59.00
60.00	06000	LABORATORY	3,318	6,489	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	41	80	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	130	254	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	767	1,500	0	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	1,126	2,203	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	195	382	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	188	368	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	127	248	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253	496	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	356	696	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	151	295	0	151	0	74.00
76.00	03020	RH NBN ECMO I/C	34	67	0	0	0	76.00
76.01	03140	CARDIOLOGY	41	80	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	144	281	0	0	0	76.02
76.03	03950	CARDIAC CATH	301	589	0	0	0	76.03
76.04	03951	DAY SURGERY	175	342	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	45	87	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	34	67	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	14	27	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	7	13	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	55	107	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	798	1,560	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	27	54	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	45	87	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	86	167	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	291	569	0	0	0	90.07
90.08	09008	MOTILITY LAB	3	7	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	247	482	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	24	47	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	48	94	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	34	67	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3	7	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	72	141	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	55	107	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	92	181	0	0	0	90.24
91.00	09100	EMERGENCY	1,181	2,310	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,496	2,927	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,106	2,163	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	140	275	0	0	0	105.00
106.00	10600	HEART ACQUISITION	21	40	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	72	141	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	24	47	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	7	13	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3	7	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	7	13	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	154	301	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	575	1,125	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,579	57,854	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82	161	0	0	0	190.00
191.00	19100	RESEARCH	14	27	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	31	60	0	0	0	191.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE		
			5.01	5.02	5.03	5.04	5.05		
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	479	938	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	3	7	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	10	20	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,198	59,067	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
			ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,309,743					5.06
6.00	00600	MAINTENANCE & REPAIRS	124,348	1,426,603				6.00
7.00	00700	OPERATION OF PLANT	185,867	23,571	2,078,117			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	253	304	450	14,388		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	14,239	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	13,917	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	23,750	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	3,648	529	783	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	2,750	659	976	0	0	9.05
10.00	01000	DIETARY	56,746	15,259	22,601	0	0	10.00
11.00	01100	CAFETERIA	7,930	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	153,507	16,831	24,930	0	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	2,005	8,534	12,640	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	378,122	9,484	14,048	77	0	14.00
15.00	01500	PHARMACY	168,892	18,260	27,047	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,729	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	33,412	3,413	5,055	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	17,452	980	1,452	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	145,068	1,649	2,443	9	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	201,730	77,986	115,510	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	1,907	1,727	2,558	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	6,755	1,517	2,247	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	1,329	676	1,001	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	871	768	1,137	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	758,784	297,885	441,210	7,267	0	30.00
31.00	03100	INTENSIVE CARE UNIT	87,701	13,553	20,074	724	0	31.00
32.00	03200	CORONARY CARE UNIT	97,903	16,084	23,824	80	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	117,259	36,337	53,821	268	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,155	4,924	7,294	71	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UHSURGERY	16,791	7,780	11,523	48	0	34.02
34.03	03402	UHSURGIC	0	0	0	0	0	34.03
34.04	03403	RHPEDIC	49,506	12,900	19,107	128	0	34.04
34.05	03404	TRANSPLANTICU	13,722	5,157	7,638	56	0	34.05
34.06	03407	PEDS CANCER CARE	12,473	12,548	18,585	68	0	34.06
40.00	04000	SUBPROVIDER - IPF	13,802	7,802	11,556	54	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	7,473	4,477	6,632	1	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	423,283	98,051	145,229	1,162	0	50.00
50.01	05001	ENDOSCOPY	29,690	7,490	11,095	28	0	50.01
51.00	05100	RECOVERY ROOM	51,903	16,932	25,079	131	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,909	9,933	14,712	129	0	52.00
53.00	05300	ANESTHESIOLOGY	18,838	2,849	4,219	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	11,563	6,824	10,107	1	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,477	86,472	128,080	768	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,711	22,004	32,592	62	0	55.00
56.00	05600	RADIOISOTOPE	10,527	6,684	9,900	58	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,750	0	0	0	0	59.00
60.00	06000	LABORATORY	170,954	86,326	127,864	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	7,272	1,443	2,137	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	68,488	1,091	1,615	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	135,453	9,017	13,355	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	122,624	20,288	30,050	184		0 66.00
67.00	06700	OCCUPATIONAL THERAPY	20,171	1,371	2,031	0		0 67.00
68.00	06800	SPEECH PATHOLOGY	21,022	6,486	9,607	0		0 68.00
69.00	06900	ELECTROCARDIOLOGY	20,232	3,445	5,102	9		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,199	10,155	15,041	23		0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	183,151	0	0	0		0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	204,205	0	0	0		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,154,530	0	0	0		0 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,183,038	2,383	3,530	0		0 73.03
74.00	07400	RENAL DIALYSIS	26,767	13,071	19,360	100		0 74.00
76.00	03020	RH NBN ECMO I C	6,924	47	69	0		0 76.00
76.01	03140	CARDIOLOGY	13,788	1,914	2,835	0		0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,607	0	0	1		0 76.02
76.03	03950	CARDIAC CATH	51,310	23,275	34,475	293		0 76.03
76.04	03951	DAY SURGERY	20,104	8,532	12,637	0		0 76.04
76.05	03480	ONCOLOGY	0	0	0	0		0 76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0		0 76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0		0 76.07
76.08	03954	ECMO-ADULT	7,563	142	211	0		0 76.08
76.97	07697	CARDIAC REHABILITATION	4,282	3,311	4,904	0		0 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,859	683	1,012	0		0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	76,248	0	0	0		0 78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0 89.00
90.00	09000	CLINIC	0	0	0	0		0 90.00
90.01	09001	AMB SVC-OB & GYN	4,194	6,614	9,796	0		0 90.01
90.02	09002	IUSCC HEM/ONC	103,997	44,890	66,490	58		0 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	2,367	0	0	0		0 90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,632	1,952	2,892	0		0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		0 90.05
90.06	09006	OUTPATIENT SURGERY	9,564	5,253	7,780	0		0 90.06
90.07	09007	AMB SVC-RI LEY CLINICS	11,792	16,076	23,811	103		0 90.07
90.08	09008	MOTILITY LAB	1,030	0	0	0		0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		0 90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		0 90.10
90.11	09023	SLEEP LAB	21,526	4,868	7,211	30		0 90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		0 90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		0 90.13
90.14	09012	INFUSION CLINIC	2,372	0	0	0		0 90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		0 90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0		0 90.16
90.17	09015	PHYSICAL MEDICINE	4,410	3,539	5,242	1		0 90.17
90.18	09016	DERMATOLOGY CLINIC	2,753	2,655	3,932	7		0 90.18
90.19	09017	INFUSION/HEM/ONC	9	0	0	0		0 90.19
90.20	09025	IUMG - MH	0	0	0	0		0 90.20
90.21	09019	OP REHAB CLINIC	320	1,101	1,631	5		0 90.21
90.22	09020	EATING DISORDERS CLINIC	7,627	0	0	0		0 90.22
90.23	09018	GASTROENTEROLOGY CLINIC	6,645	5,256	7,784	89		0 90.23
90.24	09021	LIFE CARE CLINIC	3,522	3,648	5,403	0		0 90.24
91.00	09100	EMERGENCY	160,903	44,655	66,141	2,260		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		0 94.00
95.00	09500	AMBULANCE SERVICES	191,839	0	0	0		0 95.00
101.00	10100	HOME HEALTH AGENCY	209,549	10,580	15,671	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	57,252	3,251	4,816	1		0 105.00
106.00	10600	HEART ACQUISITION	7,864	152	225	0		0 106.00
107.00	10700	LIVER ACQUISITION	47,319	1,793	2,656	0		0 107.00
108.00	10800	LUNG ACQUISITION	16,747	218	324	0		0 108.00
109.00	10900	PANCREAS ACQUISITION	6,584	258	382	0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	2,266	77	114	0		0 110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	1,243	0	0	0		0 112.00
112.01	08601	POST TRANSPLANT EXPENSES	17,795	3,457	5,121	0		0 112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	66,553	326	482	0		0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,206,912	1,212,432	1,760,894	14,354		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,651	7,623	11,291	0		0 190.00
191.00	19100	RESEARCH	8,741	2,119	3,139	0		0 191.00
191.01	19101	RESEARCH-GCRC	253	184	272	14		0 191.01
191.02	19102	OSA	6,177	226	335	0		0 191.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
191.03	19103	RESEARCH ADMIN	3,267	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,992	12,032	17,822	0	0	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	59,630	65,873	97,569	20	0	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	15,536	125,674	186,144	0	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0
192.05	19205	IUH TIPTON	555	276	408	0	0	0
192.06	19206	BELTWAY SURGERY	118	0	0	0	0	0
192.07	19207	RHI	891	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0
192.11	19211	UNUSED SPACE	20	164	243	0	0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	8,309,743	1,426,603	2,078,117	14,388	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY	14,239					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	13,917				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	23,750			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	28,875		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	52,309	9.05
10.00	01000	DIETARY	200	27	399	600	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	61	205	450	0	518	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	162	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93	256	352	1,787	14.00
15.00	01500	PHARMACY	308	118	234	1,290	861	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2	42	71	0	1,403	17.00
18.00	01850	PATIENT TRANSPORTATION	15	0	29	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6	39	27	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	748	1,013	609	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	4	75	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	70	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	31	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	35	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,888	2,959	6,870	5,049	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	625	0	0	31.00
32.00	03200	CORONARY CARE UNIT	258	122	323	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,433	124	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	210	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	321	0	2	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	550	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	214	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	535	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1	152	194	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	191	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,413	884	1,479	4,645	3,743	50.00
50.01	05001	ENDOSCOPY	210	0	98	0	0	50.01
51.00	05100	RECOVERY ROOM	114	233	211	2,156	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	423	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17	85	20	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	55	102	139	55	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,076	728	1,689	1,947	5,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	346	0	556	0	2,694	55.00
56.00	05600	RADIOISOTOPE	116	31	132	159	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	104	89	309	1,304	2,063	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	66	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11	7	30	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	69	95	222	87	243	65.00
66.00	06600	PHYSICAL THERAPY	48	12	691	1,026	1,926	66.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056			Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN		
			9.01	9.02	9.03	9.04	9.05		
67.00	06700	OCCUPATIONAL THERAPY	9	16	23	0	487	67.00	
68.00	06800	SPEECH PATHOLOGY	64	167	35	0	427	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	21	113	0	852	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	56	407	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	110	0	0	73.03	
74.00	07400	RENAL DIALYSIS	425	58	68	0	0	74.00	
76.00	03020	RH NBN ECMO IC	0	2	0	0	0	76.00	
76.01	03140	CARDIOLOGY	19	62	0	0	0	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02	
76.03	03950	CARDIAC CATH	0	47	696	3,686	0	76.03	
76.04	03951	DAY SURGERY	347	0	8	0	0	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08	03954	ECMO-ADULT	0	0	7	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,204	1,679	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	19	11	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	274	0	0	0	0	90.01	
90.02	09002	IUSCC HEM/ONC	1,490	1	273	0	3,990	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	191	0	30	0	0	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	0	685	0	0	0	90.07	
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10	
90.11	09023	SLEEP LAB	0	100	0	763	1,793	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	147	0	0	0	0	90.17	
90.18	09016	DERMATOLOGY CLINIC	110	0	0	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19	
90.20	09025	IUMG - MH	0	0	0	0	0	90.20	
90.21	09019	OP REHAB CLINIC	0	47	0	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	218	0	0	0	0	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	168	0	0	90.24	
91.00	09100	EMERGENCY	0	516	1,015	2,322	10,133	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	9	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	80	8	52	0	0	105.00	
106.00	10600	HEART ACQUISITION	3	0	2	0	0	106.00	
107.00	10700	LIVER ACQUISITION	44	4	29	0	0	107.00	
108.00	10800	LUNG ACQUISITION	5	1	4	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	6	1	4	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	2	0	1	0	0	110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00	
112.01	08601	POST TRANSPLANT EXPENSES	85	8	56	0	0	112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	9	0	2	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,138	12,201	19,432	26,645	39,718	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29	114	41	1,746	0	190.00	
191.00	19100	RESEARCH	6	0	90	0	0	191.00	
191.01	19101	RESEARCH-GCRC	8	0	0	0	0	191.01	
191.02	19102	OSA	0	6	3	0	0	191.02	
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	210	0	12,591	192.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	
			UNIVERSITY	RILEY	METHODIST	SAXONY	MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	114	64	2,823	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,944	1,532	1,151	340	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	144	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	14,239	13,917	23,750	28,875	52,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	13.00	13.01	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00590	PURCHASING, RECEIVING & STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
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	
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01	
9.02	00902	HOUSEKEEPING - RILEY					9.02	
9.03	00903	HOUSEKEEPING - METHODIST					9.03	
9.04	00904	HOUSEKEEPING - SAXONY					9.04	
9.05	00905	HOUSEKEEPING - MORGAN					9.05	
10.00	01000	DIETARY	1,443,883				10.00	
11.00	01100	CAFETERIA	0	7,930			11.00	
13.00	01300	NURSING ADMINISTRATION	0	253	8,397,391		13.00	
13.01	01851	PARAMED ADMINISTRATION	0	2	0	406,607	13.01	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1	0	917,212	14.00	
15.00	01500	PHARMACY	0	342	0	2,366	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	72	0	0	17.00	
18.00	01850	PATIENT TRANSPORTATION	0	54	0	0	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM	0	0	0	0	23.00	
23.01	02301	PARAMED HEALTH SCIENCES	0	0	0	0	23.01	
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	23.02	
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	23.03	
23.04	02304	PARAMED EMERGENCY	0	0	0	0	23.04	
23.05	02312	PARAMED PASTORAL EDUCATION	0	8	0	35,434	23.05	
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	23.06	
23.07	02307	PARAMED PHARMACY	0	20	0	143,201	23.07	
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08	
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	5	0	30,556	23.09	
23.10	02310	PARAMED PHARMACY TECH	0	2	0	18,345	23.10	
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,214,174	1,136	2,600,836	0	16,930	30.00
31.00	03100	INTENSIVE CARE UNIT	36,189	122	334,789	0	2,394	31.00
32.00	03200	CORONARY CARE UNIT	32,654	171	475,898	0	3,758	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	14,326	232	655,744	0	2,323	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,038	19	52,570	0	287	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	4,276	20	52,570	0	421	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	9,278	114	298,820	0	2,060	34.04
34.05	03404	TRANSPLANT ICU	3,129	12	30,435	0	338	34.05
34.06	03407	PEDS CANCER CARE	7,950	25	69,171	0	212	34.06
40.00	04000	SUBPROVIDER - IPF	47,357	34	60,871	0	44	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	14	35,969	0	23	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	451	517,401	0	164,314	50.00
50.01	05001	ENDOSCOPY	0	24	60,871	0	11,802	50.01
51.00	05100	RECOVERY ROOM	860	96	249,017	0	585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,972	97	221,348	0	1,149	52.00
53.00	05300	ANESTHESIOLOGY	0	19	35,969	0	6,273	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	28	13,834	0	353	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	345	166,011	66,915	17,569	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47	19,368	0	240	55.00
56.00	05600	RADIOISOTOPE	0	12	0	0	140	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	7	0	0	5	59.00
60.00	06000	LABORATORY	0	933	27,669	32,789	182,720	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	12	0	0	7,046	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	37	0	0	4,761	63.00
65.00	06500	RESPIRATORY THERAPY	0	216	0	79,367	19,716	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	13.00	13.01	14.00		
66.00	06600	PHYSICAL THERAPY	0	317	16,601	0	1,072	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	55	0	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	0	53	11,067	0	109	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36	11,067	0	34	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	71	2,767	0	180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	201,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	217,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	100	0	0	100	73.03
74.00	07400	RENAL DIALYSIS	0	42	96,840	0	1,401	74.00
76.00	03020	RH NBN ECMO IC	0	10	27,669	0	899	76.00
76.01	03140	CARDIOLOGY	0	12	16,601	0	1,824	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	40	44,270	0	94	76.02
76.03	03950	CARDIAC CATH	1,657	85	146,643	0	9,702	76.03
76.04	03951	DAY SURGERY	0	49	124,508	0	1,252	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	13	16,601	0	1	76.08
76.97	07697	CARDIAC REHABILITATION	0	10	8,301	0	23	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4	8,301	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	2	2,767	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	15	16,601	0	204	90.01
90.02	09002	IUSCC HEM/ONC	0	224	334,789	0	2,280	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	8	2,767	0	23	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	13	2,767	0	10	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	24	19,368	0	11	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,193	82	127,275	0	421	90.07
90.08	09008	MOTILITY LAB	0	1	2,767	0	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	104	69	8,301	0	854	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	7	8,301	0	16	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	13	8,301	0	32	90.17
90.18	09016	DERMATOLOGY CLINIC	0	10	24,902	0	65	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	1	2,767	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	20	2,767	0	6	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	15	19,368	0	6	90.23
90.24	09021	LIFE CARE CLINIC	0	26	11,067	0	18	90.24
91.00	09100	EMERGENCY	46,747	332	625,308	0	5,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	421	118,975	0	2,504	95.00
101.00	10100	HOME HEALTH AGENCY	0	311	199,213	0	19,816	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	39	5,534	0	409	105.00
106.00	10600	HEART ACQUISITION	0	6	2,767	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	20	0	0	205	107.00
108.00	10800	LUNG ACQUISITION	0	7	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	2	0	0	21	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	2	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	43	0	0	302	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	162	232,415	0	244	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,442,904	7,755	8,289,484	406,607	916,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23	0	0	0	190.00
191.00	19100	RESEARCH	0	4	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	979	0	0	0	61	191.01
191.02	19102	OSA	0	9	13,834	0	2	191.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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Cost Center Description			DI ETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	135	94,073	0	161	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	1	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	3	0	0	154	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	1,443,883	7,930	8,397,391	406,607	917,212	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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To 12/31/2023

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	3,036,636					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	49,729				16.00
17.00 01700 SOCIAL SERVICE	7	0	196,188			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	109,411		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	221,920	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	1	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,534	4,564	136,346	10,270		30.00
31.00 03100 INTENSIVE CARE UNIT	1,800	564	11,040	1,268		31.00
32.00 03200 CORONARY CARE UNIT	4,515	543	10,527	1,221		32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	2,694	970	20,136	2,182		32.01
33.00 03300 BURN INTENSIVE CARE UNIT	66	45	1,199	100		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02 03401 UH SURG 61C	514	83	1,683	188		34.02
34.03 03402 UH NS 31C	0	0	0	0		34.03
34.04 03403 RH PEDIC	1,655	328	5,891	738		34.04
34.05 03404 TRANSPLANT ICU	413	68	1,380	154		34.05
34.06 03407 PEDS CANCER CARE	271	51	1,846	114		34.06
40.00 04000 SUBPROVIDER - IPF	8	65	2,921	146		40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0		41.00
43.00 04300 NURSERY	0	44	3,219	99		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,043	5,189	0	11,676		50.00
50.01 05001 ENDOSCOPY	462	453	0	1,019		50.01
51.00 05100 RECOVERY ROOM	632	714	0	1,607		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	890	405	0	912		52.00
53.00 05300 ANESTHESIOLOGY	6,453	425	0	956		53.00
53.01 05301 PULMONARY FUNCTION TESTING	3	130	0	293		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,859	3,214	0	7,231		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	15	914	0	2,057		55.00
56.00 05600 RADIOISOTOPE	122	436	0	980		56.00
59.00 05900 CARDIAC CATHETERIZATION	67	17	0	37		59.00
60.00 06000 LABORATORY	8,104	2,514	0	5,657		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	96	0	216		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	208	881	0	1,982		63.00
65.00 06500 RESPIRATORY THERAPY	4	784	0	1,764		65.00
66.00 06600 PHYSICAL THERAPY	0	515	0	1,159		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	108	0	243		67.00
68.00 06800 SPEECH PATHOLOGY	0	126	0	283		68.00
69.00 06900 ELECTROCARDIOLOGY	87	517	0	1,164		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	391	0	880		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,928	0	4,339		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,358	0	7,556		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,780,619	6,901	0	13,049		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	1,924	0	4,329		73.03
74.00 07400 RENAL DIALYSIS	138	181	0	408		74.00
76.00 03020 RH NBN ECMO I C	67	35	0	79		76.00
76.01 03140 CARDIOLOGY	112	305	0	687		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	64	0	0	0		76.02
76.03 03950 CARDIAC CATH	2,007	928	0	2,088		76.03
76.04 03951 DAY SURGERY	999	121	0	272		76.04
76.05 03480 ONCOLOGY	0	0	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0		76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0		76.07
76.08 03954 ECMO-ADULT	0	37	0	84		76.08
76.97 07697 CARDIAC REHABILITATION	1	32	0	72		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	40	0	90		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	185,203	163	0	366		78.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	5	26	0	58		90.01
90.02 09002 IUSCC HEM/ONC	5,441	643	0	1,447		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	3	20	0	45		90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	5	0	11		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	2	120	0	269		90.06
90.07 09007 AMB SVC-RILEY CLINICS	704	129	0	290		90.07
90.08 09008 MOTILITY LAB	0	5	0	11		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0		90.10
90.11 09023 SLEEP LAB	7	183	0	412		90.11
90.12 09024 OP CARE ADULTS	0	0	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0		90.13
90.14 09012 INFUSION CLINIC	222	42	0	94		90.14
90.15 09013 NEUROLOGY UH	0	0	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	0	5	0	12		90.17
90.18 09016 DERMATOLOGY CLINIC	0	22	0	49		90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0		90.19
90.20 09025 IUMG - MH	0	0	0	0		90.20
90.21 09019 OP REHAB CLINIC	0	0	0	0		90.21
90.22 09020 EATING DISORDERS CLINIC	0	12	0	27		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	8	0	18		90.23
90.24 09021 LIFE CARE CLINIC	0	4	0	9		90.24
91.00 09100 EMERGENCY	7,091	3,347	0	7,531		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	491	1,935	0	4,354		95.00
101.00 10100 HOME HEALTH AGENCY	2,529	1,625	0	3,655		101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	112	0	251		105.00
106.00 10600 HEART ACQUISITION	0	27	0	61		106.00
107.00 10700 LIVER ACQUISITION	1,364	100	0	226		107.00
108.00 10800 LUNG ACQUISITION	0	39	0	87		108.00
109.00 10900 PANCREAS ACQUISITION	0	12	0	26		109.00
110.00 11000 INTESTINAL ACQUISITION	0	4	0	9		110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0		112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0		112.01
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	23	197	0	444		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3,036,519	49,729	196,188	109,411		0118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

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Part II
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
191.01 19101 RESEARCH-GCRC	76	0	0	0		191.01
191.02 19102 OSA	0	0	0	0		191.02
191.03 19103 RESEARCH ADMIN	0	0	0	0		191.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	41	0	0	0		192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0		192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0		192.04
192.05 19205 IUH TIPTON	0	0	0	0		192.05
192.06 19206 BELTWAY SURGERY	0	0	0	0		192.06
192.07 19207 RHI	0	0	0	0		192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	0	0	0		192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0		192.09
192.10 19212 CARDIO PHYSICIANS	0	0	0	0		192.10
192.11 19211 UNUSED SPACE	0	0	0	0		192.11
200.00 Cross Foot Adjustments					221,920	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,036,636	49,729	196,188	109,411	221,920	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
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	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,834,486	0	0	0	22.00
23.00	02300	PARAMED PRGM		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					0 23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT					32.01
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
34.02	03401	UH SURG 61C					34.02
34.03	03402	UH NS 31C					34.03
34.04	03403	RH PEDIC					34.04
34.05	03404	TRANSPLANT ICU					34.05
34.06	03407	PEDS CANCER CARE					34.06
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	ENDOSCOPY					50.01
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
53.01	05301	PULMONARY FUNCTION TESTING					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	TRANSPLANT IMMUNOLOGY					60.01
60.02	06002	BONE MARROW TRANSPLANT LAB					60.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
		22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY					73.03
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	RH NBN ECMO IC					76.00
76.01	03140	CARDIOLOGY					76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.02
76.03	03950	CARDIAC CATH					76.03
76.04	03951	DAY SURGERY					76.04
76.05	03480	ONCOLOGY					76.05
76.06	03952	DAY SURGERY-RILEY					76.06
76.07	03953	CARDIOLOGY-RILEY					76.07
76.08	03954	ECMO-ADULT					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY					78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	AMB SVC-OB & GYN					90.01
90.02	09002	IUSCC HEM/ONC					90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY					90.03
90.04	09004	AMB SVC-PSYCH ADULT					90.04
90.05	09005	AMB SVC-DIABETES ADULT					90.05
90.06	09006	OUTPATIENT SURGERY					90.06
90.07	09007	AMB SVC-RILEY CLINICS					90.07
90.08	09008	MOTILITY LAB					90.08
90.09	09009	AMB SVC - PSYCH CHILD					90.09
90.10	09010	CLINICAL GERIATRICS					90.10
90.11	09023	SLEEP LAB					90.11
90.12	09024	OP CARE ADULTS					90.12
90.13	09011	PEDIATRIC CLINIC					90.13
90.14	09012	INFUSION CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDICS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	OP REHAB CLINIC					90.21
90.22	09020	EATING DISORDERS CLINIC					90.22
90.23	09018	GASTROENTEROLOGY CLINIC					90.23
90.24	09021	LIFE CARE CLINIC					90.24
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
102.00	10200	OPIOID TREATMENT PROGRAM					102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP					112.00
112.01	08601	POST TRANSPLANT EXPENSES					112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
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To 12/31/2023

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Part II
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00					
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00 19100 RESEARCH						191.00
191.01 19101 RESEARCH-GCRC						191.01
191.02 19102 OSA						191.02
191.03 19103 RESEARCH ADMIN						191.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST						192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC						192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES						192.03
192.04 19204 MHH RADIOLOGY						192.04
192.05 19205 IUH TIPTON						192.05
192.06 19206 BELTWAY SURGERY						192.06
192.07 19207 RHI						192.07
192.08 19208 NON-ALLOWABLE ADVERTISING						192.08
192.09 19209 ARTHRITIS CLINIC - NR						192.09
192.10 19212 CARDIO PHYSICIANS						192.10
192.11 19211 UNUSED SPACE						192.11
200.00 Cross Foot Adjustments	3,834,486	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	3,834,486	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		118,037				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0			23.06
23.07	02307	PARAMED PHARMACY				221,356		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURGIC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PEDIC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - I PF						40.00
41.00	04100	SUBPROVIDER - I RF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY						78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	INFUSION CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
102.00	10200	OPIOID TREATMENT PROGRAM						102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
191.03	19103	RESEARCH ADMIN						191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	IUH TIPTON						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	0	118,037	0	221,356	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	118,037	0	221,356	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm
Cost Center	Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.09	23.10	23.11	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
9.04	00904	HOUSEKEEPING - SAXONY				9.04
9.05	00905	HOUSEKEEPING - MORGAN				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01851	PARAMED ADMINISTRATION				13.01
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	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED PRGM				23.00
23.01	02301	PARAMED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				23.03
23.04	02304	PARAMED EMERGENCY				23.04
23.05	02312	PARAMED PASTORAL EDUCATION				23.05
23.06	02306	PARAMED LAB SCIENCE PRO				23.06
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	63,551			23.09
23.10	02310	PARAMED PHARMACY TECH		55,074		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			23,010,675	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,906,924	0 31.00
32.00	03200	CORONARY CARE UNIT			3,274,053	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			4,120,241	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT			471,978	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
34.02	03401	UH SURG 61C			480,149	0 34.02
34.03	03402	UH NS 31C			0	0 34.03
34.04	03403	RH PEDIC			1,795,571	0 34.04
34.05	03404	TRANSPLANT ICU			362,692	0 34.05
34.06	03407	PEDS CANCER CARE			967,764	0 34.06
40.00	04000	SUBPROVIDER - I PF			542,346	0 40.00
41.00	04100	SUBPROVIDER - I RF			0	0 41.00
43.00	04300	NURSERY			274,709	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			29,833,434	0 50.00
50.01	05001	ENDOSCOPY			2,353,600	0 50.01
51.00	05100	RECOVERY ROOM			1,648,002	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,323,820	0 52.00
53.00	05300	ANESTHESIOLOGY			1,081,053	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING			397,838	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC			29,319,797	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			4,215,669	0 55.00
56.00	05600	RADIOISOTOPE			1,471,146	0 56.00
59.00	05900	CARDIAC CATHETERIZATION			339,802	0 59.00
60.00	06000	LABORATORY			14,401,387	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY			273,323	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB			0	0 60.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm			
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				345,063	0	63.00
65.00	06500	RESPIRATORY THERAPY				2,702,634	0	65.00
66.00	06600	PHYSICAL THERAPY				1,617,291	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				104,601	0	67.00
68.00	06800	SPEECH PATHOLOGY				714,922	0	68.00
69.00	06900	ELECTROCARDIOLOGY				2,602,787	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,349,223	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				390,847	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				433,079	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				3,955,099	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				1,398,945	0	73.03
74.00	07400	RENAL DIALYSIS				1,231,850	0	74.00
76.00	03020	RH NBN ECMO IC				424,691	0	76.00
76.01	03140	CARDIOLOGY				1,462,063	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				102,019	0	76.02
76.03	03950	CARDIAC CATH				3,603,310	0	76.03
76.04	03951	DAY SURGERY				712,593	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				184,966	0	76.08
76.97	07697	CARDIAC REHABILITATION				293,013	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				51,261	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY				264,824	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				444,459	0	90.01
90.02	09002	IUSCC HEM/ONC				3,545,709	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY				164,291	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				97,825	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				482,666	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				1,318,863	0	90.07
90.08	09008	MOTILITY LAB				79,849	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				0	0	90.10
90.11	09023	SLEEP LAB				637,170	0	90.11
90.12	09024	OP CARE ADULTS				0	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	INFUSION CLINIC				23,923	0	90.14
90.15	09013	NEUROLOGY UH				0	0	90.15
90.16	09014	ORTHOPEDECS UH				0	0	90.16
90.17	09015	PHYSICAL MEDICINE				181,782	0	90.17
90.18	09016	DERMATOLOGY CLINIC				178,520	0	90.18
90.19	09017	INFUSION/HEM/ONC				3,052	0	90.19
90.20	09025	IUMG - MH				0	0	90.20
90.21	09019	OP REHAB CLINIC				56,820	0	90.21
90.22	09020	EATING DISORDERS CLINIC				11,131	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				331,935	0	90.23
90.24	09021	LIFE CARE CLINIC				192,378	0	90.24
91.00	09100	EMERGENCY				4,749,358	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				8,661,682	0	95.00
101.00	10100	HOME HEALTH AGENCY				1,617,907	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM				0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				228,470	0	105.00
106.00	10600	HEART ACQUISITION				18,951	0	106.00
107.00	10700	LIVER ACQUISITION				141,362	0	107.00
108.00	10800	LUNG ACQUISITION				29,298	0	108.00
109.00	10900	PANCREAS ACQUISITION				19,992	0	109.00
110.00	11000	INTESTINAL ACQUISITION				6,184	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				1,344	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				194,718	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				336,936	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	171,567,629	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.09	23.10	23.11	24.00	25.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			358,701	0
191.00	19100	RESEARCH			117,301	0
191.01	19101	RESEARCH-GCRC			57,890	0
191.02	19102	OSA			31,367	0
191.03	19103	RESEARCH ADMIN			3,441	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			578,923	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST			3,469,887	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC			0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES			5,870,885	0
192.04	19204	MHH RADIOLOGY			0	0
192.05	19205	IUH TIPTON			13,586	0
192.06	19206	BELTWAY SURGERY			42,033	0
192.07	19207	RHI			1,143	0
192.08	19208	NON-ALLOWABLE ADVERTISING			0	0
192.09	19209	ARTHRITIS CLINIC - NR			0	0
192.10	19212	CARDIO PHYSICIANS			0	0
192.11	19211	UNUSED SPACE			7,659	0
200.00		Cross Foot Adjustments	63,551	55,074	0	4,514,424
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	63,551	55,074	0	186,634,869

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMED ED ADMINISTRATION		13.01
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 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 PARAMED ED HEALTH SCIENCES		23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMED RESPIRATORY THERAPY		23.03
23.04	02304 PARAMED EMERGENCY		23.04
23.05	02312 PARAMED PASTORAL EDUCATION		23.05
23.06	02306 PARAMED LAB SCIENCE PRO		23.06
23.07	02307 PARAMED PHARMACY		23.07
23.08	02308 PARAMED MEDICAL ASSIST		23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMED PHARMACY TECH		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	23,010,675	30.00
31.00	03100 INTENSIVE CARE UNIT	1,906,924	31.00
32.00	03200 CORONARY CARE UNIT	3,274,053	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	4,120,241	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	471,978	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 61C	480,149	34.02
34.03	03402 UH NS 31C	0	34.03
34.04	03403 RH PEDIC	1,795,571	34.04
34.05	03404 TRANSPLANT ICU	362,692	34.05
34.06	03407 PEDS CANCER CARE	967,764	34.06
40.00	04000 SUBPROVIDER - I PF	542,346	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
43.00	04300 NURSERY	274,709	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	29,833,434	50.00
50.01	05001 ENDOSCOPY	2,353,600	50.01
51.00	05100 RECOVERY ROOM	1,648,002	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,323,820	52.00
53.00	05300 ANESTHESIOLOGY	1,081,053	53.00
53.01	05301 PULMONARY FUNCTION TESTING	397,838	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,319,797	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,215,669	55.00
56.00	05600 RADIOISOTOPE	1,471,146	56.00
59.00	05900 CARDIAC CATHETERIZATION	339,802	59.00
60.00	06000 LABORATORY	14,401,387	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	273,323	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	345,063	63.00
65.00	06500 RESPIRATORY THERAPY	2,702,634	65.00
66.00	06600 PHYSICAL THERAPY	1,617,291	66.00
67.00	06700 OCCUPATIONAL THERAPY	104,601	67.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	714,922	68.00
69.00	06900 ELECTROCARDIOLOGY	2,602,787	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,349,223	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	390,847	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	433,079	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,955,099	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1,398,945	73.03
74.00	07400 RENAL DIALYSIS	1,231,850	74.00
76.00	03020 RH NBN ECMO IC	424,691	76.00
76.01	03140 CARDIOLOGY	1,462,063	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,019	76.02
76.03	03950 CARDIAC CATH	3,603,310	76.03
76.04	03951 DAY SURGERY	712,593	76.04
76.05	03480 ONCOLOGY	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	76.07
76.08	03954 ECMO-ADULT	184,966	76.08
76.97	07697 CARDIAC REHABILITATION	293,013	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	51,261	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	264,824	78.00
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	444,459	90.01
90.02	09002 IUSCC HEM/ONC	3,545,709	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	164,291	90.03
90.04	09004 AMB SVC-PSYCH ADULT	97,825	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	482,666	90.06
90.07	09007 AMB SVC-RILEY CLINICS	1,318,863	90.07
90.08	09008 MOTILITY LAB	79,849	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	90.10
90.11	09023 SLEEP LAB	637,170	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	23,923	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	181,782	90.17
90.18	09016 DERMATOLOGY CLINIC	178,520	90.18
90.19	09017 INFUSION/HEM/ONC	3,052	90.19
90.20	09025 IUMG - MH	0	90.20
90.21	09019 OP REHAB CLINIC	56,820	90.21
90.22	09020 EATING DISORDERS CLINIC	11,131	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	331,935	90.23
90.24	09021 LIFE CARE CLINIC	192,378	90.24
91.00	09100 EMERGENCY	4,749,358	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	8,661,682	95.00
101.00	10100 HOME HEALTH AGENCY	1,617,907	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	228,470	105.00
106.00	10600 HEART ACQUISITION	18,951	106.00
107.00	10700 LIVER ACQUISITION	141,362	107.00
108.00	10800 LUNG ACQUISITION	29,298	108.00
109.00	10900 PANCREAS ACQUISITION	19,992	109.00
110.00	11000 INTestinal ACQUISITION	6,184	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	1,344	112.00
112.01	08601 POST TRANSPLANT EXPENSES	194,718	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	336,936	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	171,567,629	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	358,701	190.00
191.00	19100 RESEARCH	117,301	191.00
191.01	19101 RESEARCH-GCRC	57,890	191.01
191.02	19102 OSA	31,367	191.02
191.03	19103 RESEARCH ADMIN	3,441	191.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	578,923	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	3,469,887	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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

Worksheet B
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Cost Center Description			Total	
			26.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	5,870,885	192.03
192.04	19204	MHH RADIOLOGY	0	192.04
192.05	19205	IUH TIPTON	13,586	192.05
192.06	19206	BELTWAY SURGERY	42,033	192.06
192.07	19207	RHI	1,143	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209	ARTHRTIS CLINIC - NR	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	192.10
192.11	19211	UNUSED SPACE	7,659	192.11
200.00		Cross Foot Adjustments	4,514,424	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	186,634,869	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,592,779					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		70,313,651				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,260	15,203	728,559,618			4.00
5.01 00540	NONPATIENT TELEPHONES	2,092	0	0	8,820		5.01
5.02 00550	DATA PROCESSING	4,092	0	0	0	8,820	5.02
5.03 00590	PURCHASING, RECEIVING & STORES	0	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	148,766	3,595,384	23,605,503	192	192	5.06
6.00 00600	MAINTENANCE & REPAIRS	69,014	178,826	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	71,966	483,039	6,845,263	111	111	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	927	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02 00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03 00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04 00904	HOUSEKEEPING - SAXONY	1,614	173	599,691	14	14	9.04
9.05 00905	HOUSEKEEPING - MORGAN	2,012	10,902	409,053	10	10	9.05
10.00 01000	DIETARY	46,588	391,023	12,418,383	261	261	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	51,387	4,352,167	25,660,382	263	263	13.00
13.01 01851	PARAMED ADMINISTRATION	26,054	4,147	210,083	2	2	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	28,957	55,497	42,087	1	1	14.00
15.00 01500	PHARMACY	55,751	1,166,881	38,592,326	355	355	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	10,420	0	5,173,054	75	75	17.00
18.00 01850	PATIENT TRANSPORTATION	2,992	26,257	2,415,963	56	56	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,035	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	238,098	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301	PARAMED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312	PARAMED PASTORAL EDUCATION	5,273	0	428,858	8	8	23.05
23.06 02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307	PARAMED PHARMACY	4,631	0	1,629,990	21	21	23.07
23.08 02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309	PARAMED SURGERY TECHNOLOGY	2,064	0	355,434	5	5	23.09
23.10 02310	PARAMED PHARMACY TECH	2,344	0	194,591	2	2	23.10
23.11 02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	909,467	2,524,631	103,887,116	1,179	1,179	30.00
31.00 03100	INTENSIVE CARE UNIT	41,379	463,631	13,463,604	127	127	31.00
32.00 03200	CORONARY CARE UNIT	49,107	1,104,495	17,523,428	178	178	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	110,940	935,745	23,718,576	241	241	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	15,034	97,670	2,106,123	20	20	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401	UH SURG 61C	23,752	23,540	1,923,276	21	21	34.02
34.03 03402	UH NS 31C	0	0	0	0	0	34.03
34.04 03403	RH PED 1C	39,384	480,159	10,163,156	118	118	34.04
34.05 03404	TRANSPLANT ICU	15,744	42,177	1,375,441	12	12	34.05
34.06 03407	PEDS CANCER CARE	38,309	169,429	2,346,306	26	26	34.06
40.00 04000	SUBPROVIDER - IPF	23,820	30,513	3,109,703	35	35	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300	NURSERY	13,670	10,918	1,366,616	15	15	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	299,358	14,089,495	36,699,634	468	468	50.00
50.01 05001	ENDOSCOPY	22,869	1,109,714	2,561,722	25	25	50.01
51.00 05100	RECOVERY ROOM	51,695	320,237	8,193,490	100	100	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	30,326	336,333	8,554,951	101	101	52.00
53.00 05300	ANESTHESIOLOGY	8,697	513,462	1,401,853	20	20	53.00
53.01 05301	PULMONARY FUNCTION TESTING	20,833	30,743	2,426,968	29	29	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	264,009	14,453,312	31,713,362	358	358	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	67,181	1,827,896	4,864,791	49	49	55.00
56.00 05600	RADIO SOTOPE	20,406	670,095	1,107,746	12	12	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	196,128	611,594	7	7	59.00
60.00 06000	LABORATORY	263,563	5,795,835	61,603,297	969	969	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
60.01	06001	TRANSPLANT IMMUNOLOGY	4,405	111,629	939,663	12	12	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,330	126,582	2,886,125	38	38	63.00
65.00	06500	RESPIRATORY THERAPY	27,529	1,190,188	18,919,050	224	224	65.00
66.00	06600	PHYSICAL THERAPY	61,942	300,962	27,668,638	329	329	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,187	10,288	4,894,815	57	57	67.00
68.00	06800	SPEECH PATHOLOGY	19,803	220,666	4,721,731	55	55	68.00
69.00	06900	ELECTROCARDIOLOGY	10,517	1,406,425	2,954,230	37	37	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,003	489,585	6,297,250	74	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,276	55,148	9,958,439	104	104	73.03
74.00	07400	RENAL DIALYSIS	39,906	289,418	3,970,873	44	44	74.00
76.00	03020	RH NBN ECMO I C	142	225,717	1,453,609	10	10	76.00
76.01	03140	CARDIOLOGY	5,844	782,445	1,011,161	12	12	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	24,210	3,636,194	42	42	76.02
76.03	03950	CARDIAC CATH	71,062	1,342,121	9,313,497	88	88	76.03
76.04	03951	DAY SURGERY	26,048	97,017	4,055,711	51	51	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	434	89,607	1,848,468	13	13	76.08
76.97	07697	CARDIAC REHABILITATION	10,109	71,833	781,473	10	10	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,085	0	351,117	4	4	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	183,557	2	2	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,193	67,055	896,139	16	16	90.01
90.02	09002	IUSCC HEM/ONC	137,055	580,370	19,125,506	233	233	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	92,818	412,444	8	8	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,961	15	835,539	13	13	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	16,037	121,348	2,109,278	25	25	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,082	245,404	6,561,988	85	85	90.07
90.08	09008	MOTILITY LAB	0	44,392	150,978	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	14,863	218,630	5,031,231	72	72	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	7,392	494,885	7	7	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,806	2,172	803,032	14	14	90.17
90.18	09016	DERMATOLOGY CLINIC	8,105	15,606	709,264	10	10	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,778	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3,362	1,400	41,247	1	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	1,541,102	21	21	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,046	35,312	1,043,483	16	16	90.23
90.24	09021	LIFE CARE CLINIC	11,137	4,200	979,115	27	27	90.24
91.00	09100	EMERGENCY	136,336	1,043,472	27,775,803	345	345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,866,234	28,071,839	437	437	95.00
101.00	10100	HOME HEALTH AGENCY	32,303	395,847	26,566,847	323	323	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,927	6,915	3,761,748	41	41	105.00
106.00	10600	HEART ACQUISITION	463	531	640,302	6	6	106.00
107.00	10700	LIVER ACQUISITION	5,474	4,560	1,910,663	21	21	107.00
108.00	10800	LUNG ACQUISITION	667	1,156	635,847	7	7	108.00
109.00	10900	PANCREAS ACQUISITION	788	722	219,176	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	235	158	129,133	1	1	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	264,613	2	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,556	8,042	4,225,161	45	45	112.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)					118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00
191.01	19101	RESEARCH-GCRC					191.01
191.02	19102	OSA					191.02
191.03	19103	RESEARCH ADMIN					191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST					192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC					192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES					192.03
192.04	19204	MHH RADIOLOGY					192.04
192.05	19205	IUH TIPTON					192.05
192.06	19206	BELTWAY SURGERY					192.06
192.07	19207	RHI					192.07
192.08	19208	NON-ALLOWABLE ADVERTISING					192.08
192.09	19209	ARTHRITIS CLINIC - NR					192.09
192.10	19212	CARDIO PHYSICIANS					192.10
192.11	19211	UNUSED SPACE					192.11
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)					202.00
203.00		Unit cost multiplier (Wkst. B, Part I)					203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					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: 15-0056

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

Worksheet B-1

Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	262,205,871					5.03
5.04	00570	ADMITTING	0	6,094,605,999				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0		12,758,048,336			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	139,653			-217,410,975	2,962,723,473	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,504				44,330,996	6.00
7.00	00700	OPERATION OF PLANT	27,438				66,262,883	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0				90,105	8.00
9.00	00900	HOUSEKEEPING	0				0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0				5,076,430	9.01
9.02	00902	HOUSEKEEPING - RILEY	0				4,961,638	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0				8,466,988	9.03
9.04	00904	HOUSEKEEPING - SAXONY	506				1,300,586	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0				980,254	9.05
10.00	01000	DIETARY	1				20,230,188	10.00
11.00	01100	CAFETERIA	0				2,827,147	11.00
13.00	01300	NURSING ADMINISTRATION	12,454				54,726,375	13.00
13.01	01851	PARAMED ED ADMINISTRATION	112				714,740	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0				134,802,717	14.00
15.00	01500	PHARMACY	675,864				60,210,951	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0				17,728,845	16.00
17.00	01700	SOCIAL SERVICE	0				11,911,578	17.00
18.00	01850	PATIENT TRANSPORTATION	4,370				6,221,787	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0				51,717,711	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				71,918,141	22.00
23.00	02300	PARAMED ED PRGM	0				0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0				0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0				0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0				0	23.03
23.04	02304	PARAMED EMERGENCY	0				0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0				679,859	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0				0	23.06
23.07	02307	PARAMED PHARMACY	0				2,408,256	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0				0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	1,131				473,658	23.09
23.10	02310	PARAMED PHARMACY TECH	529				310,528	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0				0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,837,081	1,004,441,566	1,141,113,702		270,511,054	30.00
31.00	03100	INTENSIVE CARE UNIT	684,042	140,912,339	140,912,339		31,265,874	31.00
32.00	03200	CORONARY CARE UNIT	1,073,804	135,697,621	135,697,621		34,902,859	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	663,639	242,389,430	242,389,430		41,803,511	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	82,001	11,156,099	11,156,099		3,620,414	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.02	03401	UH SURG 61C	120,399	20,874,106	20,874,106		5,986,105	34.02
34.03	03402	UH NS 31C	0	0	0		0	34.03
34.04	03403	RH PED IC	588,504	82,008,146	82,008,146		17,649,275	34.04
34.05	03404	TRANSPLANT ICU	96,460	17,061,810	17,061,810		4,891,985	34.05
34.06	03407	PEDS CANCER CARE	60,432	12,625,093	12,625,093		4,446,531	34.06
40.00	04000	SUBPROVIDER - I PF	12,514	16,206,761	16,206,761		4,920,343	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0		0	41.00
43.00	04300	NURSERY	6,550	11,045,885	11,045,885		2,664,055	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,946,928	753,643,840	1,297,297,808		150,902,890	50.00
50.01	05001	ENDOSCOPY	3,371,906	44,725,347	113,273,609		10,584,848	50.01
51.00	05100	RECOVERY ROOM	167,181	53,847,279	178,521,125		18,503,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	328,198	70,493,670	101,306,873		17,436,380	52.00
53.00	05300	ANESTHESIOLOGY	1,792,390	65,519,975	106,181,219		6,715,964	53.00
53.01	05301	PULMONARY FUNCTION TESTING	100,941	4,128,882	32,568,545		4,122,396	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,019,587	326,391,337	803,457,668		95,357,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	68,518	13,913,620	228,540,664		12,374,573	55.00
56.00	05600	RADIOISOTOPE	39,992	6,685,813	108,887,960		3,752,843	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,297	2,132,564	4,164,962		1,336,731	59.00
60.00	06000	LABORATORY	52,205,693	282,532,441	628,551,342		60,946,081	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,013,269	4,200,749	23,960,769		2,592,574	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		0	60.02

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet B-1 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,360,329	175,963,857	220,255,884	0	24,416,232	63.00
65.00	06500	RESPIRATORY THERAPY	5,633,235	191,330,931	196,011,753	0	48,289,934	65.00
66.00	06600	PHYSICAL THERAPY	306,415	52,789,356	128,743,990	0	43,716,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,473	23,657,720	26,983,343	0	7,191,229	67.00
68.00	06800	SPEECH PATHOLOGY	31,273	15,359,373	31,401,581	0	7,494,387	68.00
69.00	06900	ELECTROCARDIOLOGY	9,603	72,638,032	129,302,163	0	7,212,877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,328	60,896,822	97,740,684	0	11,122,713	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,551,028	283,983,911	482,124,870	0	65,294,478	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,238,129	562,500,547	839,526,757	0	72,800,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	828,227,749	2,051,353,558	0	411,597,154	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	28,584	0	480,968,477	0	422,008,003	73.03
74.00	07400	RENAL DIALYSIS	400,361	28,081,388	45,280,617	0	9,542,616	74.00
76.00	03020	RH NBN ECMO IC	256,888	8,736,536	8,736,536	0	2,468,612	76.00
76.01	03140	CARDIOLOGY	521,166	12,051,528	76,352,239	0	4,915,591	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	26,965	0	916	0	5,207,556	76.02
76.03	03950	CARDIAC CATH	2,772,084	84,505,856	231,983,942	0	18,292,407	76.03
76.04	03951	DAY SURGERY	357,714	926,345	30,227,223	0	7,167,374	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	173	9,298,913	9,298,913	0	2,696,124	76.08
76.97	07697	CARDIAC REHABILITATION	6,703	395,087	7,975,367	0	1,526,493	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	9,845,580	10,005,859	0	3,871,438	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	37,456,692	40,693,837	0	27,182,761	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	58,398	3,616	6,406,726	0	1,495,333	90.01
90.02	09002	IUSCC HEM/ONC	651,408	870,125	160,817,209	0	37,075,717	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	6,567	8,397	5,040,448	0	843,798	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,886	0	1,274,540	0	1,294,929	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,003	13,530,802	29,938,933	0	3,409,620	90.06
90.07	09007	AMB SVC-RILEY CLINICS	120,409	552,083	32,208,080	0	4,203,976	90.07
90.08	09008	MOTILITY LAB	1,335	4,348	1,192,929	0	367,254	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	244,045	1,097,831	45,766,620	0	7,674,181	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	4,616	3,665	10,474,208	0	845,786	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	9,255	3,626	1,285,641	0	1,572,198	90.17
90.18	09016	DERMATOLOGY CLINIC	18,665	1,438	5,456,488	0	981,591	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	3,358	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	467	0	113,981	90.21
90.22	09020	EATING DISORDERS CLINIC	1,574	1,286	2,967,413	0	2,718,934	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,683	6,027	2,054,277	0	2,369,086	90.23
90.24	09021	LIFE CARE CLINIC	5,052	1,247	1,040,992	0	1,255,752	90.24
91.00	09100	EMERGENCY	1,556,170	223,845,974	836,780,511	0	57,362,917	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	715,488	0	483,730,512	0	68,391,940	95.00
101.00	10100	HOME HEALTH AGENCY	5,661,839	0	406,159,960	0	74,705,464	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	116,753	27,905,848	27,905,848	0	20,410,608	105.00
106.00	10600	HEART ACQUISITION	0	6,745,747	6,745,747	0	2,803,474	106.00
107.00	10700	LIVER ACQUISITION	58,444	25,102,545	25,102,545	0	16,869,610	107.00
108.00	10800	LUNG ACQUISITION	0	9,677,852	9,677,852	0	5,970,300	108.00
109.00	10900	PANCREAS ACQUISITION	5,986	2,908,466	2,908,466	0	2,347,303	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,054,480	1,054,480	0	807,695	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	443,074	112.00
112.01	08601	POST TRANSPLANT EXPENSES	86,326	0	0	0	6,344,166	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	69,772	0	49,285,399	0	23,726,628	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	262,098,013	6,094,605,999	12,758,048,336	-217,410,975	2,926,063,455	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMINISTRATIVE (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	588,764	190.00
191.00	19100	RESEARCH	0	0	0	3,116,147	191.00
191.01	19101	RESEARCH-GCRC	17,369	0	0	90,154	191.01
191.02	19102	OSA	558	0	0	2,202,123	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	1,164,856	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,136,109	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	45,896	0	0	21,258,491	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,538,564	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	197,950	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	41,915	192.06
192.07	19207	RHI	44,035	0	0	317,713	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	7,232	192.11
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)	21,460,153	16,724,717	59,646,878	217,410,975	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.081845	0.002744	0.004675	0.073382	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	8,309,743	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.002805	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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600	4,355,555					6.00
7.00	00700	71,966	4,283,589				7.00
8.00	00800	927	927	4,419,688			8.00
9.00	00900	0	0	0	4,282,662		9.00
9.01	00901	0	0	0	0	1,047,954	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	1,614	1,614	0	1,614	0	9.04
9.05	00905	2,012	2,012	0	2,012	0	9.05
10.00	01000	46,588	46,588	0	46,588	14,722	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	51,387	51,387	0	51,387	4,489	13.00
13.01	01851	26,054	26,054	0	26,054	0	13.01
14.00	01400	28,957	28,957	23,635	28,957	0	14.00
15.00	01500	55,751	55,751	0	55,751	22,663	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	10,420	10,420	0	10,420	146	17.00
18.00	01850	2,992	2,992	0	2,992	1,099	18.00
21.00	02100	5,035	5,035	2,690	5,035	440	21.00
22.00	02200	238,098	238,098	0	238,098	55,041	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	5,273	5,273	0	5,273	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	4,631	4,631	0	4,631	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	2,064	2,064	0	2,064	0	23.09
23.10	02310	2,344	2,344	0	2,344	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	909,467	909,467	2,231,878	909,467	212,543	30.00
31.00	03100	41,379	41,379	222,469	41,379	0	31.00
32.00	03200	49,107	49,107	24,684	49,107	18,990	32.00
32.01	03201	110,940	110,940	82,460	110,940	0	32.01
33.00	03300	15,034	15,034	21,920	15,034	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	23,752	23,752	14,619	23,752	23,604	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	39,384	39,384	39,304	39,384	0	34.04
34.05	03404	15,744	15,744	17,198	15,744	15,744	34.05
34.06	03407	38,309	38,309	21,000	38,309	0	34.06
40.00	04000	23,820	23,820	16,509	23,820	55	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	13,670	13,670	210	13,670	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	299,358	299,358	357,040	299,358	104,011	50.00
50.01	05001	22,869	22,869	8,481	22,869	15,427	50.01
51.00	05100	51,695	51,695	40,108	51,695	8,375	51.00
52.00	05200	30,326	30,326	39,515	30,326	0	52.00
53.00	05300	8,697	8,697	0	8,697	1,271	53.00
53.01	05301	20,833	20,833	409	20,833	4,029	53.01
54.00	05400	264,009	264,009	235,797	264,009	79,189	54.00
55.00	05500	67,181	67,181	19,017	67,181	25,432	55.00
56.00	05600	20,406	20,406	17,930	20,406	8,549	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	263,563	263,563	0	263,563	7,631	60.00
60.01	06001	4,405	4,405	0	4,405	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	3,330	3,330	0	3,330	842	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)		
		6.00	7.00	8.00	9.00	9.01		
65.00	06500	RESPIRATORY THERAPY	27,529	27,529	24	27,529	5,063	65.00
66.00	06600	PHYSICAL THERAPY	61,942	61,942	56,626	61,942	3,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,187	4,187	0	4,187	642	67.00
68.00	06800	SPEECH PATHOLOGY	19,803	19,803	36	19,803	4,701	68.00
69.00	06900	ELECTROCARDIOLOGY	10,517	10,517	2,852	10,517	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,003	31,003	6,919	31,003	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,276	7,276	0	7,276	0	73.03
74.00	07400	RENAL DIALYSIS	39,906	39,906	30,751	39,906	31,286	74.00
76.00	03020	RH NBN ECMO IC	142	142	0	142	0	76.00
76.01	03140	CARDIOLOGY	5,844	5,844	0	5,844	1,430	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	357	0	0	76.02
76.03	03950	CARDIAC CATH	71,062	71,062	89,938	71,062	0	76.03
76.04	03951	DAY SURGERY	26,048	26,048	0	26,048	25,523	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	434	434	0	434	0	76.08
76.97	07697	CARDIAC REHABILITATION	10,109	10,109	0	10,109	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,085	2,085	0	2,085	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,193	20,193	0	20,193	20,193	90.01
90.02	09002	IUSCC HEM/ONC	137,055	137,055	17,857	137,055	109,674	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,961	5,961	0	5,961	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	16,037	16,037	0	16,037	14,076	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,082	49,082	31,659	49,082	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	14,863	14,863	9,210	14,863	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,806	10,806	423	10,806	10,806	90.17
90.18	09016	DERMATOLOGY CLINIC	8,105	8,105	2,133	8,105	8,105	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3,362	3,362	1,594	3,362	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,046	16,046	27,427	16,046	16,046	90.23
90.24	09021	LIFE CARE CLINIC	11,137	11,137	0	11,137	0	90.24
91.00	09100	EMERGENCY	136,336	136,336	694,182	136,336	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	32,303	32,303	0	32,303	699	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,927	9,927	307	9,927	5,880	105.00
106.00	10600	HEART ACQUISITION	463	463	0	463	220	106.00
107.00	10700	LIVER ACQUISITION	5,474	5,474	0	5,474	3,242	107.00
108.00	10800	LUNG ACQUISITION	667	667	0	667	395	108.00
109.00	10900	PANCREAS ACQUISITION	788	788	0	788	467	109.00
110.00	11000	INTESTINAL ACQUISITION	235	235	0	235	139	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,556	10,556	0	10,556	6,253	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	994	994	0	994	667	116.00
118.00	00000	SUBTOTALS (SUM OF LINES 1 through 117)	3,701,668	3,629,702	4,409,168	3,628,775	893,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,273	23,273	0	23,273	2,143	190.00
191.00	19100	RESEARCH	6,470	6,470	0	6,470	439	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
191.01	19101	RESEARCH-GCRC	561	561	4,289	561	561	191.01
191.02	19102	OSA	690	690	0	690	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,736	36,736	0	36,736	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	201,118	201,118	6,231	201,118	8,414	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	383,696	383,696	0	383,696	143,093	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	842	842	0	842	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	501	501	0	501	0	192.11
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)	47,584,093	71,911,609	122,406	0	5,448,949	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.924921	16.787700	0.027696	0.000000	5.199607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,426,603	2,078,117	14,388	0	14,239	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.327536	0.485135	0.003255	0.000000	0.013587	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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (METHODIST SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902	997,197					9.02
9.03	00903	0	1,573,485				9.03
9.04	00904	0	0	169,371			9.04
9.05	00905	0	0	0	94,855		9.05
10.00	01000	1,903	26,443	3,521	0	582,839	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	14,656	29,796	0	940	0	13.00
13.01	01851	0	10,702	0	0	0	13.01
14.00	01400	6,687	16,967	2,063	3,241	0	14.00
15.00	01500	8,482	15,477	7,568	1,561	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	3,010	4,718	0	2,545	0	17.00
18.00	01850	0	1,893	0	0	0	18.00
21.00	02100	2,794	1,801	0	0	0	21.00
22.00	02200	72,605	40,356	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	290	4,983	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	4,631	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	2,064	0	0	0	23.09
23.10	02310	0	2,344	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	212,166	455,140	29,618	0	490,115	30.00
31.00	03100	0	41,379	0	0	14,608	31.00
32.00	03200	8,723	21,394	0	0	13,181	32.00
32.01	03201	102,652	8,241	0	0	5,783	32.01
33.00	03300	15,034	0	0	0	4,052	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	148	0	0	1,726	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	39,384	0	0	0	3,745	34.04
34.05	03404	0	0	0	0	1,263	34.05
34.06	03407	38,309	0	0	0	3,209	34.06
40.00	04000	10,919	12,847	0	0	19,116	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	13,670	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	63,359	97,955	27,244	6,788	0	50.00
50.01	05001	0	6,475	0	0	0	50.01
51.00	05100	16,669	14,005	12,646	0	347	51.00
52.00	05200	30,326	0	0	0	3,218	52.00
53.00	05300	6,080	1,347	0	0	0	53.00
53.01	05301	7,289	9,193	322	0	0	53.01
54.00	05400	52,198	111,919	11,421	9,283	0	54.00
55.00	05500	0	36,864	0	4,885	0	55.00
56.00	05600	2,193	8,733	931	0	0	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,378	20,481	7,649	3,741	0	60.00
60.01	06001	0	4,405	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	518	1,970	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)		
		9.02	9.03	9.04	9.05	10.00		
65.00	06500	RESPIRATORY THERAPY	6,812	14,701	513	440	0	65.00
66.00	06600	PHYSICAL THERAPY	847	45,791	6,016	3,492	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138	1,524	0	883	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,977	2,350	0	774	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,504	7,467	0	1,545	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,040	26,962	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	7,276	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	4,133	4,487	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	142	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	4,414	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	3,332	46,108	21,621	0	669	76.03
76.04	03951	DAY SURGERY	0	525	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	434	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	7,065	3,044	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,384	702	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	61	18,094	0	7,235	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,961	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	1,961	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,082	0	0	0	2,500	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	7,138	0	4,473	3,252	42	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3,362	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	11,137	0	0	0	90.24
91.00	09100	EMERGENCY	36,980	67,252	13,620	18,374	18,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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	571	3,476	0	0	0	105.00
106.00	10600	HEART ACQUISITION	21	130	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	315	1,916	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	38	233	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	45	276	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	14	82	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	607	3,696	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	135	0	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	874,251	1,287,347	156,291	72,023	582,444	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,157	2,730	10,243	0	0	190.00
191.00	19100	RESEARCH	0	5,990	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (METHODIST SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
191.01	19101	RESEARCH-GCRC	0	0	0	0	395	191.01
191.02	19102	OSA	465	226	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,904	0	22,832	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	4,554	187,060	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	109,770	76,228	1,995	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	842	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,325,733	9,088,313	1,440,754	1,107,945	23,275,190	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.340703	5.775913	8.506498	11.680407	39.934167	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,917	23,750	28,875	52,309	1,443,883	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013956	0.015094	0.170484	0.551463	2.477327	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: 15-0056

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

Worksheet B-1
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000						10.00
11.00	01100	8,232					11.00
13.00	01300	263	3,035				13.00
13.01	01851	2	0	5,184,010			13.01
14.00	01400	1	0	0	262,024,203		14.00
15.00	01500	355	0	0	675,864	436,536,987	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	75	0	0	0	986	17.00
18.00	01850	56	0	0	4,370	0	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	8	0	451,757	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	21	0	1,825,748	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	5	0	389,566	1,131	0	23.09
23.10	02310	2	0	233,886	529	129	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,179	940	0	4,837,081	1,658,192	30.00
31.00	03100	127	121	0	684,042	258,784	31.00
32.00	03200	178	172	0	1,073,804	649,045	32.00
32.01	03201	241	237	0	663,639	387,250	32.01
33.00	03300	20	19	0	82,001	9,523	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	21	19	0	120,399	73,956	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	118	108	0	588,504	237,956	34.04
34.05	03404	12	11	0	96,460	59,405	34.05
34.06	03407	26	25	0	60,432	39,030	34.06
40.00	04000	35	22	0	12,514	1,131	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	15	13	0	6,550	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	468	187	0	46,946,928	581,165	50.00
50.01	05001	25	22	0	3,371,906	66,365	50.01
51.00	05100	100	90	0	167,181	90,928	51.00
52.00	05200	101	80	0	328,198	127,952	52.00
53.00	05300	20	13	0	1,792,390	927,637	53.00
53.01	05301	29	5	0	100,941	467	53.01
54.00	05400	358	60	853,129	5,019,587	698,595	54.00
55.00	05500	49	7	0	68,518	2,183	55.00
56.00	05600	12	0	0	39,992	17,599	56.00
59.00	05900	7	0	0	1,297	9,684	59.00
60.00	06000	969	10	418,039	52,205,693	1,164,996	60.00
60.01	06001	12	0	0	2,013,269	0	60.01
60.02	06002	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	38	0	0	1,360,329	29,972	63.00
65.00	06500 RESPIRATORY THERAPY	224	0	1,011,885	5,633,235	581	65.00
66.00	06600 PHYSICAL THERAPY	329	6	0	306,415	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	57	0	0	1,473	0	67.00
68.00	06800 SPEECH PATHOLOGY	55	4	0	31,273	22	68.00
69.00	06900 ELECTROCARDIOLOGY	37	4	0	9,603	12,498	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	74	1	0	51,328	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,551,028	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,238,129	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	399,731,418	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	104	0	0	28,584	0	73.03
74.00	07400 RENAL DIALYSIS	44	35	0	400,361	19,838	74.00
76.00	03020 RH NBN ECMO IC	10	10	0	256,888	9,561	76.00
76.01	03140 CARDIOLOGY	12	6	0	521,166	16,112	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	42	16	0	26,965	9,271	76.02
76.03	03950 CARDIAC CATH	88	53	0	2,772,084	288,548	76.03
76.04	03951 DAY SURGERY	51	45	0	357,714	143,597	76.04
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	13	6	0	173	0	76.08
76.97	07697 CARDIAC REHABILITATION	10	3	0	6,703	213	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4	3	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	2	1	0	0	26,624,950	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	16	6	0	58,398	723	90.01
90.02	09002 IUSCC HEM/ONC	233	121	0	651,408	782,252	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	8	1	0	6,567	471	90.03
90.04	09004 AMB SVC-PSYCH ADULT	13	1	0	2,886	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	25	7	0	3,003	269	90.06
90.07	09007 AMB SVC-RILEY CLINICS	85	46	0	120,409	101,137	90.07
90.08	09008 MOTILITY LAB	1	1	0	1,335	39	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023 SLEEP LAB	72	3	0	244,045	972	90.11
90.12	09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	7	3	0	4,616	31,877	90.14
90.15	09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	14	3	0	9,255	23	90.17
90.18	09016 DERMATOLOGY CLINIC	10	9	0	18,665	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	1	1	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	21	1	0	1,574	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	16	7	0	1,683	13	90.23
90.24	09021 LIFE CARE CLINIC	27	4	0	5,052	24	90.24
91.00	09100 EMERGENCY	345	226	0	1,556,170	1,019,463	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	437	43	0	715,488	70,553	95.00
101.00	10100 HOME HEALTH AGENCY	323	72	0	5,661,839	363,504	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	41	2	0	116,753	0	105.00
106.00	10600 HEART ACQUISITION	6	1	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	21	0	0	58,444	196,086	107.00
108.00	10800 LUNG ACQUISITION	7	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	2	0	0	5,986	0	109.00
110.00	11000 INTESTINAL ACQUISITION	1	0	0	0	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	2	0	0	0	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	45	0	0	86,326	0	112.01
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	168	84	0	69,772	3,270	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,051	2,996	5,184,010	261,916,345	436,520,215	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24	0	0	0	190.00
191.00	19100	RESEARCH	4	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	17,369	191.01
191.02	19102	OSA	9	5	0	558	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	140	34	0	45,896	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	1	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	3	0	0	44,035	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
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)	3,034,609	60,548,019	1,551,765	145,687,426	67,016,152
203.00		Unit cost multiplier (Wkst. B, Part I)	368.635690	19,949.923888	0.299337	0.556008	0.153518
204.00		Cost to be allocated (per Wkst. B, Part II)	7,930	8,397,391	406,607	917,212	3,036,636
205.00		Unit cost multiplier (Wkst. B, Part II)	0.963314	2,766.850412	0.078435	0.003500	0.006956
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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			(GROSS CHARGES)			
	16.00	17.00	18.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMINISTRATION						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	12,758,048,336					16.00
17.00 01700 SOCIAL SERVICE	0	343,726				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	12,758,048,336			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	64,913		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	64,913	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0		23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0		23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0		23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0		23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10 02310 PARAMED PHARMACY TECH	0	0	0	0		23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,141,113,702	238,884	1,141,113,702	29,679	29,679	30.00
31.00 03100 INTENSIVE CARE UNIT	140,912,339	19,342	140,912,339	2,249	2,249	31.00
32.00 03200 CORONARY CARE UNIT	135,697,621	18,443	135,697,621	699	699	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	242,389,430	35,278	242,389,430	960	960	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	11,156,099	2,100	11,156,099	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	20,874,106	2,948	20,874,106	99	99	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PED IC	82,008,146	10,321	82,008,146	801	801	34.04
34.05 03404 TRANSPLANT ICU	17,061,810	2,418	17,061,810	73	73	34.05
34.06 03407 PEDS CANCER CARE	12,625,093	3,235	12,625,093	0	0	34.06
40.00 04000 SUBPROVIDER - I PF	16,206,761	5,118	16,206,761	163	163	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	11,045,885	5,639	11,045,885	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,297,297,808	0	1,297,297,808	4,688	4,688	50.00
50.01 05001 ENDOSCOPY	113,273,609	0	113,273,609	0	0	50.01
51.00 05100 RECOVERY ROOM	178,521,125	0	178,521,125	195	195	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	101,306,873	0	101,306,873	0	0	52.00
53.00 05300 ANESTHESIOLOGY	106,181,219	0	106,181,219	4,392	4,392	53.00
53.01 05301 PULMONARY FUNCTION TESTING	32,568,545	0	32,568,545	272	272	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	803,457,668	0	803,457,668	3,005	3,005	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	228,540,664	0	228,540,664	403	403	55.00
56.00 05600 RADIO SOTOPE	108,887,960	0	108,887,960	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	4,164,962	0	4,164,962	98	98	59.00
60.00 06000 LABORATORY	628,551,342	0	628,551,342	2,162	2,162	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	
60.01 06001 TRANSPLANT IMMUNOLOGY	23,960,769	0	23,960,769	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	220,255,884	0	220,255,884	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	196,011,753	0	196,011,753	17	17	65.00
66.00 06600 PHYSICAL THERAPY	128,743,990	0	128,743,990	38	38	66.00
67.00 06700 OCCUPATIONAL THERAPY	26,983,343	0	26,983,343	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	31,401,581	0	31,401,581	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	129,302,163	0	129,302,163	647	647	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	97,740,684	0	97,740,684	1,106	1,106	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	482,124,870	0	482,124,870	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	839,526,757	0	839,526,757	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,051,353,558	0	2,051,353,558	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	480,968,477	0	480,968,477	0	0	73.03
74.00 07400 RENAL DIALYSIS	45,280,617	0	45,280,617	218	218	74.00
76.00 03020 RH NBN ECMO IC	8,736,536	0	8,736,536	0	0	76.00
76.01 03140 CARDIOLOGY	76,352,239	0	76,352,239	973	973	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	916	0	916	0	0	76.02
76.03 03950 CARDIAC CATH	231,983,942	0	231,983,942	0	0	76.03
76.04 03951 DAY SURGERY	30,227,223	0	30,227,223	0	0	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	9,298,913	0	9,298,913	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	7,975,367	0	7,975,367	0	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	10,005,859	0	10,005,859	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	40,693,837	0	40,693,837	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	6,406,726	0	6,406,726	544	544	90.01
90.02 09002 IUSCC HEM/ONC	160,817,209	0	160,817,209	242	242	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	5,040,448	0	5,040,448	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	1,274,540	0	1,274,540	118	118	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	29,938,933	0	29,938,933	0	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	32,208,080	0	32,208,080	229	229	90.07
90.08 09008 MOTILITY LAB	1,192,929	0	1,192,929	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11 09023 SLEEP LAB	45,766,620	0	45,766,620	17	17	90.11
90.12 09024 OP CARE ADULTS	0	0	0	222	222	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 INFUSION CLINIC	10,474,208	0	10,474,208	157	157	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	1,285,641	0	1,285,641	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	5,456,488	0	5,456,488	111	111	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	824	824	90.19
90.20 09025 IUMG - MH	0	0	0	54	54	90.20
90.21 09019 OP REHAB CLINIC	467	0	467	89	89	90.21
90.22 09020 EATING DISORDERS CLINIC	2,967,413	0	2,967,413	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	2,054,277	0	2,054,277	0	0	90.23
90.24 09021 LIFE CARE CLINIC	1,040,992	0	1,040,992	0	0	90.24
91.00 09100 EMERGENCY	836,780,511	0	836,780,511	6,053	6,053	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	483,730,512	0	483,730,512	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	406,159,960	0	406,159,960	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	27,905,848	0	27,905,848	0	0	105.00
106.00 10600 HEART ACQUISITION	6,745,747	0	6,745,747	0	0	106.00
107.00 10700 LIVER ACQUISITION	25,102,545	0	25,102,545	79	79	107.00
108.00 10800 LUNG ACQUISITION	9,677,852	0	9,677,852	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	2,908,466	0	2,908,466	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	1,054,480	0	1,054,480	0	0	110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
				PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	18.00	21.00	22.00	
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	49,285,399	0	49,285,399		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,758,048,336	343,726	12,758,048,336	61,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	3,170	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	67	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
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)	19,029,823	13,176,051	6,800,992	55,680,080	84,701,005
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001492	38.333007	0.000533	857.764700	1,304.838861
204.00		Cost to be allocated (per Wkst. B, Part II)	49,729	196,188	109,411	221,920	3,834,486
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000004	0.570769	0.000009	3.418730	59.071157
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: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM	0					23.00
23.01	02301	PARAMED HEALTH SCIENCES		0				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			100			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				100		23.03
23.04	02304	PARAMED EMERGENCY					0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
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
34.02	03401	UH SURG 61C	0	0	0	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
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To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHOD (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
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								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
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
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	100	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ED ADMINISTRATION					13.01
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	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM					23.00
23.01	02301	PARAMED ED HEALTH SCIENCES					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION	343,726				23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100			23.06
23.07	02307	PARAMED PHARMACY			436,535,872		23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH				100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	238,884	0	1,658,192	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,342	0	258,784	0	31.00
32.00	03200	CORONARY CARE UNIT	18,443	0	649,045	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	35,278	0	387,250	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,100	0	9,523	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	2,948	0	73,956	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	10,321	0	237,956	0	34.04
34.05	03404	TRANSPLANT ICU	2,418	0	59,405	0	34.05
34.06	03407	PEDS CANCER CARE	3,235	0	39,030	0	34.06
40.00	04000	SUBPROVIDER - I PF	5,118	0	1,131	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	5,639	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	581,165	0	100
50.01	05001	ENDOSCOPY	0	0	66,365	0	0
51.00	05100	RECOVERY ROOM	0	0	90,928	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	127,952	0	0
53.00	05300	ANESTHESIOLOGY	0	0	927,637	0	0
53.01	05301	PULMONARY FUNCTION TESTING	0	0	467	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	698,595	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,183	0	0
56.00	05600	RADIOISOTOPE	0	0	17,599	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,684	0	0
60.00	06000	LABORATORY	0	100	1,164,996	0	0
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	29,972	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	581	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	22	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,498	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	399,731,418	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	19,838	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	9,561	0	76.00
76.01	03140	CARDIOLOGY	0	0	16,112	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	9,271	0	76.02
76.03	03950	CARDIAC CATH	0	0	288,548	0	76.03
76.04	03951	DAY SURGERY	0	0	143,597	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	213	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	26,624,950	0	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	723	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	782,252	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	471	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	269	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	101,137	0	90.07
90.08	09008	MOTILITY LAB	0	0	39	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	972	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	31,877	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	23	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	13	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	24	0	90.24
91.00	09100	EMERGENCY	0	0	1,019,463	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	70,553	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	363,504	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	196,086	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
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	3,270	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	343,726	100	436,519,100	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	10,878	0	191.01
191.02	19102	OSA	0	0	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	5,894	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	192.04
192.05	19205	IUH TIPTON	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	192.11
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)	1,044,384	0	3,294,316	0	696,620
203.00		Unit cost multiplier (Wkst. B, Part I)	3.038420	0.000000	0.007546	0.000000	6,966.200000
204.00		Cost to be allocated (per Wkst. B, Part II)	118,037	0	221,356	0	63,551
205.00		Unit cost multiplier (Wkst. B, Part II)	0.343404	0.000000	0.000507	0.000000	635.510000
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.10	23.11	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00590	PURCHASING, RECEIVING & STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902	HOUSEKEEPING - RILEY		9.02
9.03	00903	HOUSEKEEPING - METHODIST		9.03
9.04	00904	HOUSEKEEPING - SAXONY		9.04
9.05	00905	HOUSEKEEPING - MORGAN		9.05
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
13.01	01851	PARAMED ED ADMINISTRATION		13.01
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	PATIENT TRANSPORTATION		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY		23.03
23.04	02304	PARAMED EMERGENCY		23.04
23.05	02312	PARAMED PASTORAL EDUCATION		23.05
23.06	02306	PARAMED LAB SCIENCE PRO		23.06
23.07	02307	PARAMED PHARMACY		23.07
23.08	02308	PARAMED MEDICAL ASSIST		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310	PARAMED PHARMACY TECH	100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 61C	0	34.02
34.03	03402	UH NS 31C	0	34.03
34.04	03403	RH PEDIC	0	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
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
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)	
			23.10	23.11	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RH NBN ECMO I C	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	76.03
76.04	03951	DAY SURGERY	0	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	90.24
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)		
		23.10	23.11		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	191.01
191.02	19102	OSA	0	0	191.02
191.03	19103	RESEARCH ADMIN	0	0	191.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	192.04
192.05	19205	IUH TIPTON	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
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)	482,874	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,828.740000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,074	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	550.740000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	374,656,410		374,656,410	0	374,656,410	30.00
31.00	03100 INTENSIVE CARE UNIT	39,503,793		39,503,793	0	39,503,793	31.00
32.00	03200 CORONARY CARE UNIT	44,857,327		44,857,327	0	44,857,327	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	55,973,304		55,973,304	0	55,973,304	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	5,088,450		5,088,450	0	5,088,450	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401 UH SURG 61C	7,906,403		7,906,403	0	7,906,403	34.02
34.03	03402 UH NS 31C	0		0	0	0	34.03
34.04	03403 RH PEDIC	23,553,520		23,553,520	0	23,553,520	34.04
34.05	03404 TRANSPLANT ICU	6,241,713		6,241,713	0	6,241,713	34.05
34.06	03407 PEDS CANCER CARE	6,875,420		6,875,420	0	6,875,420	34.06
40.00	04000 SUBPROVIDER - I PF	7,541,664		7,541,664	0	7,541,664	40.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
43.00	04300 NURSERY	3,835,576		3,835,576	0	3,835,576	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	205,461,624		205,461,624	0	205,461,624	50.00
50.01	05001 ENDOSCOPY	14,676,182		14,676,182	0	14,676,182	50.01
51.00	05100 RECOVERY ROOM	23,931,593		23,931,593	0	23,931,593	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,889,336		21,889,336	0	21,889,336	52.00
53.00	05300 ANESTHESIOLOGY	9,124,403		9,124,403	0	9,124,403	53.00
53.01	05301 PULMONARY FUNCTION TESTING	5,350,559		5,350,559	0	5,350,559	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	117,334,907		117,334,907	0	117,334,907	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	16,206,105		16,206,105	0	16,206,105	55.00
56.00	05600 RADIOISOTOPE	4,958,752		4,958,752	0	4,958,752	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,448,118		1,448,118	0	1,448,118	59.00
60.00	06000 LABORATORY	104,192,328		104,192,328	0	104,192,328	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	4,102,677		4,102,677	0	4,102,677	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	27,539,957		27,539,957	0	27,539,957	63.00
65.00	06500 RESPIRATORY THERAPY	56,668,180	0	56,668,180	0	56,668,180	65.00
66.00	06600 PHYSICAL THERAPY	49,693,466	0	49,693,466	0	49,693,466	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,939,973	0	7,939,973	0	7,939,973	67.00
68.00	06800 SPEECH PATHOLOGY	8,885,211	0	8,885,211	0	8,885,211	68.00
69.00	06900 ELECTROCARDIOLOGY	8,465,540		8,465,540	0	8,465,540	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,249,285		13,249,285	0	13,249,285	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	103,061,052		103,061,052	0	103,061,052	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	114,447,244		114,447,244	0	114,447,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	510,816,029		510,816,029	0	510,816,029	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	454,248,052		454,248,052	0	454,248,052	73.03
74.00	07400 RENAL DIALYSIS	12,592,249		12,592,249	0	12,592,249	74.00
76.00	03020 RH NBN ECMOIC	3,019,706		3,019,706	0	3,019,706	76.00
76.01	03140 RADIOLOGY	6,040,373		6,040,373	0	6,040,373	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,940,876		5,940,876	0	5,940,876	76.02
76.03	03950 CARDIAC CATH	25,248,620		25,248,620	0	25,248,620	76.03
76.04	03951 DAY SURGERY	9,750,708		9,750,708	0	9,750,708	76.04
76.05	03480 ONCOLOGY	0		0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954 ECMO-ADULT	3,051,923		3,051,923	0	3,051,923	76.08
76.97	07697 CARDIAC REHABILITATION	2,097,758		2,097,758	0	2,097,758	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,306,346		4,306,346	0	4,306,346	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	33,568,899		33,568,899	0	33,568,899	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	2,440,819		2,440,819	0	2,440,819	90.01
90.02	09002 IUSCC HEM/ONC	47,668,329		47,668,329	0	47,668,329	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	942,551		942,551	0	942,551	90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,618,505		1,618,505	0	1,618,505	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	4,399,973		4,399,973	0	4,399,973	90.06
90.07	09007 AMB SVC-RILEY CLINICS	7,332,995		7,332,995	0	7,332,995	90.07
90.08	09008 MOTILITY LAB	417,687		417,687	0	417,687	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0		0	0	0	90.10
90.11	09023 SLEEP LAB	9,080,227		9,080,227	0	9,080,227	90.11
90.12	09024 OP CARE ADULTS	0		0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012 INFUSION CLINIC	999,194		999,194	0	999,194	90.14

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.15	09013	NEUROLOGY UH	0		0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,115,995		2,115,995	0	2,115,995	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,525,096		1,525,096	0	1,525,096	0	90.18
90.19	09017	INFUSION/HEM/ONC	3,604		3,604	0	3,604	0	90.19
90.20	09025	LUNG - MH	0		0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	253,834		253,834	0	253,834	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2,953,030		2,953,030	0	2,953,030	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,222,448		3,222,448	0	3,222,448	0	90.23
90.24	09021	LIFE CARE CLINIC	1,815,538		1,815,538	0	1,815,538	0	90.24
91.00	09100	EMERGENCY	74,399,536		74,399,536	1,942,600	76,342,136	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	27,750,090		27,750,090	0	27,750,090	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	75,818,352		75,818,352	0	75,818,352	0	95.00
101.00	10100	HOME HEALTH AGENCY	86,670,849		86,670,849	0	86,670,849	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	22,413,632		22,413,632	0	22,413,632	0	105.00
106.00	10600	HEART ACQUISITION	3,059,859		3,059,859	0	3,059,859	0	106.00
107.00	10700	LIVER ACQUISITION	18,411,493		18,411,493	0	18,411,493	0	107.00
108.00	10800	LUNG ACQUISITION	6,452,677		6,452,677	0	6,452,677	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,555,607		2,555,607	0	2,555,607	0	109.00
110.00	11000	INTESTINAL ACQUISITION	877,253		877,253	0	877,253	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	476,325		476,325	0	476,325	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7,223,938		7,223,938	0	7,223,938	0	112.01
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	27,376,378		27,376,378	0	27,376,378	0	116.00
200.00		Subtotal (see instructions)	3,005,617,425	0	3,005,617,425	1,942,600	3,007,560,025	0	200.00
201.00		Less Observation Beds	27,750,090		27,750,090	0	27,750,090	0	201.00
202.00		Total (see instructions)	2,977,867,335	0	2,977,867,335	1,942,600	2,979,809,935	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:

From 01/01/2023
To 12/31/2023

Worksheet C

Part I
Date/Time Prepared:
5/24/2024 12:26 pm

				Title XVIII		Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
				9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,000,597,159		1,000,597,159		30.00	
31.00	03100	INTENSIVE CARE UNIT	140,912,339		140,912,339		31.00	
32.00	03200	CORONARY CARE UNIT	135,697,621		135,697,621		32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	242,389,430		242,389,430		32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	11,156,099		11,156,099		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00	
34.02	03401	UH SURG 61C	20,874,106		20,874,106		34.02	
34.03	03402	UH NS 31C	0		0		34.03	
34.04	03403	RH PED IC	82,008,146		82,008,146		34.04	
34.05	03404	TRANSPLANT ICU	17,061,810		17,061,810		34.05	
34.06	03407	PEDS CANCER CARE	12,625,093		12,625,093		34.06	
40.00	04000	SUBPROVIDER - I/PF	16,206,761		16,206,761		40.00	
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00	
43.00	04300	NURSERY	11,045,885		11,045,885		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	753,643,840	543,653,968	1,297,297,808	0.158377	50.00	
50.01	05001	ENDOSCOPY	44,725,347	68,548,262	113,273,609	0.129564	50.01	
51.00	05100	RECOVERY ROOM	53,847,279	124,673,846	178,521,125	0.134055	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,493,670	30,813,203	101,306,873	0.216070	52.00	
53.00	05300	ANESTHESIOLOGY	65,519,975	40,661,244	106,181,219	0.085932	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	4,128,882	28,439,663	32,568,545	0.164286	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,391,337	477,066,331	803,457,668	0.146037	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	13,913,620	214,627,044	228,540,664	0.070911	55.00	
56.00	05600	RADIOISOTOPE	6,685,813	102,202,147	108,887,960	0.045540	56.00	
59.00	05900	CARDIAC CATHETERIZATION	2,132,564	2,032,398	4,164,962	0.347691	59.00	
60.00	06000	LABORATORY	282,532,441	346,018,901	628,551,342	0.165766	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	4,200,749	19,760,020	23,960,769	0.171225	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	60.02	
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	175,963,857	44,292,027	220,255,884	0.125036	63.00	
65.00	06500	RESPIRATORY THERAPY	191,330,931	4,680,822	196,011,753	0.289106	65.00	
66.00	06600	PHYSICAL THERAPY	52,789,356	75,954,634	128,743,990	0.385987	66.00	
67.00	06700	OCCUPATIONAL THERAPY	23,657,720	3,325,623	26,983,343	0.294255	67.00	
68.00	06800	SPEECH PATHOLOGY	15,359,373	16,042,208	31,401,581	0.282954	68.00	
69.00	06900	ELECTROCARDIOLOGY	72,638,032	56,664,131	129,302,163	0.065471	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	60,896,822	36,843,862	97,740,684	0.135555	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	283,983,911	198,140,959	482,124,870	0.213764	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	562,500,547	277,026,210	839,526,757	0.136324	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	828,227,749	1,223,125,809	2,051,353,558	0.249014	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	480,968,477	480,968,477	0.944445	73.03	
74.00	07400	RENAL DIALYSIS	28,081,388	17,199,229	45,280,617	0.278094	74.00	
76.00	03020	RH NBN ECMO IC	8,736,536	0	8,736,536	0.345641	76.00	
76.01	03140	CARDIOLOGY	12,051,528	64,300,711	76,352,239	0.079112	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	916	916	6,485.672489	0.000000	76.02
76.03	03950	CARDIAC CATH	84,505,856	147,478,086	231,983,942	0.108838	76.03	
76.04	03951	DAY SURGERY	926,345	29,300,878	30,227,223	0.322580	76.04	
76.05	03480	ONCOLOGY	0	0	0	0.000000	76.05	
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0.000000	76.06	
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0.000000	76.07	
76.08	03954	ECMO-ADULT	9,298,913	0	9,298,913	0.328202	76.08	
76.97	07697	CARDIAC REHABILITATION	395,087	7,580,280	7,975,367	0.263030	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	9,845,580	160,279	10,005,859	0.430382	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	37,456,692	3,237,145	40,693,837	0.824914	78.00	
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00	
90.00	09000	CLINIC	0	0	0	0.000000	90.00	
90.01	09001	AMB SVC-OB & GYN	3,616	6,403,110	6,406,726	0.380978	90.01	
90.02	09002	I USCC HEM/ONC	870,125	159,947,084	160,817,209	0.296413	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	8,397	5,032,051	5,040,448	0.186997	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	0	1,274,540	1,274,540	1.269874	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	90.05	
90.06	09006	OUTPATIENT SURGERY	13,530,802	16,408,131	29,938,933	0.146965	90.06	
90.07	09007	AMB SVC-RI LEY CLINICS	552,083	31,655,997	32,208,080	0.227676	90.07	
90.08	09008	MOTILITY LAB	4,348	1,188,581	1,192,929	0.350136	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	90.10	
90.11	09023	SLEEP LAB	1,097,831	44,668,789	45,766,620	0.198403	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	90.13	
90.14	09012	INFUSION CLINIC	3,665	10,470,543	10,474,208	0.095396	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	90.15	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	3,626	1,282,015	1,285,641	1.645868	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	1,438	5,455,050	5,456,488	0.279501	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0.000000	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	467	467	543.541756	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	1,286	2,966,127	2,967,413	0.995153	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	6,027	2,048,250	2,054,277	1.568653	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	1,247	1,039,745	1,040,992	1.744046	0.000000	90.24
91.00	09100	EMERGENCY	223,845,974	612,934,537	836,780,511	0.088912	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,844,407	136,672,136	140,516,543	0.197486	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	483,730,512	483,730,512	0.156737	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	406,159,960	406,159,960			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	27,905,848	0	27,905,848			105.00
106.00	10600	HEART ACQUISITION	6,745,747	0	6,745,747			106.00
107.00	10700	LIVER ACQUISITION	25,102,545	0	25,102,545			107.00
108.00	10800	LUNG ACQUISITION	9,677,852	0	9,677,852			108.00
109.00	10900	PANCREAS ACQUISITION	2,908,466	0	2,908,466			109.00
110.00	11000	INTESTINAL ACQUISITION	1,054,480	0	1,054,480			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	49,285,399	49,285,399			116.00
200.00		Subtotal (see instructions)	6,094,605,999	6,663,442,337	12,758,048,336			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	6,094,605,999	6,663,442,337	12,758,048,336			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 12:26 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158377		50.00
50.01	05001	ENDOSCOPY	0.129564		50.01
51.00	05100	RECOVERY ROOM	0.134055		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070		52.00
53.00	05300	ANESTHESIOLOGY	0.085932		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911		55.00
56.00	05600	RADIOISOTOPE	0.045540		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691		59.00
60.00	06000	LABORATORY	0.165766		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125036		63.00
65.00	06500	RESPIRATORY THERAPY	0.289106		65.00
66.00	06600	PHYSICAL THERAPY	0.385987		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255		67.00
68.00	06800	SPEECH PATHOLOGY	0.282954		68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445		73.03
74.00	07400	RENAL DIALYSIS	0.278094		74.00
76.00	03020	RH NBN ECMO IC	0.345641		76.00
76.01	03140	CARDIOLOGY	0.079112		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489		76.02
76.03	03950	CARDIAC CATH	0.108838		76.03
76.04	03951	DAY SURGERY	0.322580		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.328202		76.08
76.97	07697	CARDIAC REHABILITATION	0.263030		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.824914		78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.380978		90.01
90.02	09002	IUSCC HEM/ONC	0.296413		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.146965		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676		90.07
90.08	09008	MOTILITY LAB	0.350136		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.198403		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.095396		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.645868		90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.18	09016	DERMATOLOGY CLINIC	0.279501			90.18
90.19	09017	INFUSION/HEM/ONC	0.000000			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	543.541756			90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653			90.23
90.24	09021	LIFE CARE CLINIC	1.744046			90.24
91.00	09100	EMERGENCY	0.091233			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.156737			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP				112.00
112.01	08601	POST TRANSPLANT EXPENSES				112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

		Title XIX		Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	374,656,410		374,656,410	0	374,656,410
31.00	03100 INTENSIVE CARE UNIT	39,503,793		39,503,793	0	39,503,793
32.00	03200 CORONARY CARE UNIT	44,857,327		44,857,327	0	44,857,327
32.01	03201 NEONATAL INTENSIVE CARE UNIT	55,973,304		55,973,304	0	55,973,304
33.00	03300 BURN INTENSIVE CARE UNIT	5,088,450		5,088,450	0	5,088,450
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0
34.02	03401 UH SURG 61C	7,906,403		7,906,403	0	7,906,403
34.03	03402 UH NS 31C	0		0	0	0
34.04	03403 RH PEDIC	23,553,520		23,553,520	0	23,553,520
34.05	03404 TRANSPLANT ICU	6,241,713		6,241,713	0	6,241,713
34.06	03407 PEDS CANCER CARE	6,875,420		6,875,420	0	6,875,420
40.00	04000 SUBPROVIDER - I PF	7,541,664		7,541,664	0	7,541,664
41.00	04100 SUBPROVIDER - I RF	0		0	0	0
43.00	04300 NURSERY	3,835,576		3,835,576	0	3,835,576
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	205,461,624		205,461,624	0	205,461,624
50.01	05001 ENDOSCOPY	14,676,182		14,676,182	0	14,676,182
51.00	05100 RECOVERY ROOM	23,931,593		23,931,593	0	23,931,593
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,889,336		21,889,336	0	21,889,336
53.00	05300 ANESTHESIOLOGY	9,124,403		9,124,403	0	9,124,403
53.01	05301 PULMONARY FUNCTION TESTING	5,350,559		5,350,559	0	5,350,559
54.00	05400 RADIOLOGY-DIAGNOSTIC	117,334,907		117,334,907	0	117,334,907
55.00	05500 RADIOLOGY-THERAPEUTIC	16,206,105		16,206,105	0	16,206,105
56.00	05600 RADIOISOTOPE	4,958,752		4,958,752	0	4,958,752
59.00	05900 CARDIAC CATHETERIZATION	1,448,118		1,448,118	0	1,448,118
60.00	06000 LABORATORY	104,192,328		104,192,328	0	104,192,328
60.01	06001 TRANSPLANT IMMUNOLOGY	4,102,677		4,102,677	0	4,102,677
60.02	06002 BONE MARROW TRANSPLANT LAB	0		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	27,539,957		27,539,957	0	27,539,957
65.00	06500 RESPIRATORY THERAPY	56,668,180	0	56,668,180	0	56,668,180
66.00	06600 PHYSICAL THERAPY	49,693,466	0	49,693,466	0	49,693,466
67.00	06700 OCCUPATIONAL THERAPY	7,939,973	0	7,939,973	0	7,939,973
68.00	06800 SPEECH PATHOLOGY	8,885,211	0	8,885,211	0	8,885,211
69.00	06900 ELECTROCARDIOLOGY	8,465,540		8,465,540	0	8,465,540
70.00	07000 ELECTROENCEPHALOGRAPHY	13,249,285		13,249,285	0	13,249,285
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	103,061,052		103,061,052	0	103,061,052
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	114,447,244		114,447,244	0	114,447,244
73.00	07300 DRUGS CHARGED TO PATIENTS	510,816,029		510,816,029	0	510,816,029
73.03	07303 OUTPATIENT RETAIL PHARMACY	454,248,052		454,248,052	0	454,248,052
74.00	07400 RENAL DIALYSIS	12,592,249		12,592,249	0	12,592,249
76.00	03020 RH NBN ECMO IC	3,019,706		3,019,706	0	3,019,706
76.01	03140 RADIOLOGY	6,040,373		6,040,373	0	6,040,373
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,940,876		5,940,876	0	5,940,876
76.03	03950 CARDIAC CATH	25,248,620		25,248,620	0	25,248,620
76.04	03951 DAY SURGERY	9,750,708		9,750,708	0	9,750,708
76.05	03480 ONCOLOGY	0		0	0	0
76.06	03952 DAY SURGERY-RILEY	0		0	0	0
76.07	03953 RADIOLOGY-RILEY	0		0	0	0
76.08	03954 ECMO-ADULT	3,051,923		3,051,923	0	3,051,923
76.97	07697 CARDIAC REHABILITATION	2,097,758		2,097,758	0	2,097,758
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,306,346		4,306,346	0	4,306,346
78.00	07800 CAR T-CELL IMMUNOTHERAPY	33,568,899		33,568,899	0	33,568,899
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000 CLINIC	0		0	0	0
90.01	09001 AMB SVC-OB & GYN	2,440,819		2,440,819	0	2,440,819
90.02	09002 IUSCC HEM/ONC	47,668,329		47,668,329	0	47,668,329
90.03	09003 AMB SVC-OPHTHALMOLOGY	942,551		942,551	0	942,551
90.04	09004 AMB SVC-PSYCH ADULT	1,618,505		1,618,505	0	1,618,505
90.05	09005 AMB SVC-DIABETES ADULT	0		0	0	0
90.06	09006 OUTPATIENT SURGERY	4,399,973		4,399,973	0	4,399,973
90.07	09007 AMB SVC-RILEY CLINICS	7,332,995		7,332,995	0	7,332,995
90.08	09008 MOTILITY LAB	417,687		417,687	0	417,687
90.09	09009 AMB SVC - PSYCH CHILD	0		0	0	0
90.10	09010 CLINICAL GERIATRICS	0		0	0	0
90.11	09023 SLEEP LAB	9,080,227		9,080,227	0	9,080,227
90.12	09024 OP CARE ADULTS	0		0	0	0
90.13	09011 PEDIATRIC CLINIC	0		0	0	0
90.14	09012 INFUSION CLINIC	999,194		999,194	0	999,194

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

			Title XIX		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.15	09013	NEUROLOGY UH	0		0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,115,995		2,115,995	0	2,115,995	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,525,096		1,525,096	0	1,525,096	0	90.18
90.19	09017	INFUSION/HEM/ONC	3,604		3,604	0	3,604	0	90.19
90.20	09025	IUMG - MH	0		0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	253,834		253,834	0	253,834	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2,953,030		2,953,030	0	2,953,030	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,222,448		3,222,448	0	3,222,448	0	90.23
90.24	09021	LIFE CARE CLINIC	1,815,538		1,815,538	0	1,815,538	0	90.24
91.00	09100	EMERGENCY	74,399,536		74,399,536	1,942,600	76,342,136	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	27,750,090		27,750,090		27,750,090	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	75,818,352		75,818,352	0	75,818,352	0	95.00
101.00	10100	HOME HEALTH AGENCY	86,670,849		86,670,849		86,670,849	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	0	102.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	22,413,632		22,413,632		22,413,632	0	105.00
106.00	10600	HEART ACQUISITION	3,059,859		3,059,859		3,059,859	0	106.00
107.00	10700	LIVER ACQUISITION	18,411,493		18,411,493		18,411,493	0	107.00
108.00	10800	LUNG ACQUISITION	6,452,677		6,452,677		6,452,677	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,555,607		2,555,607		2,555,607	0	109.00
110.00	11000	INTESTINAL ACQUISITION	877,253		877,253		877,253	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	476,325		476,325		476,325	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7,223,938		7,223,938		7,223,938	0	112.01
113.00	11300	INTEREST EXPENSE						0	113.00
116.00	11600	HOSPICE	27,376,378		27,376,378		27,376,378	0	116.00
200.00		Subtotal (see instructions)	3,005,617,425	0	3,005,617,425	1,942,600	3,007,560,025	0	200.00
201.00		Less Observation Beds	27,750,090		27,750,090		27,750,090	0	201.00
202.00		Total (see instructions)	2,977,867,335	0	2,977,867,335	1,942,600	2,979,809,935	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C Part I Date/Time Prepared: 5/24/2024 12:26 pm

Table with columns: Cost Center Description, Inpatient, Outpatient, Total (col. 6 + col. 7), Cost or Other Ratio, TEFRA Inpatient Ratio, and a final column for charges. Rows include categories like INPATIENT ROUTINE SERVICE COST CENTERS, ANCILLARY SERVICE COST CENTERS, and OUTPATIENT SERVICE COST CENTERS.

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16	
90.17	09015	PHYSICAL MEDICINE	3,626	1,282,015	1,285,641	1.645868	0.000000	90.17	
90.18	09016	DERMATOLOGY CLINIC	1,438	5,455,050	5,456,488	0.279501	0.000000	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	0	0.000000	0.000000	90.19	
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	0	467	467	543.541756	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	1,286	2,966,127	2,967,413	0.995153	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	6,027	2,048,250	2,054,277	1.568653	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	1,247	1,039,745	1,040,992	1.744046	0.000000	90.24	
91.00	09100	EMERGENCY	223,845,974	612,934,537	836,780,511	0.088912	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,844,407	136,672,136	140,516,543	0.197486	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	483,730,512	483,730,512	0.156737	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	406,159,960	406,159,960			101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	27,905,848	0	27,905,848	0.803188	0.000000	105.00	
106.00	10600	HEART ACQUISITION	6,745,747	0	6,745,747	0.453598	0.000000	106.00	
107.00	10700	LIVER ACQUISITION	25,102,545	0	25,102,545	0.733451	0.000000	107.00	
108.00	10800	LUNG ACQUISITION	9,677,852	0	9,677,852	0.666747	0.000000	108.00	
109.00	10900	PANCREAS ACQUISITION	2,908,466	0	2,908,466	0.878679	0.000000	109.00	
110.00	11000	INTESTINAL ACQUISITION	1,054,480	0	1,054,480	0.831929	0.000000	110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0.000000	0.000000	112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0.000000	0.000000	112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	49,285,399	49,285,399			116.00	
200.00		Subtotal (see instructions)	6,094,605,999	6,663,442,337	12,758,048,336			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	6,094,605,999	6,663,442,337	12,758,048,336			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 12:26 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158377		50.00
50.01	05001	ENDOSCOPY	0.129564		50.01
51.00	05100	RECOVERY ROOM	0.134055		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070		52.00
53.00	05300	ANESTHESIOLOGY	0.085932		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911		55.00
56.00	05600	RADIOISOTOPE	0.045540		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691		59.00
60.00	06000	LABORATORY	0.165766		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.125036		63.00
65.00	06500	RESPIRATORY THERAPY	0.289106		65.00
66.00	06600	PHYSICAL THERAPY	0.385987		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255		67.00
68.00	06800	SPEECH PATHOLOGY	0.282954		68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445		73.03
74.00	07400	RENAL DIALYSIS	0.278094		74.00
76.00	03020	RH NBN ECMO IC	0.345641		76.00
76.01	03140	CARDIOLOGY	0.079112		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489		76.02
76.03	03950	CARDIAC CATH	0.108838		76.03
76.04	03951	DAY SURGERY	0.322580		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.328202		76.08
76.97	07697	CARDIAC REHABILITATION	0.263030		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382		77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0.824914		78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.380978		90.01
90.02	09002	IUSCC HEM/ONC	0.296413		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.146965		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676		90.07
90.08	09008	MOTILITY LAB	0.350136		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.198403		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.095396		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.645868		90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
90.18	09016	DERMATOLOGY CLINIC	0.279501			90.18
90.19	09017	INFUSION/HEM/ONC	0.000000			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	543.541756			90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653			90.23
90.24	09021	LIFE CARE CLINIC	1.744046			90.24
91.00	09100	EMERGENCY	0.091233			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.156737			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
102.00	10200	OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0.803188			105.00
106.00	10600	HEART ACQUISITION	0.453598			106.00
107.00	10700	LIVER ACQUISITION	0.733451			107.00
108.00	10800	LUNG ACQUISITION	0.666747			108.00
109.00	10900	PANCREAS ACQUISITION	0.878679			109.00
110.00	11000	INTESTINAL ACQUISITION	0.831929			110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0.000000			112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY				Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/24/2024 12:26 pm		
Cost Center Description				Title XIX			Hospital	PPS
				Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
				1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	205,461,624	29,833,434	175,628,190	0	0	50.00
50.01	05001	ENDOSCOPY	14,676,182	2,353,600	12,322,582	0	0	50.01
51.00	05100	RECOVERY ROOM	23,931,593	1,648,002	22,283,591	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,889,336	1,323,820	20,565,516	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,124,403	1,081,053	8,043,350	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,350,559	397,838	4,952,721	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,334,907	29,319,797	88,015,110	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,206,105	4,215,669	11,990,436	0	0	55.00
56.00	05600	RADIOISOTOPE	4,958,752	1,471,146	3,487,606	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,448,118	339,802	1,108,316	0	0	59.00
60.00	06000	LABORATORY	104,192,328	14,401,387	89,790,941	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,102,677	273,323	3,829,354	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	27,539,957	345,063	27,194,894	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	56,668,180	2,702,634	53,965,546	0	0	65.00
66.00	06600	PHYSICAL THERAPY	49,693,466	1,617,291	48,076,175	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,939,973	104,601	7,835,372	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,885,211	714,922	8,170,289	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,465,540	2,602,787	5,862,753	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,249,285	1,349,223	11,900,062	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,061,052	390,847	102,670,205	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	114,447,244	433,079	114,014,165	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	510,816,029	3,955,099	506,860,930	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	454,248,052	1,398,945	452,849,107	0	0	73.03
74.00	07400	RENAL DIALYSIS	12,592,249	1,231,850	11,360,399	0	0	74.00
76.00	03020	RH NBN ECMO IC	3,019,706	424,691	2,595,015	0	0	76.00
76.01	03140	CARDIOLOGY	6,040,373	1,462,063	4,578,310	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,940,876	102,019	5,838,857	0	0	76.02
76.03	03950	CARDIAC CATH	25,248,620	3,603,310	21,645,310	0	0	76.03
76.04	03951	DAY SURGERY	9,750,708	712,593	9,038,115	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	3,051,923	184,966	2,866,957	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,097,758	293,013	1,804,745	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,306,346	51,261	4,255,085	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	33,568,899	264,824	33,304,075	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,440,819	444,459	1,996,360	0	0	90.01
90.02	09002	IUSCC HEM/ONC	47,668,329	3,545,709	44,122,620	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	942,551	164,291	778,260	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,618,505	97,825	1,520,680	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,399,973	482,666	3,917,307	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,332,995	1,318,863	6,014,132	0	0	90.07
90.08	09008	MOTILITY LAB	417,687	79,849	337,838	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	9,080,227	637,170	8,443,057	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	999,194	23,923	975,271	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,115,995	181,782	1,934,213	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,525,096	178,520	1,346,576	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	3,604	3,052	552	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	253,834	56,820	197,014	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2,953,030	11,131	2,941,899	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,222,448	331,935	2,890,513	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1,815,538	192,378	1,623,160	0	0	90.24
91.00	09100	EMERGENCY	74,399,536	4,749,358	69,650,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	27,750,090	1,704,355	26,045,735	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	75,818,352	8,661,682	67,156,670	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	86,670,849	1,617,907	85,052,942	0	0	101.00

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

Provider CCN: 15-0056

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

Worksheet C
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	22,413,632	228,470	22,185,162	0	0	105.00
106.00	10600	HEART ACQUISITION	3,059,859	18,951	3,040,908	0	0	106.00
107.00	10700	LIVER ACQUISITION	18,411,493	141,362	18,270,131	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,452,677	29,298	6,423,379	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,555,607	19,992	2,535,615	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	877,253	6,184	871,069	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	476,325	1,344	474,981	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7,223,938	194,718	7,029,220	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	27,376,378	336,936	27,039,442	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	2,429,583,845	136,064,882	2,293,518,963	0	0	200.00
201.00		Less Observation Beds	27,750,090	1,704,355	26,045,735	0	0	201.00
202.00		Total (line 200 minus line 201)	2,401,833,755	134,360,527	2,267,473,228	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	205,461,624	1,297,297,808	0.158377		50.00
50.01	05001 ENDOSCOPY	14,676,182	113,273,609	0.129564		50.01
51.00	05100 RECOVERY ROOM	23,931,593	178,521,125	0.134055		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,889,336	101,306,873	0.216070		52.00
53.00	05300 ANESTHESIOLOGY	9,124,403	106,181,219	0.085932		53.00
53.01	05301 PULMONARY FUNCTION TESTING	5,350,559	32,568,545	0.164286		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	117,334,907	803,457,668	0.146037		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	16,206,105	228,540,664	0.070911		55.00
56.00	05600 RADIOISOTOPE	4,958,752	108,887,960	0.045540		56.00
59.00	05900 CARDIAC CATHETERIZATION	1,448,118	4,164,962	0.347691		59.00
60.00	06000 LABORATORY	104,192,328	628,551,342	0.165766		60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	4,102,677	23,960,769	0.171225		60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000		60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	27,539,957	220,255,884	0.125036		63.00
65.00	06500 RESPIRATORY THERAPY	56,668,180	196,011,753	0.289106		65.00
66.00	06600 PHYSICAL THERAPY	49,693,466	128,743,990	0.385987		66.00
67.00	06700 OCCUPATIONAL THERAPY	7,939,973	26,983,343	0.294255		67.00
68.00	06800 SPEECH PATHOLOGY	8,885,211	31,401,581	0.282954		68.00
69.00	06900 ELECTROCARDIOLOGY	8,465,540	129,302,163	0.065471		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,249,285	97,740,684	0.135555		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	103,061,052	482,124,870	0.213764		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	114,447,244	839,526,757	0.136324		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	510,816,029	2,051,353,558	0.249014		73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	454,248,052	480,968,477	0.944445		73.03
74.00	07400 RENAL DIALYSIS	12,592,249	45,280,617	0.278094		74.00
76.00	03020 RHNBN ECMO I/C	3,019,706	8,736,536	0.345641		76.00
76.01	03140 RADIOLOGY	6,040,373	76,352,239	0.079112		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,940,876	916	6,485.672489		76.02
76.03	03950 CARDIAC CATH	25,248,620	231,983,942	0.108838		76.03
76.04	03951 DAY SURGERY	9,750,708	30,227,223	0.322580		76.04
76.05	03480 ONCOLOGY	0	0	0.000000		76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03954 ECMO-ADULT	3,051,923	9,298,913	0.328202		76.08
76.97	07697 CARDIAC REHABILITATION	2,097,758	7,975,367	0.263030		76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,306,346	10,005,859	0.430382		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	33,568,899	40,693,837	0.824914		78.00
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 AMB SVC-OB & GYN	2,440,819	6,406,726	0.380978		90.01
90.02	09002 IUSCC HEM/ONC	47,668,329	160,817,209	0.296413		90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	942,551	5,040,448	0.186997		90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,618,505	1,274,540	1.269874		90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006 OUTPATIENT SURGERY	4,399,973	29,938,933	0.146965		90.06
90.07	09007 AMB SVC-RILEY CLINICS	7,332,995	32,208,080	0.227676		90.07
90.08	09008 MOTILITY LAB	417,687	1,192,929	0.350136		90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000		90.10
90.11	09023 SLEEP LAB	9,080,227	45,766,620	0.198403		90.11
90.12	09024 OP CARE ADULTS	0	0	0.000000		90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012 INFUSION CLINIC	999,194	10,474,208	0.095396		90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000		90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000		90.16
90.17	09015 PHYSICAL MEDICINE	2,115,995	1,285,641	1.645868		90.17
90.18	09016 DERMATOLOGY CLINIC	1,525,096	5,456,488	0.279501		90.18
90.19	09017 INFUSION/HEM/ONC	3,604	0	0.000000		90.19
90.20	09025 IUMG - MH	0	0	0.000000		90.20
90.21	09019 OP REHAB CLINIC	253,834	467	543.541756		90.21
90.22	09020 EATING DISORDERS CLINIC	2,953,030	2,967,413	0.995153		90.22
90.23	09018 GASTROENTEROLOGY CLINIC	3,222,448	2,054,277	1.568653		90.23
90.24	09021 LIFE CARE CLINIC	1,815,538	1,040,992	1.744046		90.24
91.00	09100 EMERGENCY	74,399,536	836,780,511	0.088912		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	27,750,090	140,516,543	0.197486		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	75,818,352	483,730,512	0.156737		95.00
101.00	10100 HOME HEALTH AGENCY	86,670,849	406,159,960	0.213391		101.00

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

Provider CCN: 15-0056

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

Worksheet C Part II Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	22,413,632	27,905,848	0.803188	105.00
106.00	10600 HEART ACQUISITION	3,059,859	6,745,747	0.453598	106.00
107.00	10700 LIVER ACQUISITION	18,411,493	25,102,545	0.733451	107.00
108.00	10800 LUNG ACQUISITION	6,452,677	9,677,852	0.666747	108.00
109.00	10900 PANCREAS ACQUISITION	2,555,607	2,908,466	0.878679	109.00
110.00	11000 INTESTINAL ACQUISITION	877,253	1,054,480	0.831929	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	476,325	0	0.000000	112.00
112.01	08601 POST TRANSPLANT EXPENSES	7,223,938	0	0.000000	112.01
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE	27,376,378	49,285,399	0.555466	116.00
200.00	Subtotal (sum of lines 50 thru 199)	2,429,583,845	11,067,473,887		200.00
201.00	Less Observation Beds	27,750,090	0		201.00
202.00	Total (line 200 minus line 201)	2,401,833,755	11,067,473,887		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,010,675	0	23,010,675	257,993	89.19	30.00
31.00	INTENSIVE CARE UNIT	1,906,924		1,906,924	19,342	98.59	31.00
32.00	CORONARY CARE UNIT	3,274,053		3,274,053	18,443	177.52	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	4,120,241		4,120,241	35,278	116.79	32.01
33.00	BURN INTENSIVE CARE UNIT	471,978		471,978	2,100	224.75	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 61C	480,149		480,149	2,948	162.87	34.02
34.03	UH NS 31C	0		0	0	0.00	34.03
34.04	RH PED IC	1,795,571		1,795,571	10,321	173.97	34.04
34.05	TRANSPLANT ICU	362,692		362,692	2,418	150.00	34.05
34.06	PEDS CANCER CARE	967,764		967,764	3,235	299.15	34.06
40.00	SUBPROVIDER - 1PF	542,346	0	542,346	5,118	105.97	40.00
41.00	SUBPROVIDER - 1RF	0	0	0	0	0.00	41.00
43.00	NURSERY	274,709		274,709	5,639	48.72	43.00
200.00	Total (lines 30 through 199)	37,207,102		37,207,102	362,835		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	41,560	3,706,736	30.00
31.00	INTENSIVE CARE UNIT	4,403	434,092	31.00
32.00	CORONARY CARE UNIT	2,940	521,909	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	11	2,472	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 61C	954	155,378	34.02
34.03	UH NS 31C	0	0	34.03
34.04	RH PED IC	122	21,224	34.04
34.05	TRANSPLANT ICU	352	52,800	34.05
34.06	PEDS CANCER CARE	232	69,403	34.06
40.00	SUBPROVIDER - 1PF	513	54,363	40.00
41.00	SUBPROVIDER - 1RF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	51,087	5,018,377	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Title XVIII				Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	29,833,434	1,297,297,808	0.022997	130,056,118	2,990,901	50.00
50.01	05001 ENDOSCOPY	2,353,600	113,273,609	0.020778	10,292,715	213,862	50.01
51.00	05100 RECOVERY ROOM	1,648,002	178,521,125	0.009231	10,326,081	95,320	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,323,820	101,306,873	0.013067	305,576	3,993	52.00
53.00	05300 ANESTHESIOLOGY	1,081,053	106,181,219	0.010181	10,937,958	111,359	53.00
53.01	05301 PULMONARY FUNCTION TESTING	397,838	32,568,545	0.012215	220,755	2,697	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,319,797	803,457,668	0.036492	59,154,799	2,158,677	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,215,669	228,540,664	0.018446	3,517,236	64,879	55.00
56.00	05600 RADIOISOTOPE	1,471,146	108,887,960	0.013511	1,665,104	22,497	56.00
59.00	05900 CARDIAC CATHETERIZATION	339,802	4,164,962	0.081586	817,535	66,699	59.00
60.00	06000 LABORATORY	14,401,387	628,551,342	0.022912	47,131,644	1,079,880	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	273,323	23,960,769	0.011407	833,011	9,502	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	345,063	220,255,884	0.001567	23,248,390	36,430	63.00
65.00	06500 RESPIRATORY THERAPY	2,702,634	196,011,753	0.013788	20,202,653	278,554	65.00
66.00	06600 PHYSICAL THERAPY	1,617,291	128,743,990	0.012562	9,784,027	122,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	104,601	26,983,343	0.003877	3,615,623	14,018	67.00
68.00	06800 SPEECH PATHOLOGY	714,922	31,401,581	0.022767	2,284,873	52,020	68.00
69.00	06900 ELECTROCARDIOLOGY	2,602,787	129,302,163	0.020129	11,623,160	233,963	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,349,223	97,740,684	0.013804	7,794,398	107,594	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	390,847	482,124,870	0.000811	55,222,332	44,785	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	433,079	839,526,757	0.000516	110,870,188	57,209	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,955,099	2,051,353,558	0.001928	123,608,112	238,316	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1,398,945	480,968,477	0.002909	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,231,850	45,280,617	0.027205	4,534,875	123,371	74.00
76.00	03020 RH NBN ECMO IIC	424,691	8,736,536	0.048611	0	0	76.00
76.01	03140 RADIOLOGY	1,462,063	76,352,239	0.019149	3,485,165	66,737	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,019	916	111.374454	0	0	76.02
76.03	03950 CARDIAC CATH	3,603,310	231,983,942	0.015533	17,084,581	265,375	76.03
76.04	03951 DAY SURGERY	712,593	30,227,223	0.023575	403,500	9,513	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	184,966	9,298,913	0.019891	1,091,517	21,711	76.08
76.97	07697 CARDIAC REHABILITATION	293,013	7,975,367	0.036740	78,285	2,876	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	51,261	10,005,859	0.005123	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	264,824	40,693,837	0.006508	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	444,459	6,406,726	0.069374	0	0	90.01
90.02	09002 IUSCC HEM/ONC	3,545,709	160,817,209	0.022048	423,060	9,328	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	164,291	5,040,448	0.032595	1,049	34	90.03
90.04	09004 AMB SVC-PSYCH ADULT	97,825	1,274,540	0.076753	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	482,666	29,938,933	0.016122	2,873,964	46,334	90.06
90.07	09007 AMB SVC-RILEY CLINICS	1,318,863	32,208,080	0.040948	19,417	795	90.07
90.08	09008 MOTILITY LAB	79,849	1,192,929	0.066935	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	637,170	45,766,620	0.013922	13,164	183	90.11
90.12	09024 OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 INFUSION CLINIC	23,923	10,474,208	0.002284	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDIC UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	181,782	1,285,641	0.141394	2,332	330	90.17
90.18	09016 DERMATOLOGY CLINIC	178,520	5,456,488	0.032717	748	24	90.18
90.19	09017 INFUSION/HEM/ONC	3,052	0	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0	0	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	56,820	467	121.670236	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	11,131	2,967,413	0.003751	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	331,935	2,054,277	0.161582	2,643	427	90.23
90.24	09021 LIFE CARE CLINIC	192,378	1,040,992	0.184803	740	137	90.24
91.00	09100 EMERGENCY	4,749,358	836,780,511	0.005676	43,379,791	246,224	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,704,355	140,516,543	0.012129	110,026	1,335	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Total (lines 50 through 199)	124,808,038	10,054,903,078		717,017,145	8,800,796	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	738,342	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	60,722	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	60,936	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	110,111	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,453	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	9,515	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	33,156	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	7,795	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	10,124	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	15,560	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	17,134	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,069,848	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	738,342	257,993	2.86	41,560	30.00
31.00	03100	INTENSIVE CARE UNIT		60,722	19,342	3.14	4,403	31.00
32.00	03200	CORONARY CARE UNIT		60,936	18,443	3.30	2,940	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		110,111	35,278	3.12	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		6,453	2,100	3.07	11	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 61C		9,515	2,948	3.23	954	34.02
34.03	03402	UH NS 31C		0	0	0.00	0	34.03
34.04	03403	RH PED IC		33,156	10,321	3.21	122	34.04
34.05	03404	TRANSPLANT ICU		7,795	2,418	3.22	352	34.05
34.06	03407	PEDS CANCER CARE		10,124	3,235	3.13	232	34.06
40.00	04000	SUBPROVIDER - IPF	0	15,560	5,118	3.04	513	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY		17,134	5,639	3.04	0	43.00
200.00		Total (lines 30 through 199)		1,069,848	362,835		51,087	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	118,862					30.00
31.00	03100	INTENSIVE CARE UNIT	13,825					31.00
32.00	03200	CORONARY CARE UNIT	9,702					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	34					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.02	03401	UH SURG 61C	3,081					34.02
34.03	03402	UH NS 31C	0					34.03
34.04	03403	RH PED IC	392					34.04
34.05	03404	TRANSPLANT ICU	1,133					34.05
34.06	03407	PEDS CANCER CARE	726					34.06
40.00	04000	SUBPROVIDER - IPF	1,560					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	149,315					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	701,005	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	501	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	966	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	4	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	16	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	133	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	73	59.00
60.00	06000	LABORATORY	0	0	0	0	8,791	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	226	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4	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	94	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,499,462	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	150	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	72	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	122	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	70	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	2,177	76.03
76.04	03951	DAY SURGERY	0	0	0	0	1,084	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
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	200,912	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	5	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	5,903	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	4	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	2	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	763	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	7	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	241	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	7,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	54,695	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	4,498,135	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description	All Other Medical Education Cost	Title XVIII		Hospital	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)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	701,005	701,005	1,297,297,808	0.000540	50.00
50.01 05001 ENDOSCOPY	0	501	501	113,273,609	0.000004	50.01
51.00 05100 RECOVERY ROOM	0	686	686	178,521,125	0.000004	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	966	966	101,306,873	0.000010	52.00
53.00 05300 ANESTHESIOLOGY	0	7,000	7,000	106,181,219	0.000066	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	4	4	32,568,545	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5,272	5,272	803,457,668	0.000007	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16	16	228,540,664	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	133	133	108,887,960	0.000001	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	73	73	4,164,962	0.000018	59.00
60.00 06000 LABORATORY	0	8,791	8,791	628,551,342	0.000014	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	0	23,960,769	0.000000	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	226	226	220,255,884	0.000001	63.00
65.00 06500 RESPIRATORY THERAPY	0	4	4	196,011,753	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	128,743,990	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	26,983,343	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	31,401,581	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	94	94	129,302,163	0.000001	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	97,740,684	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	482,124,870	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	839,526,757	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,499,462	3,499,462	2,051,353,558	0.001706	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	480,968,477	0.000000	73.03
74.00 07400 RENAL DIALYSIS	0	150	150	45,280,617	0.000003	74.00
76.00 03020 RH NBN ECMO I.C	0	72	72	8,736,536	0.000008	76.00
76.01 03140 RADIOLOGY	0	122	122	76,352,239	0.000002	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	70	70	916	0.076419	76.02
76.03 03950 CARDIAC CATH	0	2,177	2,177	231,983,942	0.000009	76.03
76.04 03951 DAY SURGERY	0	1,084	1,084	30,227,223	0.000036	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0.000000	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08 03954 ECMO-ADULT	0	0	0	9,298,913	0.000000	76.08
76.97 07697 CARDIAC REHABILITATION	0	2	2	7,975,367	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	10,005,859	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	200,912	200,912	40,693,837	0.004937	78.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 AMB SVC-OB & GYN	0	5	5	6,406,726	0.000001	90.01
90.02 09002 IUSCC HEM/ONC	0	5,903	5,903	160,817,209	0.000037	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	4	4	5,040,448	0.000001	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	1,274,540	0.000000	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06 09006 OUTPATIENT SURGERY	0	2	2	29,938,933	0.000000	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	763	763	32,208,080	0.000024	90.07
90.08 09008 MOTILITY LAB	0	0	0	1,192,929	0.000000	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11 09023 SLEEP LAB	0	7	7	45,766,620	0.000000	90.11
90.12 09024 OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14 09012 INFUSION CLINIC	0	241	241	10,474,208	0.000023	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17 09015 PHYSICAL MEDICINE	0	0	0	1,285,641	0.000000	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	0	5,456,488	0.000000	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20 09025 IUMG - MH	0	0	0	0	0.000000	90.20
90.21 09019 OP REHAB CLINIC	0	0	0	467	0.000000	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	0	2,967,413	0.000000	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0	0	2,054,277	0.000000	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	1,040,992	0.000000	90.24
91.00 09100 EMERGENCY	0	7,693	7,693	836,780,511	0.000009	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	54,695	54,695	140,516,543	0.000389	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description			Title XVIII			Hospital	PPS
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
95.00	09500	AMBULANCE SERVICES	4.00	5.00	6.00	7.00	8.00
200.00		Total (lines 50 through 199)	0	4,498,135	4,498,135	10,054,903,078	
							95.00 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000540	130,056,118	70,230	54,502,488	29,431	50.00	
50.01	05001 ENDOSCOPY	0.000004	10,292,715	41	13,321,096	53	50.01	
51.00	05100 RECOVERY ROOM	0.000004	10,326,081	41	14,260,768	57	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000010	305,576	3	82,067	1	52.00	
53.00	05300 ANESTHESIOLOGY	0.000066	10,937,958	722	3,470,539	229	53.00	
53.01	05301 PULMONARY FUNCTION TESTING	0.000000	220,755	0	4,115,029	0	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000007	59,154,799	414	64,861,548	454	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	3,517,236	0	45,566,486	0	55.00	
56.00	05600 RADIOISOTOPE	0.000001	1,665,104	2	31,210,864	31	56.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000018	817,535	15	483,468	9	59.00	
60.00	06000 LABORATORY	0.000014	47,131,644	660	28,495,856	399	60.00	
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000000	833,011	0	1,163,686	0	60.01	
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000001	23,248,390	23	4,970,884	5	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	20,202,653	0	205,208	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	9,784,027	0	2,913,983	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,615,623	0	10,504	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	2,284,873	0	938,191	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000001	11,623,160	12	6,358,901	6	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,794,398	0	1,433,720	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	55,222,332	0	40,121,160	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	110,870,188	0	41,677,943	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001706	123,608,112	210,875	278,158,177	474,538	73.00	
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03	
74.00	07400 RENAL DIALYSIS	0.000003	4,534,875	14	122,462	0	74.00	
76.00	03020 RH NBN ECMO I C	0.000008	0	0	0	0	76.00	
76.01	03140 RADIOLOGY	0.000002	3,485,165	7	13,013,050	26	76.01	
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.076419	0	0	0	0	76.02	
76.03	03950 CARDIAC CATH	0.000009	17,084,581	154	29,259,506	263	76.03	
76.04	03951 DAY SURGERY	0.000036	403,500	15	5,560,813	200	76.04	
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05	
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06	
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07	
76.08	03954 ECMO-ADULT	0.000000	1,091,517	0	0	0	76.08	
76.97	07697 CARDIAC REHABILITATION	0.000000	78,285	0	1,748,955	0	76.97	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.004937	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS								
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 AMB SVC-OB & GYN	0.000001	0	0	175,275	0	90.01	
90.02	09002 IUSCC HEM/ONC	0.000037	423,060	16	38,205,727	1,414	90.02	
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000001	1,049	0	1,058,604	1	90.03	
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	81,299	0	90.04	
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05	
90.06	09006 OUTPATIENT SURGERY	0.000000	2,873,964	0	3,450,232	0	90.06	
90.07	09007 AMB SVC-RILEY CLINICS	0.000024	19,417	0	301,258	7	90.07	
90.08	09008 MOTILITY LAB	0.000000	0	0	0	0	90.08	
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09	
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10	
90.11	09023 SLEEP LAB	0.000000	13,164	0	3,595,607	0	90.11	
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12	
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13	
90.14	09012 INFUSION CLINIC	0.000023	0	0	3,430,238	79	90.14	
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15	
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16	
90.17	09015 PHYSICAL MEDICINE	0.000000	2,332	0	469,924	0	90.17	
90.18	09016 DERMATOLOGY CLINIC	0.000000	748	0	1,125,505	0	90.18	
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19	
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20	
90.21	09019 OP REHAB CLINIC	0.000000	0	0	0	0	90.21	
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	57,397	0	90.22	
90.23	09018 GASTROENTEROLOGY CLINIC	0.000000	2,643	0	573,048	0	90.23	
90.24	09021 LIFE CARE CLINIC	0.000000	740	0	65,154	0	90.24	
91.00	09100 EMERGENCY	0.000009	43,379,791	390	35,282,302	318	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000389	110,026	43	6,102,847	2,374	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES						95.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
200.00	Total (lines 50 through 199)	9.00	10.00	11.00	12.00	13.00	200.00
			717,017,145	283,677	782,001,769	509,895	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.158377	54,502,488	0	0	8,631,941	50.00
50.01	05001	ENDOSCOPY	0.129564	13,321,096	0	0	1,725,934	50.01
51.00	05100	RECOVERY ROOM	0.134055	14,260,768	0	0	1,911,727	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	82,067	0	0	17,732	52.00
53.00	05300	ANESTHESIOLOGY	0.085932	3,470,539	0	0	298,230	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	4,115,029	0	0	676,042	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	64,861,548	0	0	9,472,186	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	45,566,486	391	0	3,231,165	55.00
56.00	05600	RADIOISOTOPE	0.045540	31,210,864	0	0	1,421,343	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691	483,468	0	0	168,097	59.00
60.00	06000	LABORATORY	0.165766	28,495,856	4,794	0	4,723,644	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	1,163,686	0	0	199,252	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125036	4,970,884	2,344	0	621,539	63.00
65.00	06500	RESPIRATORY THERAPY	0.289106	205,208	0	0	59,327	65.00
66.00	06600	PHYSICAL THERAPY	0.385987	2,913,983	0	0	1,124,760	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255	10,504	0	0	3,091	67.00
68.00	06800	SPEECH PATHOLOGY	0.282954	938,191	0	0	265,465	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471	6,358,901	0	0	416,324	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	1,433,720	0	0	194,348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	40,121,160	0	0	8,576,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	41,677,943	0	0	5,681,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	278,158,177	15,842	723,841	69,265,280	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.278094	122,462	0	0	34,056	74.00
76.00	03020	RH NBN ECMO IC	0.345641	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.079112	13,013,050	0	0	1,029,488	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.108838	29,259,506	0	0	3,184,546	76.03
76.04	03951	DAY SURGERY	0.322580	5,560,813	0	0	1,793,807	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.328202	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.263030	1,748,955	0	0	460,028	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.824914	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	175,275	0	0	66,776	90.01
90.02	09002	IUSCC HEM/ONC	0.296413	38,205,727	0	0	11,324,674	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	1,058,604	0	0	197,956	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	81,299	0	0	103,239	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	3,450,232	0	0	507,063	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	301,258	0	0	68,589	90.07
90.08	09008	MOTILITY LAB	0.350136	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.198403	3,595,607	0	0	713,379	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.095396	3,430,238	0	0	327,231	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.645868	469,924	0	0	773,433	90.17
90.18	09016	DERMATOLOGY CLINIC	0.279501	1,125,505	0	0	314,580	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	543.541756	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153	57,397	0	0	57,119	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653	573,048	0	0	898,913	90.23
90.24	09021	LIFE CARE CLINIC	1.744046	65,154	0	0	113,632	90.24
91.00	09100	EMERGENCY	0.088912	35,282,302	0	0	3,137,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486	6,102,847	0	0	1,205,227	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00		
95.00	09500	AMBULANCE SERVICES	0.156737	0	0	95.00		
200.00		Subtotal (see instructions)		782,001,769	23,371	723,841	144,996,347	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		782,001,769	23,371	723,841	144,996,347	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
			Title XVIII		Hospital	PPS
Cost Center Description	Costs		6.00	7.00		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	795	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	293	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,945	180,247		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	INFUSION CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDI CS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XVIII		Hospital	
						PPS	
Cost Center Description			Costs				
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			6.00	7.00			
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0				95.00
200.00		Subtotal (see instructions)	5,061	180,247			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	5,061	180,247			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/24/2024 12:26 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,833,434	1,297,297,808	0.022997	45,071	1,036	50.00
50.01	05001	ENDOSCOPY	2,353,600	113,273,609	0.020778	0	0	50.01
51.00	05100	RECOVERY ROOM	1,648,002	178,521,125	0.009231	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,323,820	101,306,873	0.013067	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,081,053	106,181,219	0.010181	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	397,838	32,568,545	0.012215	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,319,797	803,457,668	0.036492	19,609	716	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,215,669	228,540,664	0.018446	0	0	55.00
56.00	05600	RADIOISOTOPE	1,471,146	108,887,960	0.013511	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	339,802	4,164,962	0.081586	266	22	59.00
60.00	06000	LABORATORY	14,401,387	628,551,342	0.022912	41,701	955	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	273,323	23,960,769	0.011407	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	345,063	220,255,884	0.001567	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,702,634	196,011,753	0.013788	1,311	18	65.00
66.00	06600	PHYSICAL THERAPY	1,617,291	128,743,990	0.012562	14,210	179	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,601	26,983,343	0.003877	6,782	26	67.00
68.00	06800	SPEECH PATHOLOGY	714,922	31,401,581	0.022767	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,602,787	129,302,163	0.020129	8,725	176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,349,223	97,740,684	0.013804	2,210	31	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	390,847	482,124,870	0.000811	538	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,079	839,526,757	0.000516	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,955,099	2,051,353,558	0.001928	211,842	408	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,398,945	480,968,477	0.002909	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,231,850	45,280,617	0.027205	0	0	74.00
76.00	03020	RH NBN ECMO IC	424,691	8,736,536	0.048611	0	0	76.00
76.01	03140	CARDIOLOGY	1,462,063	76,352,239	0.019149	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,019	916	111.374454	0	0	76.02
76.03	03950	CARDIAC CATH	3,603,310	231,983,942	0.015533	0	0	76.03
76.04	03951	DAY SURGERY	712,593	30,227,223	0.023575	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	184,966	9,298,913	0.019891	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	293,013	7,975,367	0.036740	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	51,261	10,005,859	0.005123	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	264,824	40,693,837	0.006508	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	444,459	6,406,726	0.069374	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,545,709	160,817,209	0.022048	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	164,291	5,040,448	0.032595	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	97,825	1,274,540	0.076753	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	482,666	29,938,933	0.016122	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,318,863	32,208,080	0.040948	0	0	90.07
90.08	09008	MOTILITY LAB	79,849	1,192,929	0.066935	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	637,170	45,766,620	0.013922	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	23,923	10,474,208	0.002284	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	181,782	1,285,641	0.141394	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	178,520	5,456,488	0.032717	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	3,052	0	0.000000	0	0	90.19
90.20	09025	IUMG - MH	0	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	56,820	467	121.670236	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	11,131	2,967,413	0.003751	11,131	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	331,935	2,054,277	0.161582	0	0	90.23
90.24	09021	LIFE CARE CLINIC	192,378	1,040,992	0.184803	0	0	90.24
91.00	09100	EMERGENCY	4,749,358	836,780,511	0.005676	129,091	733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	140,516,543	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/24/2024 12:26 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	123,103,683	10,054,903,078		481,356	4,300	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	701,005 50.00
50.01	05001	ENDOSCOPY	0	0	0	0	501 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	686 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	966 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,000 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	4 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,272 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	16 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	133 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	73 59.00
60.00	06000	LABORATORY	0	0	0	0	8,791 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	226 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4 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	94 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,499,462 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0 73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	150 74.00
76.00	03020	RH NBN ECMO I C	0	0	0	0	72 76.00
76.01	03140	CARDIOLOGY	0	0	0	0	122 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	70 76.02
76.03	03950	CARDIAC CATH	0	0	0	0	2,177 76.03
76.04	03951	DAY SURGERY	0	0	0	0	1,084 76.04
76.05	03480	ONCOLOGY	0	0	0	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0 76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0 76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2 76.97
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	200,912 78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	5 90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	5,903 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	4 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	2 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	763 90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0 90.10
90.11	09023	SLEEP LAB	0	0	0	0	7 90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0 90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0 90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	241 90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0 90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0 90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0 90.19
90.20	09025	IMG - MH	0	0	0	0	0 90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0 90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0 90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0 90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0 90.24
91.00	09100	EMERGENCY	0	0	0	0	7,693 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XVIII		Subprovider - IPF	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
200.00	Total (lines 50 through 199)	0	0	0	0	4,443,440	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	701,005	701,005	1,297,297,808	0.000540	50.00
50.01 05001 ENDOSCOPY	0	501	501	113,273,609	0.000004	50.01
51.00 05100 RECOVERY ROOM	0	686	686	178,521,125	0.000004	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	966	966	101,306,873	0.000010	52.00
53.00 05300 ANESTHESIOLOGY	0	7,000	7,000	106,181,219	0.000066	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	4	4	32,568,545	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5,272	5,272	803,457,668	0.000007	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16	16	228,540,664	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	133	133	108,887,960	0.000001	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	73	73	4,164,962	0.000018	59.00
60.00 06000 LABORATORY	0	8,791	8,791	628,551,342	0.000014	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	0	23,960,769	0.000000	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	226	226	220,255,884	0.000001	63.00
65.00 06500 RESPIRATORY THERAPY	0	4	4	196,011,753	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	128,743,990	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	26,983,343	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	31,401,581	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	94	94	129,302,163	0.000001	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	97,740,684	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	482,124,870	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	839,526,757	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,499,462	3,499,462	2,051,353,558	0.001706	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	480,968,477	0.000000	73.03
74.00 07400 RENAL DIALYSIS	0	150	150	45,280,617	0.000003	74.00
76.00 03020 RH NBN ECMO IC	0	72	72	8,736,536	0.000008	76.00
76.01 03140 RADIOLOGY	0	122	122	76,352,239	0.000002	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	70	70	916	0.076419	76.02
76.03 03950 CARDIAC CATH	0	2,177	2,177	231,983,942	0.000009	76.03
76.04 03951 DAY SURGERY	0	1,084	1,084	30,227,223	0.000036	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0.000000	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08 03954 ECMO-ADULT	0	0	0	9,298,913	0.000000	76.08
76.97 07697 CARDIAC REHABILITATION	0	2	2	7,975,367	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	10,005,859	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	200,912	200,912	40,693,837	0.004937	78.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 AMB SVC-OB & GYN	0	5	5	6,406,726	0.000001	90.01
90.02 09002 IUSCC HEM/ONC	0	5,903	5,903	160,817,209	0.000037	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	4	4	5,040,448	0.000001	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	1,274,540	0.000000	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06 09006 OUTPATIENT SURGERY	0	2	2	29,938,933	0.000000	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	763	763	32,208,080	0.000024	90.07
90.08 09008 MOTILITY LAB	0	0	0	1,192,929	0.000000	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11 09023 SLEEP LAB	0	7	7	45,766,620	0.000000	90.11
90.12 09024 OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14 09012 INFUSION CLINIC	0	241	241	10,474,208	0.000023	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17 09015 PHYSICAL MEDICINE	0	0	0	1,285,641	0.000000	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	0	5,456,488	0.000000	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20 09025 IUMG - MH	0	0	0	0	0.000000	90.20
90.21 09019 OP REHAB CLINIC	0	0	0	467	0.000000	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	0	2,967,413	0.000000	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0	0	2,054,277	0.000000	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	1,040,992	0.000000	90.24
91.00 09100 EMERGENCY	0	7,693	7,693	836,780,511	0.000009	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	140,516,543	0.000000	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	0	4,443,440	4,443,440	10,054,903,078	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000540	45,071	24	0	50.00
50.01	05001	ENDOSCOPY	0.000004	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000004	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000010	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000066	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000000	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000007	19,609	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000018	266	0	0	59.00
60.00	06000	LABORATORY	0.000014	41,701	1	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000001	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,311	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	14,210	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	6,782	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	8,725	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,210	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	538	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001706	211,842	361	206	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000003	0	0	0	74.00
76.00	03020	RH NBN ECMO I C	0.000008	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000002	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.076419	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000009	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000036	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.004937	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000001	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000037	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.000001	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000024	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000023	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0.000000	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000000	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000000	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	90.24
91.00	09100	EMERGENCY	0.000009	129,091	1	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
95.00	09500	AMBULANCE SERVICES	9.00	10.00	11.00	12.00	13.00	95.00
200.00		Total (lines 50 through 199)		481,356	387	206		0,200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.158377	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.129564	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.134055	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085932	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.045540	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691	0	0	0	0	59.00
60.00	06000	LABORATORY	0.165766	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125036	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.289106	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.385987	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.282954	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	206	0	28	51	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.278094	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.345641	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.079112	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.108838	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.322580	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.328202	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.263030	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.824914	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.296413	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.350136	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.198403	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.095396	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.645868	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.279501	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	543.541756	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1.744046	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.088912	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486	0	0	0	0	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm		
			Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.156737	0	0	95.00
200.00		Subtotal (see instructions)		206	28	51 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00		Net Charges (line 200 - line 201)		206	28	51 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
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
53.01 05301 PULMONARY FUNCTION TESTING	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RH NBN ECMO IC	0	0		76.00
76.01 03140 RADIOLOGY	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03950 CARDIAC CATH	0	0		76.03
76.04 03951 DAY SURGERY	0	0		76.04
76.05 03480 ONCOLOGY	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0		76.06
76.07 03953 RADIOLOGY-RILEY	0	0		76.07
76.08 03954 ECMO-ADULT	0	0		76.08
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	0	0		90.01
90.02 09002 IUSCC HEM/ONC	0	0		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	0	0		90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0		90.07
90.08 09008 MOTILITY LAB	0	0		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0		90.10
90.11 09023 SLEEP LAB	0	0		90.11
90.12 09024 OP CARE ADULTS	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0		90.13
90.14 09012 INFUSION CLINIC	0	0		90.14
90.15 09013 NEUROLOGY UH	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	0	0		90.17
90.18 09016 DERMATOLOGY CLINIC	0	0		90.18
90.19 09017 INFUSION/HEM/ONC	0	0		90.19
90.20 09025 IUMG - MH	0	0		90.20
90.21 09019 OP REHAB CLINIC	0	0		90.21
90.22 09020 EATING DISORDERS CLINIC	0	0		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0		90.23
90.24 09021 LIFE CARE CLINIC	0	0		90.24
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	7		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	7		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,010,675	0	23,010,675	257,993	89.19	30.00
31.00	INTENSIVE CARE UNIT	1,906,924		1,906,924	19,342	98.59	31.00
32.00	CORONARY CARE UNIT	3,274,053		3,274,053	18,443	177.52	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	4,120,241		4,120,241	35,278	116.79	32.01
33.00	BURN INTENSIVE CARE UNIT	471,978		471,978	2,100	224.75	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	480,149		480,149	2,948	162.87	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,795,571		1,795,571	10,321	173.97	34.04
34.05	TRANSPLANT ICU	362,692		362,692	2,418	150.00	34.05
34.06	PEDS CANCER CARE	967,764		967,764	3,235	299.15	34.06
40.00	SUBPROVIDER - IPF	542,346	0	542,346	5,118	105.97	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	274,709		274,709	5,639	48.72	43.00
200.00	Total (lines 30 through 199)	37,207,102		37,207,102	362,835		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	18,140	1,617,907	30.00
31.00	INTENSIVE CARE UNIT	915	90,210	31.00
32.00	CORONARY CARE UNIT	1,144	203,083	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	6,517	761,120	32.01
33.00	BURN INTENSIVE CARE UNIT	173	38,882	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 6IC	59	9,609	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	2,252	391,780	34.04
34.05	TRANSPLANT ICU	103	15,450	34.05
34.06	PEDS CANCER CARE	229	68,505	34.06
40.00	SUBPROVIDER - IPF	302	32,003	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	4,426	215,635	43.00
200.00	Total (lines 30 through 199)	34,260	3,444,184	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/24/2024 12:26 pm		
Cost Center Description			Title XIX			Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	29,833,434	1,297,297,808	0.022997	24,473,678	562,821	50.00	
50.01	05001	ENDOSCOPY	2,353,600	113,273,609	0.020778	1,259,794	26,176	50.01	
51.00	05100	RECOVERY ROOM	1,648,002	178,521,125	0.009231	1,645,810	15,192	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,323,820	101,306,873	0.013067	1,297,809	16,958	52.00	
53.00	05300	ANESTHESIOLOGY	1,081,053	106,181,219	0.010181	2,258,175	22,990	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	397,838	32,568,545	0.012215	528,994	6,462	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,319,797	803,457,668	0.036492	14,366,702	524,270	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,215,669	228,540,664	0.018446	585,393	10,798	55.00	
56.00	05600	RADIOISOTOPE	1,471,146	108,887,960	0.013511	221,244	2,989	56.00	
59.00	05900	CARDIAC CATHETERIZATION	339,802	4,164,962	0.081586	14,737	1,202	59.00	
60.00	06000	LABORATORY	14,401,387	628,551,342	0.022912	14,624,432	335,075	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	273,323	23,960,769	0.011407	159,836	1,823	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	345,063	220,255,884	0.001567	7,506,722	11,763	63.00	
65.00	06500	RESPIRATORY THERAPY	2,702,634	196,011,753	0.013788	27,799,402	383,298	65.00	
66.00	06600	PHYSICAL THERAPY	1,617,291	128,743,990	0.012562	2,939,456	36,925	66.00	
67.00	06700	OCCUPATIONAL THERAPY	104,601	26,983,343	0.003877	1,565,587	6,070	67.00	
68.00	06800	SPEECH PATHOLOGY	714,922	31,401,581	0.022767	1,078,683	24,558	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,602,787	129,302,163	0.020129	4,089,753	82,323	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,349,223	97,740,684	0.013804	4,807,743	66,366	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	390,847	482,124,870	0.000811	11,031,660	8,947	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,079	839,526,757	0.000516	19,601,485	10,114	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	3,955,099	2,051,353,558	0.001928	46,202,266	89,078	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,398,945	480,968,477	0.002909	0	0	73.03	
74.00	07400	RENAL DIALYSIS	1,231,850	45,280,617	0.027205	1,969,542	53,581	74.00	
76.00	03020	RH NBN ECMO IIC	424,691	8,736,536	0.048611	291,961	14,193	76.00	
76.01	03140	CARDIOLOGY	1,462,063	76,352,239	0.019149	365,766	7,004	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	102,019	916	111.374454	0	0	76.02	
76.03	03950	CARDIAC CATH	3,603,310	231,983,942	0.015533	3,781,624	58,740	76.03	
76.04	03951	DAY SURGERY	712,593	30,227,223	0.023575	1,120	26	76.04	
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07	
76.08	03954	ECMO-ADULT	184,966	9,298,913	0.019891	71,998	1,432	76.08	
76.97	07697	CARDIAC REHABILITATION	293,013	7,975,367	0.036740	7,354	270	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	51,261	10,005,859	0.005123	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	264,824	40,693,837	0.006508	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	444,459	6,406,726	0.069374	0	0	90.01	
90.02	09002	IUSCC HEM/ONC	3,545,709	160,817,209	0.022048	39,063	861	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	164,291	5,040,448	0.032595	0	0	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	97,825	1,274,540	0.076753	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	482,666	29,938,933	0.016122	444,055	7,159	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	1,318,863	32,208,080	0.040948	24,299	995	90.07	
90.08	09008	MOTILITY LAB	79,849	1,192,929	0.066935	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0	0	90.10	
90.11	09023	SLEEP LAB	637,170	45,766,620	0.013922	178,974	2,492	90.11	
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13	
90.14	09012	INFUSION CLINIC	23,923	10,474,208	0.002284	0	0	90.14	
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15	
90.16	09014	ORTHOPEDIC UH	0	0	0.000000	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	181,782	1,285,641	0.141394	266	38	90.17	
90.18	09016	DERMATOLOGY CLINIC	178,520	5,456,488	0.032717	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	3,052	0	0.000000	0	0	90.19	
90.20	09025	IUMG - MH	0	0	0.000000	0	0	90.20	
90.21	09019	OP REHAB CLINIC	56,820	467	121.670236	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	11,131	2,967,413	0.003751	133	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	331,935	2,054,277	0.161582	1,271	205	90.23	
90.24	09021	LIFE CARE CLINIC	192,378	1,040,992	0.184803	0	0	90.24	
91.00	09100	EMERGENCY	4,749,358	836,780,511	0.005676	10,228,655	58,058	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,704,355	140,516,543	0.012129	133,036	1,614	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Total (lines 50 through 199)	124,808,038	10,054,903,078		205,598,478	2,452,866	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
	1A	1.00	2A	2.00	3.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	738,342	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	60,722	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	60,936	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	110,111	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,453	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	9,515	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	33,156	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	7,795	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	10,124	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	15,560	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	17,134	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,069,848	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	738,342	257,993	2.86	18,140	30.00
31.00	03100	INTENSIVE CARE UNIT		60,722	19,342	3.14	915	31.00
32.00	03200	CORONARY CARE UNIT		60,936	18,443	3.30	1,144	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		110,111	35,278	3.12	6,517	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		6,453	2,100	3.07	173	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 61C		9,515	2,948	3.23	59	34.02
34.03	03402	UH NS 31C		0	0	0.00	0	34.03
34.04	03403	RH PED IC		33,156	10,321	3.21	2,252	34.04
34.05	03404	TRANSPLANT ICU		7,795	2,418	3.22	103	34.05
34.06	03407	PEDS CANCER CARE		10,124	3,235	3.13	229	34.06
40.00	04000	SUBPROVIDER - IPF	0	15,560	5,118	3.04	302	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY		17,134	5,639	3.04	4,426	43.00
200.00		Total (lines 30 through 199)		1,069,848	362,835		34,260	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
	9.00						

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,880					30.00
31.00	03100	INTENSIVE CARE UNIT	2,873					31.00
32.00	03200	CORONARY CARE UNIT	3,775					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	20,333					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	531					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.02	03401	UH SURG 61C	191					34.02
34.03	03402	UH NS 31C	0					34.03
34.04	03403	RH PED IC	7,229					34.04
34.05	03404	TRANSPLANT ICU	332					34.05
34.06	03407	PEDS CANCER CARE	717					34.06
40.00	04000	SUBPROVIDER - IPF	918					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	13,455					43.00
200.00		Total (lines 30 through 199)	102,234					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	701,005	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	501	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	686	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	966	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	7,000	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	0	0	0	4	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,272	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	16	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	133	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	73	59.00
60.00 06000 LABORATORY	0	0	0	0	8,791	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	226	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4	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	94	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	3,499,462	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00 07400 RENAL DIALYSIS	0	0	0	0	150	74.00
76.00 03020 RHNBN ECMO IC	0	0	0	0	72	76.00
76.01 03140 RADIOLOGY	0	0	0	0	122	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	70	76.02
76.03 03950 CARDIAC CATH	0	0	0	0	2,177	76.03
76.04 03951 DAY SURGERY	0	0	0	0	1,084	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	0	0	0	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	2	76.97
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	200,912	78.00
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	0	0	0	0	5	90.01
90.02 09002 IUSCC HEM/ONC	0	0	0	0	5,903	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	4	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	0	0	0	2	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0	0	0	763	90.07
90.08 09008 MOTILITY LAB	0	0	0	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11 09023 SLEEP LAB	0	0	0	0	7	90.11
90.12 09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 INFUSION CLINIC	0	0	0	0	241	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20 09025 IUMG - MH	0	0	0	0	0	90.20
90.21 09019 OP REHAB CLINIC	0	0	0	0	0	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00 09100 EMERGENCY	0	0	0	0	7,693	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	54,695	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	4,498,135	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm		
Cost Center Description		Title XIX		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	701,005	701,005	1,297,297,808	0.000540	50.00
50.01	05001	ENDOSCOPY	0	501	501	113,273,609	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	686	686	178,521,125	0.000004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	966	966	101,306,873	0.000010	52.00
53.00	05300	ANESTHESIOLOGY	0	7,000	7,000	106,181,219	0.000066	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	4	4	32,568,545	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,272	5,272	803,457,668	0.000007	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16	16	228,540,664	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	133	133	108,887,960	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	73	73	4,164,962	0.000018	59.00
60.00	06000	LABORATORY	0	8,791	8,791	628,551,342	0.000014	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	23,960,769	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	226	226	220,255,884	0.000001	63.00
65.00	06500	RESPIRATORY THERAPY	0	4	4	196,011,753	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	128,743,990	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,983,343	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	31,401,581	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	94	94	129,302,163	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	97,740,684	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	482,124,870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	839,526,757	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,499,462	3,499,462	2,051,353,558	0.001706	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	480,968,477	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	150	150	45,280,617	0.000003	74.00
76.00	03020	RH NBN ECMO I C	0	72	72	8,736,536	0.000008	76.00
76.01	03140	CARDIOLOGY	0	122	122	76,352,239	0.000002	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	70	70	916	0.076419	76.02
76.03	03950	CARDIAC CATH	0	2,177	2,177	231,983,942	0.000009	76.03
76.04	03951	DAY SURGERY	0	1,084	1,084	30,227,223	0.000036	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	9,298,913	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	7,975,367	0.000000	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	10,005,859	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	200,912	200,912	40,693,837	0.004937	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	5	5	6,406,726	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	5,903	5,903	160,817,209	0.000037	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	4	4	5,040,448	0.000001	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,274,540	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	2	2	29,938,933	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	763	763	32,208,080	0.000024	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,192,929	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	7	7	45,766,620	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	241	241	10,474,208	0.000023	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,285,641	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	5,456,488	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	467	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,967,413	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,054,277	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	1,040,992	0.000000	90.24
91.00	09100	EMERGENCY	0	7,693	7,693	836,780,511	0.000009	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	54,695	54,695	140,516,543	0.000389	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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	
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	4,498,135	4,498,135	10,054,903,078		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm		
Cost Center Description			Title XIX			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000540	24,473,678	13,216	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000004	1,259,794	5	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000004	1,645,810	7	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000010	1,297,809	13	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000066	2,258,175	149	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000000	528,994	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000007	14,366,702	101	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	585,393	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	221,244	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000018	14,737	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000014	14,624,432	205	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	159,836	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000001	7,506,722	8	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	27,799,402	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,939,456	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,565,587	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,078,683	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	4,089,753	4	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,807,743	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,031,660	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,601,485	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001706	46,202,266	78,821	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000003	1,969,542	6	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000008	291,961	2	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000002	365,766	1	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.076419	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000009	3,781,624	34	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000036	1,120	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	71,998	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	7,354	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.004937	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
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
90.01	09001	AMB SVC-OB & GYN	0.000001	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000037	39,063	1	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.000001	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	444,055	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000024	24,299	1	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	178,974	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000023	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000000	266	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000000	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	133	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	1,271	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000009	10,228,655	92	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000389	133,036	52	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Title XIX		Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
200.00	Total (lines 50 through 199)	9.00	205,598,478	92,718	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.158377	0	18,138,600	0	0	50.00
50.01	05001	ENDOSCOPY	0.129564	0	690,815	0	0	50.01
51.00	05100	RECOVERY ROOM	0.134055	0	4,677,680	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	0	871,449	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085932	0	1,650,257	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	0	650,836	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	0	10,334,998	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	0	5,477,616	0	0	55.00
56.00	05600	RADIOISOTOPE	0.045540	0	1,231,655	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691	0	22,389	0	0	59.00
60.00	06000	LABORATORY	0.165766	0	6,621,563	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	0	345,576	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.125036	0	2,397,921	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.289106	0	568,370	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.385987	0	3,087,285	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255	0	237,731	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.282954	0	859,928	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471	0	2,336,270	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	0	3,021,416	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	0	4,658,172	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	0	8,928,101	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	0	30,995,442	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.278094	0	1,602,609	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.345641	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.079112	0	556,617	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.108838	0	3,356,196	0	0	76.03
76.04	03951	DAY SURGERY	0.322580	0	377,390	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.328202	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.263030	0	36,231	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.824914	0	6,798	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	0	159,083	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.296413	0	2,032,977	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	0	104,631	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	0	11,636	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	0	323,121	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	0	2,395,789	0	0	90.07
90.08	09008	MOTILITY LAB	0.350136	0	153,160	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.198403	0	1,944,684	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.095396	0	50,347	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.645868	0	43,832	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.279501	0	60,794	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	543.541756	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653	0	48,313	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1.744046	0	11,510	0	0	90.24
91.00	09100	EMERGENCY	0.088912	0	22,532,961	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486	0	7,413,955	0	0	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm			
		Title XIX	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.156737	0	24,964,583		95.00
200.00		Subtotal (see instructions)		0	175,991,287	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	175,991,287	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,872,737	0	50.00
50.01	05001	ENDOSCOPY	89,505	0	50.01
51.00	05100	RECOVERY ROOM	627,066	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	188,294	0	52.00
53.00	05300	ANESTHESIOLOGY	141,810	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	106,923	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,509,292	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	388,423	0	55.00
56.00	05600	RADIOISOTOPE	56,090	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,784	0	59.00
60.00	06000	LABORATORY	1,097,630	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	59,171	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	299,826	0	63.00
65.00	06500	RESPIRATORY THERAPY	164,319	0	65.00
66.00	06600	PHYSICAL THERAPY	1,191,652	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,954	0	67.00
68.00	06800	SPEECH PATHOLOGY	243,320	0	68.00
69.00	06900	ELECTROCARDIOLOGY	152,958	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	409,568	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	995,749	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,217,114	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,718,299	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	445,676	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03140	CARDIOLOGY	44,035	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	365,282	0	76.03
76.04	03951	DAY SURGERY	121,738	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	9,530	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	5,608	0	78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	60,607	0	90.01
90.02	09002	IUSCC HEM/ONC	602,601	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	19,566	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	14,776	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	47,487	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	545,464	0	90.07
90.08	09008	MOTILITY LAB	53,627	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	385,831	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	4,803	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	72,142	0	90.17
90.18	09016	DERMATOLOGY CLINIC	16,992	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	75,786	0	90.23
90.24	09021	LIFE CARE CLINIC	20,074	0	90.24
91.00	09100	EMERGENCY	2,003,451	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,464,152	0	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XIX		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		6.00	7.00				
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	3,912,874				95.00
200.00		Subtotal (see instructions)	29,899,586	0			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (Line 200 - Line 201)	29,899,586	0			202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XIX		Subprovider - IPF	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		PPS Services (see inst.)		
			Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.158377	0	1,320,927	0	50.00
50.01	05001	ENDOSCOPY	0.129564	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.134055	0	1,120	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085932	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	0	21,124	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.045540	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691	0	0	0	59.00
60.00	06000	LABORATORY	0.165766	0	12,094	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125036	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.289106	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.385987	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.282954	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	0	299,336	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.278094	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.345641	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.079112	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.108838	0	0	0	76.03
76.04	03951	DAY SURGERY	0.322580	0	434,000	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.328202	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.263030	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.824914	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.296413	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	0	4,122	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.350136	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	90.10
90.11	09023	SLEEP LAB	0.198403	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.095396	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.645868	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.279501	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	543.541756	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153	0	14,377	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1.744046	0	0	0	90.24
91.00	09100	EMERGENCY	0.088912	0	5,570	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486	0	0	0	92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
Title XIX		Subprovider - IPF	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00 09500 AMBULANCE SERVICES	0.156737		0	0		95.00
200.00 Subtotal (see instructions)		0	2,112,670	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 - line 201)		0	2,112,670	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
	Title XIX	Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	209,204	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	150	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,085	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,005	0		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	74,539	0		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RH NBN ECMO IC	0	0		76.00
76.01 03140 RADIOLOGY	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03950 CARDIAC CATH	0	0		76.03
76.04 03951 DAY SURGERY	140,000	0		76.04
76.05 03480 ONCOLOGY	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0		76.06
76.07 03953 RADIOLOGY-RILEY	0	0		76.07
76.08 03954 ECMO-ADULT	0	0		76.08
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	0	0		90.01
90.02 09002 IUSCC HEM/ONC	0	0		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04 09004 AMB SVC-PSYCH ADULT	5,234	0		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	0	0		90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0		90.07
90.08 09008 MOTILITY LAB	0	0		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0		90.10
90.11 09023 SLEEP LAB	0	0		90.11
90.12 09024 OP CARE ADULTS	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0		90.13
90.14 09012 INFUSION CLINIC	0	0		90.14
90.15 09013 NEUROLOGY UH	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	0	0		90.17
90.18 09016 DERMATOLOGY CLINIC	0	0		90.18
90.19 09017 INFUSION/HEM/ONC	0	0		90.19
90.20 09025 IUMG - MH	0	0		90.20
90.21 09019 OP REHAB CLINIC	0	0		90.21
90.22 09020 EATING DISORDERS CLINIC	14,307	0		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0		90.23
90.24 09021 LIFE CARE CLINIC	0	0		90.24
91.00 09100 EMERGENCY	495	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 12:26 pm
	Title XIX	Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	449,019	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	449,019	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2024 12:26 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		257,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		257,993	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)		238,884	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)		41,560	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		374,656,410	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)		374,656,410	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		374,656,410	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,452.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		60,353,432	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)		60,353,432	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	39,503,793	19,342	2,042.38	4,403	8,992,599	
44.00	CORONARY CARE UNIT	44,857,327	18,443	2,432.21	2,940	7,150,697	
44.01	NEONATAL INTENSIVE CARE UNIT	55,973,304	35,278	1,586.63	0	0	
45.00	BURN INTENSIVE CARE UNIT	5,088,450	2,100	2,423.07	11	26,654	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	
46.02	UH SURG 61C	7,906,403	2,948	2,681.95	954	2,558,580	
46.03	UH NS 31C	0	0	0.00	0	0	
46.04	RH PED IC	23,553,520	10,321	2,282.10	122	278,416	
46.05	TRANSPLANT ICU	6,241,713	2,418	2,581.35	352	908,635	
46.06	PEDS CANCER CARE	6,875,420	3,235	2,125.32	232	493,074	
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					123,761,884	
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					204,523,971	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,111,769	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,084,473	
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,196,242	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					190,327,729	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
55.01	Permanent adjustment amount per discharge					0.00	
55.02	Adjustment amount per discharge (contractor use only)					0.00	
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
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	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
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	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
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)				19,109		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,452.20		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				27,750,090		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	23,010,675	374,656,410	0.061418	27,750,090	1,704,355	90.00
91.00	Nursing Program cost	0	374,656,410	0.000000	27,750,090	0	91.00
92.00	Allied health cost	738,342	374,656,410	0.001971	27,750,090	54,695	92.00
93.00	All other Medical Education	0	374,656,410	0.000000	27,750,090	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,118	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,118	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,118	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)		513	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,541,664	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)		7,541,664	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,541,664	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,473.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		755,936	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)		755,936	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-S056		Date/Time Prepared: 5/24/2024 12:26 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		44.01
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
46.02 UH SURG 61C	0	0	0.00	0	0		46.02
46.03 UH NS 31C	0	0	0.00	0	0		46.03
46.04 RH PED IC	0	0	0.00	0	0		46.04
46.05 TRANSPLANT ICU	0	0	0.00	0	0		46.05
46.06 PEDS CANCER CARE	0	0	0.00	0	0		46.06
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)					90,382		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)					846,318		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)					55,923		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,687		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					60,610		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					785,708		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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 12:26 pm		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description		1.00				
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
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital -related cost	542,346	7,541,664	0.071913	0	0 90.00
91.00	Nursing Program cost	0	7,541,664	0.000000	0	0 91.00
92.00	Allied health cost	15,560	7,541,664	0.002063	0	0 92.00
93.00	All other Medical Education	0	7,541,664	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2024 12:26 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		257,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		257,993	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)		238,884	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)		18,140	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)		5,639	15.00
16.00	Nursery days (title V or XIX only)		4,426	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		374,656,410	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)		374,656,410	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		374,656,410	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,452.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,342,908	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)		26,342,908	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,835,576	5,639	680.19	4,426	3,010,521	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	39,503,793	19,342	2,042.38	915	1,868,778	43.00
44.00	CORONARY CARE UNIT	44,857,327	18,443	2,432.21	1,144	2,782,448	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	55,973,304	35,278	1,586.63	6,517	10,340,068	44.01
45.00	BURN INTENSIVE CARE UNIT	5,088,450	2,100	2,423.07	173	419,191	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 61C	7,906,403	2,948	2,681.95	59	158,235	46.02
46.03	UH NS 31C	0	0	0.00	0	0	46.03
46.04	RH PED IC	23,553,520	10,321	2,282.10	2,252	5,139,289	46.04
46.05	TRANSPLANT ICU	6,241,713	2,418	2,581.35	103	265,879	46.05
46.06	PEDS CANCER CARE	6,875,420	3,235	2,125.32	229	486,698	46.06
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)					39,953,548	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)					90,767,563	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)					3,513,497	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,545,584	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,059,081	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					84,708,482	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
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)				19,109		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,452.20		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				27,750,090		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	23,010,675	374,656,410	0.061418	27,750,090	1,704,355	90.00
91.00	Nursing Program cost	0	374,656,410	0.000000	27,750,090	0	91.00
92.00	Allied health cost	738,342	374,656,410	0.001971	27,750,090	54,695	92.00
93.00	All other Medical Education	0	374,656,410	0.000000	27,750,090	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		173,154,939	30.00
31.00	03100	INTENSIVE CARE UNIT		28,186,798	31.00
32.00	03200	CORONARY CARE UNIT		17,486,151	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		58,653	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		5,432,998	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PED IC		294,381	34.04
34.05	03404	TRANSPLANT ICU		4,638,717	34.05
34.06	03407	PEDS CANCER CARE		715,325	34.06
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158377	130,056,118	20,597,898 50.00
50.01	05001	ENDOSCOPY	0.129564	10,292,715	1,333,565 50.01
51.00	05100	RECOVERY ROOM	0.134055	10,326,081	1,384,263 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	305,576	66,026 52.00
53.00	05300	ANESTHESIOLOGY	0.085932	10,937,958	939,921 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	220,755	36,267 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	59,154,799	8,638,789 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	3,517,236	249,411 55.00
56.00	05600	RADIOISOTOPE	0.045540	1,665,104	75,829 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691	817,535	284,250 59.00
60.00	06000	LABORATORY	0.165766	47,131,644	7,812,824 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	833,011	142,632 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125036	23,248,390	2,906,886 63.00
65.00	06500	RESPIRATORY THERAPY	0.289106	20,202,653	5,840,708 65.00
66.00	06600	PHYSICAL THERAPY	0.385987	9,784,027	3,776,507 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255	3,615,623	1,063,915 67.00
68.00	06800	SPEECH PATHOLOGY	0.282954	2,284,873	646,514 68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471	11,623,160	760,980 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	7,794,398	1,056,570 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	55,222,332	11,804,547 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	110,870,188	15,114,268 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	123,608,112	30,780,150 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.278094	4,534,875	1,261,122 74.00
76.00	03020	RH NBN ECMO IC	0.345641	0	0 76.00
76.01	03140	CARDIOLOGY	0.079112	3,485,165	275,718 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	0 76.02
76.03	03950	CARDIAC CATH	0.108838	17,084,581	1,859,452 76.03
76.04	03951	DAY SURGERY	0.322580	403,500	130,161 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.328202	1,091,517	358,238 76.08
76.97	07697	CARDIAC REHABILITATION	0.263030	78,285	20,591 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	0 77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0.824914	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	0	0 90.01
90.02	09002	IUSCC HEM/ONC	0.296413	423,060	125,400 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	1,049	196 90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	2,873,964	422,372 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	19,417	4,421 90.07
90.08	09008	MOTILITY LAB	0.350136	0	0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.198403	13,164	2,612 90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	INFUSION CLINIC	0.095396	0	0 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.645868	2,332	3,838	90.17
90.18	09016	DERMATOLOGY CLINIC	0.279501	748	209	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	543.541756	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653	2,643	4,146	90.23
90.24	09021	LIFE CARE CLINIC	1.744046	740	1,291	90.24
91.00	09100	EMERGENCY	0.091233	43,379,791	3,957,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.197486	110,026	21,729	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		717,017,145	123,761,884	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		717,017,145		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.02	03401	UH SURG 6IC		34.02
34.03	03402	UH NS 3IC		34.03
34.04	03403	RH PEDIC		34.04
34.05	03404	TRANSPLANT ICU		34.05
34.06	03407	PEDS CANCER CARE		34.06
40.00	04000	SUBPROVIDER - IPF	1,611,965	40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	45,071	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	266	59.00
60.00	06000	LABORATORY	41,701	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,311	65.00
66.00	06600	PHYSICAL THERAPY	14,210	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,782	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,725	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	211,842	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	73.03
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	RH NBN ECMOIC	0	76.00
76.01	03140	CARDIOLOGY	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	76.02
76.03	03950	CARDIAC CATH	0	76.03
76.04	03951	DAY SURGERY	0	76.04
76.05	03480	ONCOLOGY	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	76.07
76.08	03954	ECMO-ADULT	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800	CART-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	90.01
90.02	09002	IUSCC HEM/ONC	0.296413	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	90.07
90.08	09008	MOTILITY LAB	0.350136	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	90.10
90.11	09023	SLEEP LAB	0.198403	90.11
90.12	09024	OP CARE ADULTS	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	90.13
90.14	09012	INFUSION CLINIC	0.095396	90.14

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.15	09013 NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.645868	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.279501	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	543.541756	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.995153	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1.568653	0	0	90.23
90.24	09021 LIFE CARE CLINIC	1.744046	0	0	90.24
91.00	09100 EMERGENCY	0.091233	129,091	11,777	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.197486	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		481,356	90,382	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		481,356		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		57,816,523	30.00
31.00	03100	INTENSIVE CARE UNIT		6,728,177	31.00
32.00	03200	CORONARY CARE UNIT		7,465,274	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		45,788,798	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		756,416	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		347,782	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PED IC		18,141,397	34.04
34.05	03404	TRANSPLANT ICU		794,349	34.05
34.06	03407	PEDS CANCER CARE		1,083,804	34.06
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,971,311	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158377	24,473,678	3,876,068
50.01	05001	ENDOSCOPY	0.129564	1,259,794	163,224
51.00	05100	RECOVERY ROOM	0.134055	1,645,810	220,629
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	1,297,809	280,418
53.00	05300	ANESTHESIOLOGY	0.085932	2,258,175	194,049
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	528,994	86,906
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	14,366,702	2,098,070
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	585,393	41,511
56.00	05600	RADIOISOTOPE	0.045540	221,244	10,075
59.00	05900	CARDIAC CATHETERIZATION	0.347691	14,737	5,124
60.00	06000	LABORATORY	0.165766	14,624,432	2,424,234
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	159,836	27,368
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.125036	7,506,722	938,610
65.00	06500	RESPIRATORY THERAPY	0.289106	27,799,402	8,036,974
66.00	06600	PHYSICAL THERAPY	0.385987	2,939,456	1,134,592
67.00	06700	OCCUPATIONAL THERAPY	0.294255	1,565,587	460,682
68.00	06800	SPEECH PATHOLOGY	0.282954	1,078,683	305,218
69.00	06900	ELECTROCARDIOLOGY	0.065471	4,089,753	267,760
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	4,807,743	651,714
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	11,031,660	2,358,172
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	19,601,485	2,672,153
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	46,202,266	11,505,011
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	0
74.00	07400	RENAL DIALYSIS	0.278094	1,969,542	547,718
76.00	03020	RH NBN ECMO IC	0.345641	291,961	100,914
76.01	03140	CARDIOLOGY	0.079112	365,766	28,936
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	0
76.03	03950	CARDIAC CATH	0.108838	3,781,624	411,584
76.04	03951	DAY SURGERY	0.322580	1,120	361
76.05	03480	ONCOLOGY	0.000000	0	0
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0
76.08	03954	ECMO-ADULT	0.328202	71,998	23,630
76.97	07697	CARDIAC REHABILITATION	0.263030	7,354	1,934
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	0
78.00	07800	CART-CELL IMMUNOTHERAPY	0.824914	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0
90.00	09000	CLINIC	0.000000	0	0
90.01	09001	AMB SVC-OB & GYN	0.380978	0	0
90.02	09002	IUSCC HEM/ONC	0.296413	39,063	11,579
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	0	0
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	0	0
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0
90.06	09006	OUTPATIENT SURGERY	0.146965	444,055	65,261
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	24,299	5,532
90.08	09008	MOTILITY LAB	0.350136	0	0
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0
90.11	09023	SLEEP LAB	0.198403	178,974	35,509
90.12	09024	OP CARE ADULTS	0.000000	0	0
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0
90.14	09012	INFUSION CLINIC	0.095396	0	0
90.15	09013	NEUROLOGY UH	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.645868	266	438	90.17
90.18	09016	DERMATOLOGY CLINIC	0.279501	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	543.541756	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.995153	133	132	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.568653	1,271	1,994	90.23
90.24	09021	LIFE CARE CLINIC	1.744046	0	0	90.24
91.00	09100	EMERGENCY	0.091233	10,228,655	933,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.197486	133,036	26,273	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		205,598,478	39,953,548	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		205,598,478		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF		878,790	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158377	0	50.00
50.01	05001	ENDOSCOPY	0.129564	0	50.01
51.00	05100	RECOVERY ROOM	0.134055	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216070	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085932	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.164286	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146037	8,900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.070911	0	55.00
56.00	05600	RADIOISOTOPE	0.045540	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.347691	0	59.00
60.00	06000	LABORATORY	0.165766	39,123	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.171225	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125036	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.289106	2,709	65.00
66.00	06600	PHYSICAL THERAPY	0.385987	3,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.294255	1,839	67.00
68.00	06800	SPEECH PATHOLOGY	0.282954	734	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065471	1,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135555	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213764	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136324	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249014	115,579	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.944445	0	73.03
74.00	07400	RENAL DIALYSIS	0.278094	0	74.00
76.00	03020	RH NBN ECMOIC	0.345641	0	76.00
76.01	03140	CARDIOLOGY	0.079112	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,485.672489	0	76.02
76.03	03950	CARDIAC CATH	0.108838	0	76.03
76.04	03951	DAY SURGERY	0.322580	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.328202	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.263030	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.430382	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.824914	0	78.00
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.380978	0	90.01
90.02	09002	IUSCC HEM/ONC	0.296413	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.186997	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.269874	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.146965	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.227676	0	90.07
90.08	09008	MOTILITY LAB	0.350136	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.198403	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.095396	0	90.14

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.15	09013 NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.645868	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.279501	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000000	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	543.541756	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.995153	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1.568653	0	0	90.23
90.24	09021 LIFE CARE CLINIC	1.744046	0	0	90.24
91.00	09100 EMERGENCY	0.091233	71,329	6,508	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.197486	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		245,483	46,148	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		245,483		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
					Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)								
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition								
1.00	ADULTS & PEDIATRICS	38.00	415,062	1,452.20	95.00	137,959	1.00	
2.00	INTENSIVE CARE UNIT	43.00	229,132	2,042.38	17.00	34,720	2.00	
3.00	CORONARY CARE UNIT	44.00	14,323	2,432.21	1.00	2,432	3.00	
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	3,590	1,586.63	0.00	0	3.01	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,423.07	0.00	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00	
5.02	UH SURG 61C	46.02	0	2,681.95	0.00	0	5.02	
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03	
5.04	RH PED IC	46.04	77,334	2,282.10	7.00	15,975	5.04	
5.05	TRANSPLANT ICU	46.05	0	2,581.35	0.00	0	5.05	
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0.00	0	5.06	
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00	
7.00	TOTAL (sum of lines 1 through 6)		739,441		120.00	191,086	7.00	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00		2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition								
8.00	OPERATING ROOM	50.00	0.158377	4,369,841	692,082	8.00		
8.01	ENDOSCOPY	50.01	0.129564	30,303	3,926	8.01		
9.00	RECOVERY ROOM	51.00	0.134055	186,069	24,943	9.00		
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.216070	0	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0.085932	283,613	24,371	11.00		
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	199,211	32,728	11.01		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	846,271	123,587	12.00		
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	28	2	13.00		
14.00	RADIOISOTOPE	56.00	0.045540	1,294,220	58,939	14.00		
15.00	CT SCAN	57.00	0.000000	0	0	15.00		
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00		
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	2,026	704	17.00		
18.00	LABORATORY	60.00	0.165766	2,347,614	389,155	18.00		
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	10,001,831	1,712,564	18.01		
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	235,581	29,456	21.00		
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY	65.00	0.289106	191,649	55,407	23.00		
24.00	PHYSICAL THERAPY	66.00	0.385987	1,161	448	24.00		
25.00	OCCUPATIONAL THERAPY	67.00	0.294255	0	0	25.00		
26.00	SPEECH PATHOLOGY	68.00	0.282954	1,168	330	26.00		
27.00	ELECTROCARDIOLOGY	69.00	0.065471	814,452	53,323	27.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.135555	5,602	759	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	856,196	183,024	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.136324	34,334	4,681	30.00		
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	1,165,040	290,111	31.00		
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	31.03		
32.00	RENAL DIALYSIS	74.00	0.278094	17,562	4,884	32.00		
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00		
34.00	RH NBN ECMO IC	76.00	0.345641	0	0	34.00		
34.01	CARDIOLOGY	76.01	0.079112	0	0	34.01		
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	34.02		
34.03	CARDIAC CATH	76.03	0.108838	4,695,545	511,054	34.03		
34.04	DAY SURGERY	76.04	0.322580	67,747	21,854	34.04		
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05		
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06		
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07		
34.08	ECMO-ADULT	76.08	0.328202	0	0	34.08		
34.97	CARDIAC REHABILITATION	76.97	0.263030	14	4	34.97		
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00		
37.00	CLINIC	90.00	0.000000	0	0	37.00		
37.01	AMB SVC-OB & GYN	90.01	0.380978	627	239	37.01		
37.02	IUSCC HEM/ONC	90.02	0.296413	1,978	586	37.02		
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	37.03		
37.04	AMB SVC-PSYCH ADULT	90.04	1.269874	878	1,115	37.04		
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05		
37.06	OUTPATIENT SURGERY	90.06	0.146965	95,629	14,054	37.06		
37.07	AMB SVC-RILEY CLINICS	90.07	0.227676	333	76	37.07		

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2024 12:26 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.350136	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.198403	13,164	2,612	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.095396	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	543.541756	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	3,868	6,068	0	37.23
37.24	LIFE CARE CLINIC	90.24	1.744046	0	0	0	37.24
38.00	EMERGENCY	91.00	0.088912	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197486	5,235	1,034	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			27,768,790	4,244,120		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	95	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	17	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	7	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			120	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	627	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	1,978	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	878	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	95,629	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	333	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	13,164	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	0	51.19

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Kidney	Hospital	PPS	
Worksheet D-2, Part I Line Numbers		Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00
51.20	IUMG - MH	23.20	0	0.000000	0
51.21	OP REHAB CLINIC	23.21	0	0.000000	0
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0
51.23	GASTROENTEROLOGY CLINIC	23.23	3,868	0.000000	0
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0
52.00	EMERGENCY	24.00	0	0.000000	0
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,235	0.000000	0
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0
55.00	TOTAL (sum of lines 49 through 52)		121,712		0
Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,435,206		28,508,231	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	22,413,632		21,686,248	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (see instructions)	26,848,838		50,194,479	61.00
Cost Center Description		Usable Organs			
		1.00	2.00	3.00	4.00
62.00	Total Usable Organs (see instructions)		309		62.00
63.00	Medicare Usable Organs (see instructions)		178		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.576052		64.00
Cost Center Description		Cost		Charges	
		1.00	2.00	3.00	4.00
65.00	Medicare Cost and Charges (see instructions)	15,466,327		28,914,630	65.00
66.00	Revenue for organs sold (see instructions)	650,825		0	66.00
66.01	Partial primary payor amounts applicable to organ acquisition	0		0	66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0	66.02
67.00	Subtotal (see instructions)	14,815,502		28,914,630	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	14,815,502	0	28,914,630	69.00
Cost Center Description		Living Related		Cadaveric	
		1.00	2.00	3.00	4.00
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		40	106	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		6	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs (see instructions)			189	73.00
74.00	Total (sum of lines 70 through 73)		46	295	74.00
75.00	Organs Transplanted		37	189	75.00
75.01	Organs transplanted into Medicare beneficiaries		8	63	75.01
75.02	Kidneys transplanted into MA beneficiaries		2	22	75.02
75.03	Organs transplanted, Medicare secondary payer		0	0	75.03
75.04	Organs transplanted, Other (see instructions)		27	104	75.04
76.00	Organs sold to other hospitals				76.00
77.00	Organs sold to OPOs		9	74	650,825
78.00	Organs sold to transplant hospitals		0	0	0
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0
79.01	Kidneys sold to MRTC with an agreement		0	0	0
80.00	Organs sold outside the U.S.		0	0	0
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0
82.00	Organs used for research		0	0	0
83.00	Unusable/Discarded organs (see instructions)		0	32	0
84.00	Total (see instructions)		46	295	650,825

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Liver							
Hospital							
PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	70,859	1,452.20	14.00	20,331	1.00
2.00	INTENSIVE CARE UNIT	43.00	92,289	2,042.38	7.00	14,297	2.00
3.00	CORONARY CARE UNIT	44.00	5,769	2,432.21	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	1,446	1,586.63	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,423.07	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,681.95	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	31,148	2,282.10	2.00	4,564	5.04
5.05	TRANSPLANT ICU	46.05	84,147	2,581.35	14.00	36,139	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		285,658		37.00	75,331	7.00
Cost Center Description							
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158377	1,225,609	194,108	8.00	
8.01	ENDOSCOPY	50.01	0.129564	7,744	1,003	8.01	
9.00	RECOVERY ROOM	51.00	0.134055	3,592	482	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.216070	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.085932	96,858	8,323	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	370,772	60,913	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	691,638	101,005	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	44	3	13.00	
14.00	RADIOISOTOPE	56.00	0.045540	13,329	607	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	420	146	17.00	
18.00	LABORATORY	60.00	0.165766	725,558	120,273	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	2,069,279	354,312	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	139,885	17,491	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.289106	76,720	22,180	23.00	
24.00	PHYSICAL THERAPY	66.00	0.385987	9,394	3,626	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.294255	315	93	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.282954	359	102	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.065471	482,888	31,615	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.135555	2,256	306	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	218,973	46,809	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.136324	16,805	2,291	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	324,116	80,709	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.278094	7,073	1,967	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.345641	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.079112	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.108838	891,870	97,069	34.03	
34.04	DAY SURGERY	76.04	0.322580	6,869	2,216	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.328202	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.380978	172	66	37.01	
37.02	IUSCC HEM/ONC	90.02	0.296413	1,028	305	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.269874	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.146965	6,584	968	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.227676	142	32	37.07	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Liver		Hospital		PPS	
Worksheet C Line Numbers		Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges		Organ Acquisition Ancillary Costs	
0		1.00		2.00		3.00	
37.08	MOTILITY LAB	90.08	0.350136	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.198403	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.095396	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	543.541756	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	3,414	5,355	37.23	
37.24	LIFE CARE CLINIC	90.24	1.744046	0	0	0	37.24
38.00	EMERGENCY	91.00	0.088912	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197486	1,507	298	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			7,395,213	1,154,673	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Costs (col. 1 x col. 2)	
0		1.00		2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	14	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	2	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	14	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			37	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers		Organ Charges (see instructions)		Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	
0		1.00		2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	172	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	1,028	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	6,584	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	142	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm		
		Liver	Hospital	PPS		
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	3,414	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,507	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		12,847		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	1,230,004		7,680,871		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	18,411,493		18,529,894		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (see instructions)	19,641,497		26,210,765		61.00
Cost Center Description			Usable Organs			
		1.00	2.00	3.00	4.00	
62.00	Total Usable Organs (see instructions)		214			62.00
63.00	Medicare Usable Organs (see instructions)		53			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.247664			64.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
65.00	Medicare Cost and Charges (see instructions)	4,864,492		6,491,463		65.00
66.00	Revenue for organs sold (see instructions)	262,138		0		66.00
66.01	Partial primary payor amounts applicable to organ acquisition	0		0		66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0		66.02
67.00	Subtotal (see instructions)	4,602,354		6,491,463		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,602,354	0	6,491,463	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		7	39		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs (see instructions)			179		73.00
74.00	Total (sum of lines 70 through 73)		7	218		74.00
75.00	Organs Transplanted		7	179		75.00
75.01	Organs transplanted into Medicare beneficiaries		1	24		75.01
75.02	Kidneys transplanted into MA beneficiaries		0	0		75.02
75.03	Organs transplanted, Medicare secondary payer		0	0	0	75.03
75.04	Organs transplanted, Other (see instructions)		6	155		75.04
76.00	Organs sold to other hospitals					76.00
77.00	Organs sold to OPOs		0	28	262,138	77.00
78.00	Organs sold to transplant hospitals		0	0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00
79.01	Kidneys sold to MRTC with an agreement		0	0	0	79.01
80.00	Organs sold outside the U.S.		0	0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs used for research		0	0	0	82.00
83.00	Unusable/Discarded organs (see instructions)		0	11		83.00
84.00	Total (see instructions)		7	218	262,138	84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDI CARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description				Heart		Hospital		PPS	
Worksheet D-1 Line Numbers				Inpatient Routine Organ Charges		Per Diem Costs (from Wkst. D-1, Part II)		Organ Acquisition	
0				1.00		2.00		3.00	
Cost (col. 2 x col. 3)				4.00		5.00		6.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	10,525	1,452.20	1.00	1,452	1.00		
2.00	INTENSIVE CARE UNIT	43.00	35,006	2,042.38	3.00	6,127	2.00		
3.00	CORONARY CARE UNIT	44.00	2,188	2,432.21	0.00	0	3.00		
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	548	1,586.63	0.00	0	3.01		
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,423.07	0.00	0	4.00		
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00		
5.02	UH SURG 61C	46.02	0	2,681.95	0.00	0	5.02		
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03		
5.04	RH PED IC	46.04	11,815	2,282.10	1.00	2,282	5.04		
5.05	TRANSPLANT ICU	46.05	0	2,581.35	0.00	0	5.05		
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0.00	0	5.06		
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00		
7.00	TOTAL (sum of lines 1 through 6)		60,082		5.00	9,861	7.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
Worksheet C Line Numbers				Ratio of Cost to Charges (from Wkst. C)		Organ Acquisition Ancillary Charges		Organ Acquisition Ancillary Costs	
0				1.00		2.00		3.00	
8.00	OPERATING ROOM	50.00	0.158377	252,409	39,976	8.00			
8.01	ENDOSCOPY	50.01	0.129564	654	85	8.01			
9.00	RECOVERY ROOM	51.00	0.134055	353	47	9.00			
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.216070	0	0	10.00			
11.00	ANESTHESIOLOGY	53.00	0.085932	10,880	935	11.00			
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	32,172	5,285	11.01			
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	101,039	14,755	12.00			
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	3	0	13.00			
14.00	RADIOISOTOPE	56.00	0.045540	2,031	92	14.00			
15.00	CT SCAN	57.00	0.000000	0	0	15.00			
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00			
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	80	28	17.00			
18.00	LABORATORY	60.00	0.165766	57,317	9,501	18.00			
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	1,332,019	228,075	18.01			
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02			
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00			
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00			
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	18,373	2,297	21.00			
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00			
23.00	RESPIRATORY THERAPY	65.00	0.289106	28,055	8,111	23.00			
24.00	PHYSICAL THERAPY	66.00	0.385987	347	134	24.00			
25.00	OCCUPATIONAL THERAPY	67.00	0.294255	0	0	25.00			
26.00	SPEECH PATHOLOGY	68.00	0.282954	0	0	26.00			
27.00	ELECTROCARDIOLOGY	69.00	0.065471	64,801	4,243	27.00			
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.135555	856	116	28.00			
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	18,809	4,021	29.00			
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.136324	0	0	30.00			
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	61,001	15,190	31.00			
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	31.03			
32.00	RENAL DIALYSIS	74.00	0.278094	2,683	746	32.00			
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00			
34.00	RH NBN ECMO IC	76.00	0.345641	0	0	34.00			
34.01	CARDIOLOGY	76.01	0.079112	0	0	34.01			
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	34.02			
34.03	CARDIAC CATH	76.03	0.108838	315,090	34,294	34.03			
34.04	DAY SURGERY	76.04	0.322580	674	217	34.04			
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05			
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06			
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07			
34.08	ECMO-ADULT	76.08	0.328202	0	0	34.08			
34.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	34.97			
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00			
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00			
37.00	CLINIC	90.00	0.000000	0	0	37.00			
37.01	AMB SVC-OB & GYN	90.01	0.380978	0	0	37.01			
37.02	IUSCC HEM/ONC	90.02	0.296413	48	14	37.02			
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	37.03			
37.04	AMB SVC-PSYCH ADULT	90.04	1.269874	0	0	37.04			
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05			
37.06	OUTPATIENT SURGERY	90.06	0.146965	22,443	3,298	37.06			
37.07	AMB SVC-RILEY CLINICS	90.07	0.227676	0	0	37.07			

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Heart		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.350136	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.198403	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.095396	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	543.541756	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	954	1,496	0	37.23
37.24	LIFE CARE CLINIC	90.24	1.744046	0	0	0	37.24
38.00	EMERGENCY	91.00	0.088912	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197486	161	32	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			2,323,252	372,988		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	48	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	22,443	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	0	51.19

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	954	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	161	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		23,606		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
PART III - SUMMARY OF COSTS AND CHARGES		1.00	2.00	3.00	4.00		
56.00	Routine and Ancillary from Part I	382,849		2,383,334		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,059,859		2,969,318		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	3,442,708		5,352,652		61.00	
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		35			62.00	
63.00	Medicare Usable Organs (see instructions)		15			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.428571			64.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	1,475,445		2,293,991		65.00	
66.00	Revenue for organs sold (see instructions)	99,432		0		66.00	
66.01	Partial primary payor amounts applicable to organ acquisition	0		0		66.01	
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0		66.02	
67.00	Subtotal (see instructions)	1,376,013		2,293,991		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,376,013	0	2,293,991	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	19		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)		0	24		73.00	
74.00	Total (sum of lines 70 through 73)		0	43		74.00	
75.00	Organs Transplanted		0	24		75.00	
75.01	Organs transplanted into Medicare beneficiaries		0	4		75.01	
75.02	Kidneys transplanted into MA beneficiaries		0	0		75.02	
75.03	Organs transplanted, Medicare secondary payer		0	0	0	75.03	
75.04	Organs transplanted, Other (see instructions)		0	20		75.04	
76.00	Organs sold to other hospitals		0			76.00	
77.00	Organs sold to OPOs		0	11	99,432	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
79.01	Kidneys sold to MRTC with an agreement		0	0	0	79.01	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	8		83.00	
84.00	Total (see instructions)		0	43	99,432	84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung							
Hospital							
PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	15,309	1,452.20	1.00	1,452	1.00
2.00	INTENSIVE CARE UNIT	43.00	50,918	2,042.38	4.00	8,170	2.00
3.00	CORONARY CARE UNIT	44.00	3,183	2,432.21	1.00	2,432	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	798	1,586.63	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,423.07	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,681.95	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	17,185	2,282.10	1.00	2,282	5.04
5.05	TRANSPLANT ICU	46.05	0	2,581.35	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		87,393		7.00	14,336	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158377	371,726	58,873	8.00	
8.01	ENDOSCOPY	50.01	0.129564	122,882	15,921	8.01	
9.00	RECOVERY ROOM	51.00	0.134055	3,307	443	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.216070	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.085932	16,511	1,419	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	355,653	58,429	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	300,256	43,848	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	1	0	13.00	
14.00	RADIOISOTOPE	56.00	0.045540	65,327	2,975	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	232	81	17.00	
18.00	LABORATORY	60.00	0.165766	147,172	24,396	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	1,335,530	228,676	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	25,717	3,216	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.289106	41,059	11,870	23.00	
24.00	PHYSICAL THERAPY	66.00	0.385987	2,776	1,071	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.294255	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.282954	58	16	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.065471	82,835	5,423	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.135555	1,245	169	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	49,406	10,561	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.136324	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	98,865	24,619	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.278094	3,903	1,085	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.345641	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.079112	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.108838	832,395	90,596	34.03	
34.04	DAY SURGERY	76.04	0.322580	6,323	2,040	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.328202	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.380978	57	22	37.01	
37.02	IUSCC HEM/ONC	90.02	0.296413	78	23	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.269874	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.146965	63,295	9,302	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.227676	0	0	37.07	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2024 12:26 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.350136	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.198403	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.095396	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	543.541756	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	1,613	2,530	0	37.23
37.24	LIFE CARE CLINIC	90.24	1.744046	0	0	0	37.24
38.00	EMERGENCY	91.00	0.088912	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197486	355	70	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			3,928,577	597,674		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	57	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	78	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	63,295	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	0	51.19

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Lung	Hospital	PPS	
Worksheet D-2, Part I Line Numbers		Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00
51.20	IUMG - MH	23.20	0	0.000000	0
51.21	OP REHAB CLINIC	23.21	0	0.000000	0
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0
51.23	GASTROENTEROLOGY CLINIC	23.23	1,613	0.000000	0
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0
52.00	EMERGENCY	24.00	0	0.000000	0
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	355	0.000000	0
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0
55.00	TOTAL (sum of lines 49 through 52)		65,398		0
Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	612,010		4,015,970	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	6,452,677		6,549,384	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (see instructions)	7,064,687		10,565,354	61.00
Cost Center Description		Usable Organs			
		1.00	2.00	3.00	4.00
62.00	Total Usable Organs (see instructions)		73		62.00
63.00	Medicare Usable Organs (see instructions)		33		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.452055		64.00
Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00
65.00	Medicare Cost and Charges (see instructions)	3,193,627		4,776,121	65.00
66.00	Revenue for organs sold (see instructions)	144,628		0	66.00
66.01	Partial primary payor amounts applicable to organ acquisition	0		0	66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0	66.02
67.00	Subtotal (see instructions)	3,048,999		4,776,121	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,048,999	0	4,776,121	69.00
Cost Center Description		Living Related		Cadaveric	
		1.00	2.00	3.00	4.00
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	28	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs (see instructions)		0	57	73.00
74.00	Total (sum of lines 70 through 73)		0	85	74.00
75.00	Organs Transplanted		0	57	75.00
75.01	Organs transplanted into Medicare beneficiaries		0	17	75.01
75.02	Kidneys transplanted into MA beneficiaries		0	0	75.02
75.03	Organs transplanted, Medicare secondary payer		0	0	75.03
75.04	Organs transplanted, Other (see instructions)		0	40	75.04
76.00	Organs sold to other hospitals		0	0	76.00
77.00	Organs sold to OPOs		0	16	144,628
78.00	Organs sold to transplant hospitals		0	0	0
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0
79.01	Kidneys sold to MRTC with an agreement		0	0	0
80.00	Organs sold outside the U.S.		0	0	0
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0
82.00	Organs used for research		0	0	0
83.00	Unusable/Discarded organs (see instructions)		0	12	0
84.00	Total (see instructions)		0	85	144,628

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	7,654	1,452.20	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,459	2,042.38	2.00	4,085	2.00
3.00	CORONARY CARE UNIT	44.00	1,591	2,432.21	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	399	1,586.63	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,423.07	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,681.95	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	8,593	2,282.10	1.00	2,282	5.04
5.05	TRANSPLANT ICU	46.05	0	2,581.35	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		43,696		3.00	6,367	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158377	183,458	29,056	8.00	
8.01	ENDOSCOPY	50.01	0.129564	475	62	8.01	
9.00	RECOVERY ROOM	51.00	0.134055	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.216070	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.085932	7,389	635	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	2,316	380	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	11,377	1,661	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.045540	8,192	373	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	9	3	17.00	
18.00	LABORATORY	60.00	0.165766	21,303	3,531	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	387,521	66,353	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	8,198	1,025	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.289106	20,225	5,847	23.00	
24.00	PHYSICAL THERAPY	66.00	0.385987	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.294255	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.282954	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.065471	8,898	583	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.135555	622	84	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	13,679	2,924	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.136324	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	43,502	10,833	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.278094	1,951	543	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.345641	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.079112	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.108838	47,447	5,164	34.03	
34.04	DAY SURGERY	76.04	0.322580	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.328202	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.380978	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.296413	2	1	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.269874	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.146965	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.227676	0	0	37.07	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm		
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.350136	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.198403	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.095396	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	543.541756	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	1	2	37.23
37.24	LIFE CARE CLINIC	90.24	1.744046	0	0	37.24
38.00	EMERGENCY	91.00	0.088912	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197486	33	7	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			766,598	129,067	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	2	0.000000	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm		
		Pancreas	Hospital	PPS		
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	1	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	33	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		36		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	135,434		810,294		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,555,607		2,598,629		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (see instructions)	2,691,041		3,408,923		61.00
Cost Center Description		Usable Organs				
		1.00	2.00	3.00	4.00	
62.00	Total Usable Organs (see instructions)		39			62.00
63.00	Medicare Usable Organs (see instructions)		16			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.410256			64.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
65.00	Medicare Cost and Charges (see instructions)	1,104,016		1,398,531		65.00
66.00	Revenue for organs sold (see instructions)	72,314		0		66.00
66.01	Partial primary payor amounts applicable to organ acquisition	0		0		66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0		66.02
67.00	Subtotal (see instructions)	1,031,702		1,398,531		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,031,702	0	1,398,531	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	10		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs (see instructions)		0	31		73.00
74.00	Total (sum of lines 70 through 73)		0	41		74.00
75.00	Organs Transplanted		0	31		75.00
75.01	Organs transplanted into Medicare beneficiaries		0	8		75.01
75.02	Kidneys transplanted into MA beneficiaries		0	0		75.02
75.03	Organs transplanted, Medicare secondary payer		0	0	0	75.03
75.04	Organs transplanted, Other (see instructions)		0	23		75.04
76.00	Organs sold to other hospitals		0	0		76.00
77.00	Organs sold to OPOs		0	8	72,314	77.00
78.00	Organs sold to transplant hospitals		0	0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00
79.01	Kidneys sold to MRTC with an agreement		0	0	0	79.01
80.00	Organs sold outside the U.S.		0	0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs used for research		0	0	0	82.00
83.00	Unusable/Discarded organs (see instructions)		0	2		83.00
84.00	Total (see instructions)		0	41	72,314	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2023 To 12/31/2023		Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Intestinal							
Hospital							
PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	957	1,452.20	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,182	2,042.38	0.00	0	2.00
3.00	CORONARY CARE UNIT	44.00	199	2,432.21	0.00	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	50	1,586.63	0.00	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,423.07	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.02	UH SURG 61C	46.02	0	2,681.95	0.00	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0.00	0	5.03
5.04	RH PED IC	46.04	1,074	2,282.10	0.00	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,581.35	0.00	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0.00	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		5,462		0.00	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.158377	23,176	3,671	8.00	
8.01	ENDOSCOPY	50.01	0.129564	59	8	8.01	
9.00	RECOVERY ROOM	51.00	0.134055	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.216070	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.085932	966	83	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	14,595	2,398	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	40,650	5,936	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.045540	185	8	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	2	1	17.00	
18.00	LABORATORY	60.00	0.165766	21,039	3,488	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	80,517	13,787	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	3,743	468	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.289106	4,886	1,413	23.00	
24.00	PHYSICAL THERAPY	66.00	0.385987	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.294255	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.282954	44	12	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.065471	11,343	743	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.135555	78	11	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	1,710	366	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.136324	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	5,976	1,488	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.278094	244	68	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.345641	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.079112	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.108838	1,917	209	34.03	
34.04	DAY SURGERY	76.04	0.322580	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.328202	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.380978	13	5	37.01	
37.02	IUSCC HEM/ONC	90.02	0.296413	70	21	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	1.269874	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.146965	21,739	3,195	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.227676	74	17	37.07	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.350136	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.198403	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.095396	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	543.541756	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	282	442	37.23	
37.24	LIFE CARE CLINIC	90.24	1.744046	0	0	37.24	
38.00	EMERGENCY	91.00	0.088912	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.197486	263	52	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			233,571	37,890	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	13	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	70	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	21,739	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	74	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	INFUSION CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:	Period: From 01/01/2023 To 12/31/2023	Worksheet D-4 Date/Time Prepared: 5/24/2024 12:26 pm	
Cost Center Description		Intestinal	Hospital	PPS	
Worksheet D-2, Part I Line Numbers		Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00
51.20	IUMG - MH	23.20	0	0.000000	0
51.21	OP REHAB CLINIC	23.21	0	0.000000	0
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0
51.23	GASTROENTEROLOGY CLINIC	23.23	282	0.000000	0
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0
52.00	EMERGENCY	24.00	0	0.000000	0
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	263	0.000000	0
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0
55.00	TOTAL (sum of lines 49 through 52)		22,441		0
Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	37,890		239,033	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	877,253		878,319	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (see instructions)	915,143		1,117,352	61.00
Cost Center Description		Usable Organs			
		1.00	2.00	3.00	4.00
62.00	Total Usable Organs (see instructions)		10		62.00
63.00	Medicare Usable Organs (see instructions)		1		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.100000		64.00
Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00
65.00	Medicare Cost and Charges (see instructions)	91,514		111,735	65.00
66.00	Revenue for organs sold (see instructions)	9,039		0	66.00
66.01	Partial primary payor amounts applicable to organ acquisition	0		0	66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0	66.02
67.00	Subtotal (see instructions)	82,475		111,735	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	82,475	0	111,735	69.00
Cost Center Description		Living Related		Cadaveric	
		1.00		2.00	
		3.00		4.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	2	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs (see instructions)		0	9	73.00
74.00	Total (sum of lines 70 through 73)		0	11	74.00
75.00	Organs Transplanted		0	9	75.00
75.01	Organs transplanted into Medicare beneficiaries		0	0	75.01
75.02	Kidneys transplanted into MA beneficiaries		0	0	75.02
75.03	Organs transplanted, Medicare secondary payer		0	0	75.03
75.04	Organs transplanted, Other (see instructions)		0	9	75.04
76.00	Organs sold to other hospitals		0	0	76.00
77.00	Organs sold to OPOs		0	1	9,039
78.00	Organs sold to transplant hospitals		0	0	0
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0
79.01	Kidneys sold to MRTC with an agreement		0	0	0
80.00	Organs sold outside the U.S.		0	0	0
81.00	Organs sent outside the U.S. (no revenue received)		0	0	0
82.00	Organs used for research		0	0	0
83.00	Unusable/Discarded organs (see instructions)		0	1	0
84.00	Total (see instructions)		0	11	9,039

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0056

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

Worksheet D-6
Parts I - IV
Date/Time Prepared:
5/24/2024 12:26 pm

Inpatient Routine Services Acquisition Costs		D-1	Routine Services Acquisition	Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS							
1.00	ADULTS & PEDIATRICS	38.00	0	1,452.20	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,042.38	0	0	2.00
3.00	CORONARY CARE UNIT	44.00					3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01					3.01
4.00	BURN INTENSIVE CARE UNIT	45.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,681.95	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PEDIC	46.04	0	2,282.10	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,581.35	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,125.32	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
8.00	OPERATING ROOM	50.00	0.158377	0	0	0	8.00
8.01	ENDOSCOPY	50.01	0.129564	0	0	0	8.01
9.00	RECOVERY ROOM	51.00	0.134055	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00					10.00
11.00	ANESTHESIOLOGY	53.00	0.085932	0	0	0	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.164286	0	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146037	0	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.045540	0	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.347691	0	0	0	17.00
18.00	LABORATORY	60.00	0.165766	4,846,837	0	803,441	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	0	0	0	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125036	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0.065471	0	0	0	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	969,367	0	207,216	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	3,877,470	0	965,544	25.00
25.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	0	25.03
26.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	26.00
27.00	RH NBN ECMO IC	76.00	0.345641	0	0	0	27.00
27.01	CARDIOLOGY	76.01	0.079112	0	0	0	27.01
27.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	0	27.02
27.03	CARDIAC CATH	76.03	0.108838	0	0	0	27.03
27.04	DAY SURGERY	76.04	0.322580	0	0	0	27.04
27.05	ONCOLOGY	76.05	0.000000	0	0	0	27.05
27.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	27.06
27.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	27.07
27.08	ECMO-ADULT	76.08	0.328202	0	0	0	27.08
27.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	0	27.97
28.00	CLINIC	90.00	0.000000	0	0	0	28.00
28.01	AMB SVC-OB & GYN	90.01	0.380978	0	0	0	28.01
28.02	IUSCC HEM/ONC	90.02	0.296413	0	0	0	28.02
28.03	AMB SVC-OPHTHALMOLOGY	90.03	0.186997	0	0	0	28.03
28.04	AMB SVC-PSYCH ADULT	90.04	1.269874	0	0	0	28.04
28.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	0	28.05
28.06	OUTPATIENT SURGERY	90.06	0.146965	0	0	0	28.06
28.07	AMB SVC-RILEY CLINICS	90.07	0.227676	0	0	0	28.07
28.08	MOTILITY LAB	90.08	0.350136	0	0	0	28.08
28.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	28.09
28.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	28.10
28.11	SLEEP LAB	90.11	0.198403	0	0	0	28.11
28.12	OP CARE ADULTS	90.12	0.000000	0	0	0	28.12
28.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	28.13
28.14	INFUSION CLINIC	90.14	0.095396	0	0	0	28.14
28.15	NEUROLOGY UH	90.15	0.000000	0	0	0	28.15
28.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	28.16
28.17	PHYSICAL MEDICINE	90.17	1.645868	0	0	0	28.17

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS

Provider CCN: 15-0056

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

Worksheet D-6
Parts I - IV
Date/Time Prepared:
5/24/2024 12:26 pm

Ancillary Services Acquisition Costs		C	Ratio of Cost to Charges (from Wkst. C, Pt. 1, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	
		0	1.00	2.00	3.00	4.00	
28.18	DERMATOLOGY CLINIC	90.18	0.279501	0	0	0	28.18
28.19	INFUSION/HEM/ONC	90.19	0.000000	0	0	0	28.19
28.20	IUMG - MH	90.20	0.000000	0	0	0	28.20
28.21	OP REHAB CLINIC	90.21	543.541756	0	0	0	28.21
28.22	EATING DISORDERS CLINIC	90.22	0.995153	0	0	0	28.22
28.23	GASTROENTEROLOGY CLINIC	90.23	1.568653	0	0	0	28.23
28.24	LIFE CARE CLINIC	90.24	1.744046	0	0	0	28.24
30.00	TOTAL (sum of lines 8 through 28)			9,693,674	0	1,976,201	30.00
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost					
		5.00					
8.00	OPERATING ROOM	0					8.00
8.01	ENDOSCOPY	0					8.01
9.00	RECOVERY ROOM	0					9.00
10.00	DELIVERY ROOM & LABOR ROOM	0					10.00
11.00	ANESTHESIOLOGY	0					11.00
11.01	PULMONARY FUNCTION TESTING	0					11.01
12.00	RADIOLOGY-DIAGNOSTIC	0					12.00
13.00	RADIOLOGY-THERAPEUTIC	0					13.00
14.00	RADIOISOTOPE	0					14.00
15.00	CT SCAN	0					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	0					16.00
17.00	CARDIAC CATHETERIZATION	0					17.00
18.00	LABORATORY	0					18.00
18.01	TRANSPLANT IMMUNOLOGY	0					18.01
18.02	BONE MARROW TRANSPLANT LAB	0					18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	0					21.00
22.00	INTRAVENOUS THERAPY	0					22.00
23.00	ELECTROCARDIOLOGY	0					23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0					24.00
25.00	DRUGS CHARGED TO PATIENTS	0					25.00
25.03	OUTPATIENT RETAIL PHARMACY	0					25.03
26.00	ASC (NON-DISTINCT PART)	0					26.00
27.00	RH NBN ECMO IC	0					27.00
27.01	CARDIOLOGY	0					27.01
27.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0					27.02
27.03	CARDIAC CATH	0					27.03
27.04	DAY SURGERY	0					27.04
27.05	ONCOLOGY	0					27.05
27.06	DAY SURGERY-RILEY	0					27.06
27.07	CARDIOLOGY-RILEY	0					27.07
27.08	ECMO-ADULT	0					27.08
27.97	CARDIAC REHABILITATION	0					27.97
28.00	CLINIC	0					28.00
28.01	AMB SVC-OB & GYN	0					28.01
28.02	IUSCC HEM/ONC	0					28.02
28.03	AMB SVC-OPHTHALMOLOGY	0					28.03
28.04	AMB SVC-PSYCH ADULT	0					28.04
28.05	AMB SVC-DIABETES ADULT	0					28.05
28.06	OUTPATIENT SURGERY	0					28.06
28.07	AMB SVC-RILEY CLINICS	0					28.07
28.08	MOTILITY LAB	0					28.08
28.09	AMB SVC - PSYCH CHILD	0					28.09
28.10	CLINICAL GERIATRICS	0					28.10
28.11	SLEEP LAB	0					28.11
28.12	OP CARE ADULTS	0					28.12
28.13	PEDIATRIC CLINIC	0					28.13
28.14	INFUSION CLINIC	0					28.14
28.15	NEUROLOGY UH	0					28.15
28.16	ORTHOPEDICS UH	0					28.16
28.17	PHYSICAL MEDICINE	0					28.17
28.18	DERMATOLOGY CLINIC	0					28.18
28.19	INFUSION/HEM/ONC	0					28.19
28.20	IUMG - MH	0					28.20
28.21	OP REHAB CLINIC	0					28.21
28.22	EATING DISORDERS CLINIC	0					28.22

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet D-6 Parts I - IV Date/Time Prepared: 5/24/2024 12:26 pm
Ancillary Services Acquisition Costs		Outpatient Ancillary Services Acquisition Cost		
		5.00		
28.23	GASTROENTEROLOGY CLINIC	0		28.23
28.24	LIFE CARE CLINIC	0		28.24
30.00	TOTAL (sum of lines 8 through 28)	0		30.00

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet D-6 Parts I - IV Date/Time Prepared: 5/24/2024 12:26 pm	
Interns and Residents Not in Approved Teaching Program Acquisition Costs		D-2	Average Cost Per Day (from Wkst. D-2, Pt. 1, col. 4)	Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS							
1.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	1.00
2.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	2.00
3.00	CORONARY CARE UNIT	4.00					3.00
3.01	NEONATAL INTENSIVE CARE UNIT	4.01					3.01
4.00	BURN INTENSIVE CARE UNIT	5.00					4.00
5.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	5.00
5.02	UH SURG 6IC	6.02	0.00	0	0	0	5.02
5.03	UH NS 3IC	6.03	0.00	0	0	0	5.03
5.04	RH PED IC	6.04	0.00	0	0	0	5.04
5.05	TRANSPLANT ICU	6.05	0.00	0	0	0	5.05
5.06	PEDS CANCER CARE	6.06	0.00	0	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1 through 6)			0	0	0	7.00
					Amount		
					1.00		
PART III - SUMMARY OF CELLULAR THERAPY ACQUISITION COSTS							
1.00	Acquisition cost from Worksheet B, col. 26 (see instructions)				4,306,346		1.00
Acquisition Services Total Costs				Inpatient	Outpatient		
				1.00	2.00		
2.00	Routine and ancillary			1,976,201	0	2.00	
3.00	Interns and residents				0	3.00	
4.00	Apportionment of acquisition cost from line 1			4,306,346	0	4.00	
5.00	Cost of physicians' services in a teaching hospital (see instructions)			0	0	5.00	
6.00	Total acquisition cost (sum of lines 2 through 5)			6,282,547	0	6.00	
Determine Ratio of Medicare Transplants to Total Transplants				Inpatient	Outpatient	Total	
				1.00	2.00	3.00	
7.00	Total transplants (see instructions)		79	0	79	7.00	
8.00	Medicare transplants (see instructions)		11	0		8.00	
9.00	Medicare ratio (line 8 ÷ line 7)		0.139241	0.000000		9.00	
10.00	Medicare cost (see instructions)		874,788	0		10.00	
					Amount		
					1.00		
PART IV - STATISTICS							
1.00	Number of recipients intended for allogeneic HSCT where the acquisition cost was incurred but the transplant did not occur (see instructions)				0		1.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		79,656,083	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		28,891,448	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		9,852,916	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,735,664	2.04
3.00	Managed Care Simulated Payments		116,266,054	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,241.95	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		686.08	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		686.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		711.67	10.00
11.00	FTE count for residents in dental and podiatric programs.		26.36	11.00
12.00	Current year allowable FTE (see instructions)		712.44	12.00
13.00	Total allowable FTE count for the prior year.		553.76	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		553.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.		606.46	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.80	17.00
18.00	Adjusted rolling average FTE count		607.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.488957	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.448788	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.448788	21.00
22.00	IME payment adjustment (see instructions)		23,739,671	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		25,427,735	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		25.59	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001610	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000430	27.00
28.00	IME add-on adjustment amount (see instructions)		46,675	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		49,994	28.01
29.00	Total IME payment (sum of lines 22 and 28)		23,786,346	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		25,477,729	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)		43.66	31.00
32.00	Sum of lines 30 and 31		50.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		30.78	33.00
34.00	Disproportionate share adjustment (see instructions)		8,352,733	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.001723092	0.001662157	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	11,845,228	9,869,900	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	8,859,579	2,480,957	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	11,340,536		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	164,615,726		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		190,093,455	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,974,689	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		12,163,371	52.00
53.00	Nursing and Allied Health Managed Care payment		165,322	53.00
54.00	Special add-on payments for new technologies		232,826	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		24,957,045	55.00
55.01	Cellular therapy acquisition cost (see instructions)		874,788	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		147,755	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		283,677	58.00
59.00	Total (sum of amounts on lines 49 through 58)		239,892,928	59.00
60.00	Primary payer payments		29,796	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		239,863,132	61.00
62.00	Deductibles billed to program beneficiaries		8,019,600	62.00
63.00	Coinurance billed to program beneficiaries		1,200,096	63.00
64.00	Allowable bad debts (see instructions)		720,510	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		468,332	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		294,347	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		231,111,768	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-332,150	70.93
70.94	HRR adjustment amount (see instructions)		-373,500	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			230,406,118	71.00
71.01	Sequestration adjustment (see instructions)			4,608,122	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			223,243,208	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			2,554,788	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			7,072,692	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2024 12:26 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	79,656,083	0	79,656,083		79,656,083	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,891,448	0		28,891,448	28,891,448	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	9,852,916	0	9,852,916		9,852,916	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,735,664	0		2,735,664	2,735,664	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	116,266,054	0	84,604,082	31,661,972	116,266,054	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.448788	0.448788	0.448788	0.448788		5.00
6.00	IME payment adjustment (see instructions)	22.00	23,739,671	0	17,421,025	6,318,646	23,739,671	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	25,427,735	0	18,503,167	6,924,568	25,427,735	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000430	0.000430	0.000430	0.000430		7.00
8.00	IME adjustment (see instructions)	28.00	46,675	0	34,252	12,423	46,675	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	49,994	0	36,379	13,615	49,994	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,786,346	0	17,455,277	6,331,069	23,786,346	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	25,477,729	0	18,539,546	6,938,183	25,477,729	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3078	0.3078	0.3078	0.3078		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	8,352,733	0	6,129,536	2,223,197	8,352,733	11.00
11.01	Uncompensated care payments	36.00	11,340,536	0	8,859,579	2,480,957	11,340,536	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	164,615,726	0	121,953,391	42,662,335	164,615,726	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	190,093,455	0	140,492,937	49,600,518	190,093,455	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,974,689	0	-1,283,945	12,258,634	10,974,689	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2024 12:26 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	232,826	0	137,057	95,769	232,826	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	139,346,049	61,954,921	201,300,970	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	8,226,093	0	0	8,226,093	8,226,093	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	-1,510,699	1,510,699	0	20.01
21.00	Capital DRG outlier payments	2.00	833,986	0	696,581	137,405	833,986	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2036	0.2036	0.2036	0.2036		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,674,833	0	-307,578	1,982,411	1,674,833	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1074	0.1074	0.0000	0.1074		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	239,777	0	-162,249	402,026	239,777	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,974,689	0	-1,283,945	12,258,634	10,974,689	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0056		Period: From 01/01/2023 To 12/31/2023		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	79,656,083	79,656,083		79,656,083	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,891,448		28,891,448	28,891,448	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	9,852,916	9,852,916		9,852,916	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,735,664		2,735,664	2,735,664	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	116,266,054	84,604,082	31,661,972	116,266,054	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.448788	0.448788	0.448788		5.00
6.00	IME payment adjustment (see instructions)	22.00	23,739,671	17,421,025	6,318,646	23,739,671	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	25,427,735	18,503,167	6,924,568	25,427,735	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000430	0.000430	0.000430		7.00
8.00	IME adjustment (see instructions)	28.00	46,675	34,252	12,423	46,675	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	49,994	36,379	13,615	49,994	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,786,346	17,455,277	6,331,069	23,786,346	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	25,477,729	18,539,546	6,938,183	25,477,729	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3078	0.3078	0.3078		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	8,352,733	6,129,536	2,223,197	8,352,733	11.00
11.01	Uncompensated care payments	36.00	11,340,536	8,859,579	2,480,957	11,340,536	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	164,615,726	121,953,391	42,662,335	164,615,726	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	190,093,455	140,492,937	49,600,518	190,093,455	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,974,689	-1,283,945	12,258,634	10,974,689	16.00
17.00	Special add-on payments for new technologies	54.00	232,826	137,057	95,769	232,826	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			139,346,049	61,954,921	201,300,970	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0056

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2024 12:26 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,226,093	0	8,226,093	8,226,093	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	-1,510,699	1,510,699	0	20.01
21.00	Capital DRG outlier payments	2.00	833,986	696,581	137,405	833,986	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2036	0.2036	0.2036		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,674,833	-307,578	1,982,411	1,674,833	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1074	0.0000	0.1074		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	239,777	-162,249	402,026	239,777	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,974,689	-1,283,945	12,258,634	10,974,689	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-332,150	0	-332,150	-332,150	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-373,500	-295,234	-78,266	-373,500	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		185,308	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		144,486,452	2.00
3.00	OPPS or REH payments		120,739,929	3.00
4.00	Outlier payment (see instructions)		1,518,352	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		509,895	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		185,308	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		747,212	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		747,212	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		747,212	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		561,904	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		185,308	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		122,768,176	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		547	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		17,849,992	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		105,102,945	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,637,359	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		112,740,304	30.00
31.00	Primary payer payments		29,249	31.00
32.00	Subtotal (line 30 minus line 31)		112,711,055	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		6,218	33.00
34.00	Allowable bad debts (see instructions)		1,296,514	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		842,734	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		889,760	36.00
37.00	Subtotal (see instructions)		113,560,007	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-9	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		2,900	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		113,560,016	40.00
40.01	Sequestration adjustment (see instructions)		2,271,200	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		111,392,396	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-103,580	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		458,599	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		51	2.00
3.00	OPPS or REH payments		83	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		28	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		28	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		28	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		83	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		90	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		90	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		90	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		90	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		90	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		87	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		1	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
MEDI CARE PART B ANCI LLARY COSTS				
200.00	Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2024 12:26 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		220,072,608		109,539,496	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/09/2023	2,948,100	08/09/2023	1,718,600	3.01	
3.02		01/03/2024	222,500	09/13/2023	134,300	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		3,170,600		1,852,900	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)		223,243,208		111,392,396	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		2,554,788		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		103,580	6.02	
7.00	Total Medicare program liability (see instructions)		225,797,996		111,288,816	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056
Component CCN: 15-S056

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Title XVIII

Subprovider -
IPF

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		468,530		87	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		468,530		87	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		34,304		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		502,834		88	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part II Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			488,774 1.00
2.00	Net IPF PPS Outlier Payments			22,922 2.00
3.00	Net IPF PPS ECT Payments			4,763 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			16.20 4.00
4.01	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 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			1.57 6.00
7.00	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 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			1.57 8.00
9.00	Average Daily Census (see instructions)			14.021918 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.056179 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			27,459 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			543,918 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			543,918 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			543,918 18.00
19.00	Deductibles			31,956 19.00
20.00	Subtotal (line 18 minus line 19)			511,962 20.00
21.00	Coinsurance			6,400 21.00
22.00	Subtotal (line 20 minus line 21)			505,562 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,596 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			5,587 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			511,149 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			1,947 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			513,096 31.00
31.01	Sequestration adjustment (see instructions)			10,262 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			468,530 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34,304 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			22,922 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.			0.010716 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.056179 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/24/2024 12:26 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			740.56	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	203.16	424.32	627.48	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	179.21	374.30	553.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.03		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		24.87		10.01
11.00	Total weighted FTE count	179.21	398.33		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	186.93	390.75		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	190.95	386.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	185.70	392.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.40		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.80		16.01
17.00	Adjusted rolling average FTE count	185.70	392.42		17.00
18.00	Per resident amount	110,258.04	104,420.32		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	20,474,918	40,976,622	61,451,540	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			187.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			121,911.43	23.00
24.00	Multiply line 22 time line 23			243,823	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			61,695,363	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/24/2024 12:26 pm
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	51,087	61,259		26.00
27.00	Total Inpatient Days (see instructions)	343,808	343,808		27.00
28.00	Ratio of inpatient days to total inpatient days	0.148592	0.178178		28.00
29.00	Program direct GME amount	9,167,437	10,992,756	20,160,193	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		359,463	359,463	30.00
31.00	Net Program direct GME amount			19,800,730	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			150	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			45,280,617	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000003	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			205,370,289	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			25,831,833	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			29,796	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			231,172,326	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			145,181,713	42.00
43.00	Primary payer payments (see instructions)			29,249	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			145,152,464	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			376,324,790	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.614289	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.385711	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			19,800,730	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			12,163,371	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			7,637,359	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/24/2024 12:26 pm
			Title XVIII	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0056

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

Worksheet G
Date/Time Prepared:
5/24/2024 12:26 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	713,991,797	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,940,000	0	0	0	3.00
4.00	Accounts receivable	2,147,668,683	0	0	0	4.00
5.00	Other receivable	2,367,166,569	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-1,449,435,891	0	0	0	6.00
7.00	Inventory	99,611,210	0	0	0	7.00
8.00	Prepaid expenses	62,721,968	0	0	0	8.00
9.00	Other current assets	5,199,675,167	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	9,143,339,503	0	0	0	11.00
FIXED ASSETS						
12.00	Land	349,108,477	0	0	0	12.00
13.00	Land improvements	29,121,167	0	0	0	13.00
14.00	Accumulated depreciation	-17,159,169	0	0	0	14.00
15.00	Buildings	1,496,235,422	0	0	0	15.00
16.00	Accumulated depreciation	-651,092,834	0	0	0	16.00
17.00	Leasehold improvements	982,603,042	0	0	0	17.00
18.00	Accumulated depreciation	-660,193,546	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	21,602,082	0	0	0	21.00
22.00	Accumulated depreciation	-17,739,098	0	0	0	22.00
23.00	Major movable equipment	1,771,939,533	0	0	0	23.00
24.00	Accumulated depreciation	-1,483,503,257	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,820,921,819	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	479,031,587	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	897,397,432	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,376,429,019	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	12,340,690,341	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,275,607,929	0	0	0	37.00
38.00	Salaries, wages, and fees payable	185,752,373	0	0	0	38.00
39.00	Payroll taxes payable	70,955,764	0	0	0	39.00
40.00	Notes and loans payable (short term)	77,447,614	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	371,171,263	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,980,934,943	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,156,820,462	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,410,739	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,207,231,201	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	5,188,166,144	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	7,152,524,197				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	7,152,524,197	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	12,340,690,341	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0056

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

Worksheet G-1

Date/Time Prepared:
5/24/2024 12:26 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		6,203,824,015		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,333,517,864			2.00
3.00	Total (sum of line 1 and line 2)		7,537,341,879		0	3.00
4.00	DONATED PROPERTY	58,559		0		4.00
5.00	RETAINED EARNINGS	16,129,725		0		5.00
6.00	MARKET TO MARKET INT SWAP	25,965,736		0		6.00
7.00	ROUNDING	274		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		42,154,294		0	10.00
11.00	Subtotal (line 3 plus line 10)		7,579,496,173		0	11.00
12.00	UNRESTRICTED FUND BALANCE	426,971,976		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		426,971,976		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		7,152,524,197		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	DONATED PROPERTY		0			4.00
5.00	RETAINED EARNINGS		0			5.00
6.00	MARKET TO MARKET INT SWAP		0			6.00
7.00	ROUNDING		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	UNRESTRICTED FUND BALANCE		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: 15-0056

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,011,794,641		1,011,794,641	1.00
2.00	SUBPROVIDER - IPF	16,206,306		16,206,306	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,028,000,947		1,028,000,947	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	140,913,451		140,913,451	11.00
12.00	CORONARY CARE UNIT	135,697,937		135,697,937	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	242,389,763		242,389,763	12.01
13.00	BURN INTENSIVE CARE UNIT	11,156,244		11,156,244	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	20,874,033		20,874,033	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PEDIC	82,009,958		82,009,958	14.04
14.05	TRANSPLANT ICU	17,061,451		17,061,451	14.05
14.06	PEDS CANCER CARE	12,625,378		12,625,378	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	662,728,215		662,728,215	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,690,729,162		1,690,729,162	17.00
18.00	Ancillary services	4,086,809,317	4,684,649,328	8,771,458,645	18.00
19.00	Outpatient services	243,674,425	1,039,474,920	1,283,149,345	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		406,159,960	406,159,960	22.00
23.00	AMBULANCE SERVICES	0	483,876,444	483,876,444	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	49,285,399	49,285,399	26.00
27.00	SPECIAL PURPOSE COST CENTERS	73,389,383	0	73,389,383	27.00
27.01	PHYSICIAN REVENUE	0	34,059,065	34,059,065	27.01
27.02	HOME OFFICE AND NRCC REVENUE	0	107,838	107,838	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	6,094,602,287	6,697,612,954	12,792,215,241	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		3,475,786,986		29.00
30.00	HOME OFFICE EXPENSE	1,773,815,288			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,773,815,288		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		5,249,602,274		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0056

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

Worksheet G-3

Date/Time Prepared:
5/24/2024 12:26 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	12,792,215,241	1.00
2.00	Less contractual allowances and discounts on patients' accounts	8,867,233,197	2.00
3.00	Net patient revenues (line 1 minus line 2)	3,924,982,044	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	5,249,602,274	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,324,620,230	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	795,037,621	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER OPERATING REVENUE	1,284,322,731	24.00
24.01	MEMBER PREMIUM REVENUE	584,892,032	24.01
24.02	SWAP GAIN	8,822,606	24.02
24.03	RELATED PARTY INCOME	0	24.03
24.04	EDUCATION & RESEARCH SUPPORT	0	24.04
24.05	OTHER INCOME	-14,936,896	24.05
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	2,658,138,094	25.00
26.00	Total (line 5 plus line 25)	1,333,517,864	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,333,517,864	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet H

HHA CCN: 15-7158

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	6,286,465	1,744,881	0	1,204,982	3,818,209	13,054,537	5.00
HHA REIMBURSABLE SERVICES							
6.00	6,016,192	1,669,864	0	0	0	7,686,056	6.00
7.00	2,748,596	762,905	0	0	0	3,511,501	7.00
8.00	712,162	197,669	0	0	0	909,831	8.00
9.00	75,191	20,870	0	0	0	96,061	9.00
10.00	296,483	82,292	0	0	0	378,775	10.00
11.00	83,012	23,041	0	0	0	106,053	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	2,984,990	828,518	0	713,547	13,597,170	18,124,225	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	7,608,250	2,111,758	0	301,152	104,042,767	114,063,927	23.00
23.50	0	0	0	0	0	0	23.50
24.00	26,811,341	7,441,798	0	2,219,681	121,458,146	157,930,966	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	851,087	13,905,624	-9,215,709	4,689,915			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	7,686,056	0	7,686,056			6.00
7.00	0	3,511,501	0	3,511,501			7.00
8.00	0	909,831	0	909,831			8.00
9.00	0	96,061	0	96,061			9.00
10.00	0	378,775	0	378,775			10.00
11.00	0	106,053	0	106,053			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	-155,806	17,968,419	-6,434,467	11,533,952			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	-695,281	113,368,646	-79,283,795	34,084,851			23.00
23.50	0	0	0	0			23.50
24.00	0	157,930,966	-94,933,971	62,996,995			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet H-1 Part I Date/Time Prepared: 5/24/2024 12:26 pm
		HHA CCN: 15-7158	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	4,689,915	0	0	0	4,689,915	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	7,686,056	0	0	0	7,686,056	6.00
7.00	Physical Therapy	3,511,501	0	0	0	3,511,501	7.00
8.00	Occupational Therapy	909,831	0	0	0	909,831	8.00
9.00	Speech Pathology	96,061	0	0	0	96,061	9.00
10.00	Medical Social Services	378,775	0	0	0	378,775	10.00
11.00	Home Health Aide	106,053	0	0	0	106,053	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	11,533,952	0	0	0	11,533,952	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	34,084,851	0	0	0	34,084,851	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	62,996,995	0	0	0	62,996,995	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	4,689,915					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	618,228	8,304,284				6.00
7.00	Physical Therapy	282,448	3,793,949				7.00
8.00	Occupational Therapy	73,182	983,013				8.00
9.00	Speech Pathology	7,727	103,788				9.00
10.00	Medical Social Services	30,467	409,242				10.00
11.00	Home Health Aide	8,530	114,583				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	927,733	12,461,685				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	2,741,600	36,826,451				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		62,996,995				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

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

Worksheet H-1
Part II
Date/Time Prepared:
5/24/2024 12:26 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-4,689,915	58,307,080
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	7,686,056
7.00	Physical Therapy	0	0	0	0	0	3,511,501
8.00	Occupational Therapy	0	0	0	0	0	909,831
9.00	Speech Pathology	0	0	0	0	0	96,061
10.00	Medical Social Services	0	0	0	0	0	378,775
11.00	Home Health Aide	0	0	0	0	0	106,053
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	11,533,952
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	34,084,851
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-4,689,915	58,307,080
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	4,689,915
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.080435

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

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

Worksheet H-2 Part I

HHA CCN: 15-7158

Date/Time Prepared: 5/24/2024 12:26 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	466,286	677,477	4,815,241	2,299	3,384,975	1.00
2.00 Skilled Nursing Care	8,304,284	0	0	0	0	0	2.00
3.00 Physical Therapy	3,793,949	0	0	0	0	0	3.00
4.00 Occupational Therapy	983,013	0	0	0	0	0	4.00
5.00 Speech Pathology	103,788	0	0	0	0	0	5.00
6.00 Medical Social Services	409,242	0	0	0	0	0	6.00
7.00 Home Health Aide	114,583	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	12,461,685	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	36,826,451	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	62,996,995	466,286	677,477	4,815,241	2,299	3,384,975	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING, RECEIVING & STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	1,898,798	11,245,076	825,186	352,908	1.00
2.00 Skilled Nursing Care	0	0	0	8,304,284	609,385	0	2.00
3.00 Physical Therapy	0	0	0	3,793,949	278,408	0	3.00
4.00 Occupational Therapy	0	0	0	983,013	72,135	0	4.00
5.00 Speech Pathology	0	0	0	103,788	7,616	0	5.00
6.00 Medical Social Services	0	0	0	409,242	30,031	0	6.00
7.00 Home Health Aide	0	0	0	114,583	8,408	0	7.00
8.00 Supplies (see instructions)	463,393	0	0	463,393	34,005	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12,461,685	914,463	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	36,826,451	2,702,399	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	463,393	0	1,898,798	74,705,464	5,482,036	352,908	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2023

Part I
Date/Time Prepared: 5/24/2024 12:26 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNI VERSI TY	HOUSEKEEPING - RI LEY	HOUSEKEEPING - METHODI ST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	542,293	0	0	3,635	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	542,293	0	0	3,635	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	
		9.04	9.05	10.00	11.00	13.00	13.01	
1.00	Administrative and General	0	0	0	119,069	1,436,395	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	119,069	1,436,395	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2023

Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV					
	14.00	15.00	16.00	17.00	18.00	21.00	
1.00 Administrative and General	0	0	605,991	0	216,483	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	3,148,028	0	0	0	0	0	8.00
9.00 Drugs	0	55,804	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,148,028	55,804	605,991	0	216,483	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METH ODI ST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00	23.00	23.01	23.02	23.03	23.04	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2023

Part I
Date/Time Prepared:
5/24/2024 12:26 pm

Home Health Agency I

PPS

Cost Center Description		PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.05	23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	2,743	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	2,743	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.11	24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	15,347,036	0	15,347,036		1.00	
2.00	Skilled Nursing Care	0	8,913,669	0	8,913,669	1,917,990	10,831,659	2.00
3.00	Physical Therapy	0	4,072,357	0	4,072,357	876,265	4,948,622	3.00
4.00	Occupational Therapy	0	1,055,148	0	1,055,148	227,040	1,282,188	4.00
5.00	Speech Pathology	0	111,404	0	111,404	23,971	135,375	5.00
6.00	Medical Social Services	0	439,273	0	439,273	94,520	533,793	6.00
7.00	Home Health Aide	0	122,991	0	122,991	26,464	149,455	7.00
8.00	Supplies (see instructions)	0	3,645,426	0	3,645,426	784,401	4,429,827	8.00
9.00	Drugs	0	58,547	0	58,547	12,598	71,145	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	13,376,148	0	13,376,148	2,878,199	16,254,347	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	39,528,850	0	39,528,850	8,505,588	48,034,438	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	86,670,849	0	86,670,849	15,347,036	86,670,849	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.215174		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet H-2 Part II Date/Time Prepared: 5/24/2024 12:26 pm
		HHA CCN: 15-7158	Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	32,303	395,847	26,566,847	323	323		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0	5,661,839	8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	32,303	395,847	26,566,847	323	323	5,661,839	20.00
21.00 Total cost to be allocated	466,286	677,477	4,815,241	2,299	3,384,975	463,393	21.00
22.00 Unit cost multiplier	14.434758	1.711462	0.181250	7.117647	10.479.798762	0.081845	22.00
Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	406,159,960	0	11,245,076	32,303	32,303	1.00
2.00 Skilled Nursing Care	0	0	0	8,304,284	0	0	2.00
3.00 Physical Therapy	0	0	0	3,793,949	0	0	3.00
4.00 Occupational Therapy	0	0	0	983,013	0	0	4.00
5.00 Speech Pathology	0	0	0	103,788	0	0	5.00
6.00 Medical Social Services	0	0	0	409,242	0	0	6.00
7.00 Home Health Aide	0	0	0	114,583	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	463,393	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12,461,685	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	36,826,451	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	406,159,960	0	74,705,464	32,303	32,303	20.00
21.00 Total cost to be allocated	0	1,898,798	0	5,482,036	352,908	542,293	21.00
22.00 Unit cost multiplier	0.000000	0.004675	0	0.073382	10.924930	16.787698	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2023 To 12/31/2023	Worksheet H-2 Part II Date/Time Prepared: 5/24/2024 12:26 pm
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		Home Health Agency I	PPS
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Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
	8.00	9.00	9.01	9.02	9.03	9.04	
1.00 Administrative and General	0	32,303	699	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	32,303	699	0	0	0	20.00
21.00 Total cost to be allocated	0	0	3,635	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	5.200286	0.000000	0.000000	0.000000	22.00

Cost Center Description	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
	9.05	10.00	11.00	13.00	13.01	14.00	
1.00 Administrative and General	0	0	323	72	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	5,661,839	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	323	72	0	5,661,839	20.00
21.00 Total cost to be allocated	0	0	119,069	1,436,395	0	3,148,028	21.00
22.00 Unit cost multiplier	0.000000	0.000000	368.634675	19,949.930556	0.000000	0.556008	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
				(GROSS CHARGES)	(ASSIGNED TIME)		
	15.00	16.00	17.00	18.00	21.00	22.00	
1.00 Administrative and General	0	406,159,960	0	406,159,960	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	363,504	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	363,504	406,159,960	0	406,159,960	0	0	20.00
21.00 Total cost to be allocated	55,804	605,991	0	216,483	0	0	21.00
22.00 Unit cost multiplier	0.153517	0.001492	0.000000	0.000533	0.000000	0.000000	22.00
Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	
	23.00	23.01	23.02	23.03	23.04	23.05	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Home Health Agency I

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Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
	23.06	23.07	23.08	23.09	23.10	23.11	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	363,504	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	363,504	0	0	0	0	20.00
21.00 Total cost to be allocated	0	2,743	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.007546	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2023 To 12/31/2023	Worksheet H-3 Part I Date/Time Prepared: 5/24/2024 12:26 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	10,831,659		10,831,659	21,431	505.42	1.00
2.00	Physical Therapy	3.00	4,948,622	0	4,948,622	18,298	270.45	2.00
3.00	Occupational Therapy	4.00	1,282,188	0	1,282,188	5,575	229.99	3.00
4.00	Speech Pathology	5.00	135,375	0	135,375	223	607.06	4.00
5.00	Medical Social Services	6.00	533,793		533,793	831	642.35	5.00
6.00	Home Health Aide	7.00	149,455		149,455	1,302	114.79	6.00
7.00	Total (sum of lines 1-6)		17,881,092	0	17,881,092	47,660		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		14020	0	1,017			8.00
8.01	Skilled Nursing Care		26900	0	1,128			8.01
8.02	Skilled Nursing Care		29200	0	695			8.02
8.03	Skilled Nursing Care		34620	0	279			8.03
8.04	Skilled Nursing Care		99915	0	1,025			8.04
9.00	Physical Therapy		14020	0	1,048			9.00
9.01	Physical Therapy		26900	0	2,146			9.01
9.02	Physical Therapy		29200	0	1,020			9.02
9.03	Physical Therapy		34620	0	599			9.03
9.04	Physical Therapy		99915	0	1,034			9.04
10.00	Occupational Therapy		14020	0	333			10.00
10.01	Occupational Therapy		26900	0	693			10.01
10.02	Occupational Therapy		29200	0	252			10.02
10.03	Occupational Therapy		34620	0	204			10.03
10.04	Occupational Therapy		99915	0	313			10.04
11.00	Speech Pathology		14020	0	4			11.00
11.01	Speech Pathology		26900	0	27			11.01
11.02	Speech Pathology		29200	0	3			11.02
11.03	Speech Pathology		34620	0	75			11.03
11.04	Speech Pathology		99915	0	24			11.04
12.00	Medical Social Services		14020	0	21			12.00
12.01	Medical Social Services		26900	0	92			12.01
12.02	Medical Social Services		29200	0	22			12.02
12.03	Medical Social Services		34620	0	15			12.03
12.04	Medical Social Services		99915	0	30			12.04
13.00	Home Health Aide		14020	0	35			13.00
13.01	Home Health Aide		26900	0	104			13.01
13.02	Home Health Aide		29200	0	83			13.02
13.03	Home Health Aide		34620	0	90			13.03
13.04	Home Health Aide		99915	0	104			13.04
14.00	Total (sum of lines 8-13)			0	12,515			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	4,429,827	0	4,429,827	0	0.000000	15.00
16.00	Cost of Drugs	9.00	71,145	0	71,145	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2023	Worksheet H-3
		HHA CCN: 15-7158	To 12/31/2023	Part I Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION
Cost Per Visit Computation

1.00	Skilled Nursing Care	0	4,144		0	2,094,460	1.00
2.00	Physical Therapy	0	5,847		0	1,581,321	2.00
3.00	Occupational Therapy	0	1,795		0	412,832	3.00
4.00	Speech Pathology	0	133		0	80,739	4.00
5.00	Medical Social Services	0	180		0	115,623	5.00
6.00	Home Health Aide	0	416		0	47,753	6.00
7.00	Total (sum of lines 1-6)	0	12,515		0	4,332,728	7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00

Limitation Cost Computation

8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	0	26,283	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet H-3

HHA CCN: 15-7158

To 12/31/2023

Part I
Date/Time Prepared:
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PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,094,460		1.00
2.00	Physical Therapy	1,581,321		2.00
3.00	Occupational Therapy	412,832		3.00
4.00	Speech Pathology	80,739		4.00
5.00	Medical Social Services	115,623		5.00
6.00	Home Health Aide	47,753		6.00
7.00	Total (sum of lines 1-6)	4,332,728		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

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

Worksheet H-3
Part II
Date/Time Prepared:
5/24/2024 12:26 pm
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.385987	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.294255	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.282954	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.213764	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.249014	0	0	col. 2, line 16.00	5.00
5.03	Cost of Drugs 3	73.03	0.944445	0	0	col. 2, line 16.03	5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2023 To 12/31/2023	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,988,525
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	567,880
13.00	Total PPS Reimbursement - LUPA Episodes		0	36,943
14.00	Total PPS Reimbursement - PEP Episodes		0	4,669
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	190,547
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	285
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,788,849
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,788,849
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,788,849
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	2,788,849
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,788,849
31.01	Sequestration adjustment (see instructions)		0	55,731
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,733,118
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0056
HHA CCN: 15-7158

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

Worksheet H-5
Date/Time Prepared:
5/24/2024 12:26 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,733,118	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,733,118	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,733,118	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet I-1

Component CCN: 15-3522

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,215,558	HOURS OF SERVICE	69,364.00	33.35	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	244,446	HOURS OF SERVICE	10,201.00	4.90	4.00
5.00	SOCIAL WORKERS	77,936	HOURS OF SERVICE	2,080.00	1.00	5.00
6.00	DIETICIANS	63,955	HOURS OF SERVICE	1,921.00	0.92	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	368,978	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,970,873				9.00
10.00	EMPLOYEE BENEFITS	296,073	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	95,974	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	9,588	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
14.01	PEDIATRIC MEDICAL SUPPLIES	1,596,411	REQUISITIONS			14.01
15.00	DRUGS	999,680	REQUISITIONS			15.00
16.00	OTHER		ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	6,968,599				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	576,034	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	495,328	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	719,721	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,483,190	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,316,565	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	150				23.00
24.00	CENTRAL SERVICE & SUPPLIES	222,604	REQUISITIONS			24.00
25.00	PHARMACY	3,045	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	807,013	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	12,592,249				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30.01	CARDIOLOGY		CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		CHARGES	0		30.02
30.03	CARDIAC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		CHARGES	0		30.04
30.05	ONCOLOGY		CHARGES	0		30.05
30.06	DAY SURGERY-RILEY		CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY		CHARGES	0		30.07
30.08	ECMO-ADULT		CHARGES	0		30.08
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	12,592,249				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 1-2

Component CCN: 15-3522

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Builing	Equipment	RNs	Other				6.00
		1.00	2.00	3.00	4.00				5.00
1.00	Total Renal Department Costs	1,892,599	600,890	3,215,558	386,337	1,015,794	1,002,725	1.00	
MAINTENANCE									
2.00	Hemodialysis	0	0	0	0	0	0	2.00	
2.01	AKI -Hemodialysis	0	0	0	0	0	0	2.01	
2.02	Hemodialysis-Pediatric	750,827	238,384	1,275,668	153,267	402,983	397,798	2.02	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
3.01	AKI -Intermittent Peritoneal	0	0	0	0	0	0	3.01	
3.02	IPD-Pediatric	0	0	0	0	0	0	3.02	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
4.01	Hemodialysis-Pediatric	0	0	0	0	0	0	4.01	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
5.01	IPD-Pediatric	0	0	0	0	0	0	5.01	
6.00	CAPD	0	0	0	0	0	0	6.00	
6.01	CAPD-Pediatric	3,031	962	5,149	619	1,627	1,606	6.01	
7.00	CCPD	0	0	0	0	0	0	7.00	
7.01	CCPD-Pediatric	0	0	0	0	0	0	7.01	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
8.01	Hemodialysis-Pediatric	0	0	0	0	0	0	8.01	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
9.01	IPD-Pediatric	0	0	0	0	0	0	9.01	
10.00	CAPD	0	0	0	0	0	0	10.00	
10.01	CAPD-Pediatric	0	0	0	0	0	0	10.01	
11.00	CCPD	0	0	0	0	0	0	11.00	
11.01	CCPD-Pediatric	1,138,741	361,544	1,934,741	232,451	611,184	603,321	11.01	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	ESAs (included in Renal Department)	0	0	0	0	0	0	14.00	
15.00		0	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2 through 16)	1,892,599	600,890	3,215,558	386,337	1,015,794	1,002,725	17.00	
18.00	Medical Educational Program Costs							18.00	
19.00	Total Renal Costs (line 17 + line 18)							19.00	
		Medical Supplies	Pediatric Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	7.01	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	222,604	1,596,411	0	9,932,918	2,659,181	12,592,099	1.00	
MAINTENANCE									
2.00	Hemodialysis	0	0	0	0	0	0	2.00	
2.01	AKI -Hemodialysis	0	0	0	0	0	0	2.01	
2.02	Hemodialysis-Pediatric	88,311	633,324	0	3,940,562	1,054,944	4,995,506	2.02	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
3.01	AKI -Intermittent Peritoneal	0	0	0	0	0	0	3.01	
3.02	IPD-Pediatric	0	0	0	0	0	0	3.02	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
4.01	Hemodialysis-Pediatric	0	0	0	0	0	0	4.01	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
5.01	IPD-Pediatric	0	0	0	0	0	0	5.01	
6.00	CAPD	0	0	0	0	0	0	6.00	
6.01	CAPD-Pediatric	356	2,556	0	15,906	4,258	20,164	6.01	
7.00	CCPD	0	0	0	0	0	0	7.00	
7.01	CCPD-Pediatric	0	0	0	0	0	0	7.01	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
8.01	Hemodialysis-Pediatric	0	0	0	0	0	0	8.01	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
9.01	IPD-Pediatric	0	0	0	0	0	0	9.01	
10.00	CAPD	0	0	0	0	0	0	10.00	
10.01	CAPD-Pediatric	0	0	0	0	0	0	10.01	
11.00	CCPD	0	0	0	0	0	0	11.00	
11.01	CCPD-Pediatric	133,937	960,531	0	5,976,450	1,599,979	7,576,429	11.01	

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 1-2

Component CCN: 15-3522

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Renal Dialysis					
	Medical Supplies	Pediatric Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)	
	7.00	7.01	8.00	9.00	10.00	11.00	
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						14.00
15.00							15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	222,604	1,596,411	0	9,932,918	2,659,181	12,592,099
18.00	Medical Educational Program Costs						150
19.00	Total Renal Costs (line 17 + line 18)						12,592,249

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

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

Worksheet I-3

Component CCN: 15-3522

Date/Time Prepared: 5/24/2024 12:26 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	1,892,599	600,890	3,215,558	386,337	1,015,794	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0.00	0.00	0.00	0	2.00
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01
2.02	Hemodialysis-Pediatric	991	991.00	991.00	991.00	991	2.02
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
3.02	IPD-Pediatric	0	0.00	0.00	0.00	0	3.02
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
4.01	Hemodialysis-Pediatric	0	0.00	0.00	0.00	0	4.01
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
5.01	IPD-Pediatric	0	0.00	0.00	0.00	0	5.01
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
6.01	CAPD-Pediatric	4	4.00	4.00	4.00	4	6.01
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
7.01	CCPD-Pediatric	0	0.00	0.00	0.00	0	7.01
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
8.01	Hemodialysis-Pediatric	0	0.00	0.00	0.00	0	8.01
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
9.01	IPD-Pediatric	0	0.00	0.00	0.00	0	9.01
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
10.01	CAPD-Pediatric	0	0.00	0.00	0.00	0	10.01
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
11.01	CCPD-Pediatric	1,503	1,503.00	1,503.00	1,503.00	1,503	11.01
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	2,498	2,498.00	2,498.00	2,498.00	2,498	17.00
18.00	Unit Cost Multiplier (line 1 + line 17)	757.645717	240.548439	1,287.253002	154.658527	406.642914	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Pediatric Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)
		6.00	7.00	7.01	8.00	9.00	10.00
1.00	Total Renal Department Costs	1,002,725	222,604	1,596,411	0	9,932,918	2,659,181
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0		2.00
2.01	AKI -Hemodialysis	0	0	0	0		2.01
2.02	Hemodialysis-Pediatric	991	991	991	991		2.02
3.00	Intermittent Peritoneal	0	0	0	0		3.00
3.01	AKI -Intermittent Peritoneal	0	0	0	0		3.01
3.02	IPD-Pediatric	0	0	0	0		3.02
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
4.01	Hemodialysis-Pediatric	0	0	0	0		4.01
5.00	Intermittent Peritoneal	0	0	0	0		5.00
5.01	IPD-Pediatric	0	0	0	0		5.01
6.00	CAPD	0	0	0	0		6.00
6.01	CAPD-Pediatric	4	4	4	4		6.01
7.00	CCPD	0	0	0	0		7.00
7.01	CCPD-Pediatric	0	0	0	0		7.01
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
8.01	Hemodialysis-Pediatric	0	0	0	0		8.01
9.00	Intermittent Peritoneal	0	0	0	0		9.00
9.01	IPD-Pediatric	0	0	0	0		9.01
10.00	CAPD	0	0	0	0		10.00
10.01	CAPD-Pediatric	0	0	0	0		10.01
11.00	CCPD	0	0	0	0		11.00
11.01	CCPD-Pediatric	1,503	1,503	1,503	1,503		11.01
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056
Component CCN: 15-3522

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

Worksheet 1-3
Date/Time Prepared:
5/24/2024 12:26 pm

		Renal Dialysis						
		Drugs (Requist.)	Medical Supplies (Requist.)	Pediatric Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	7.01	8.00	9.00	10.00	
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0	0			16.00
17.00	Total Statistical Basis	2,498	2,498	2,498	2,498		9,932,918	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	401.411129	89.112890	639.075661	0.000000		0.267714	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 1-4

Component CCN: 15-3522

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,429	4,995,506	3,495.81	1,033	3,611,172
1.01	Maintenance - AKI Hemodialysis	0	0	0.00	0	0
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
2.01	Maintenance - AKI Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	6	20,164	3,360.67	4	13,443
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	310	7,576,429	24,440.09	224	5,474,580
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,435	12,592,099		1,037	9,099,195
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,365				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	358,814	347.35			1.00
1.01	Maintenance - AKI Hemodialysis	0	0.00			1.01
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
2.01	Maintenance - AKI Peritoneal Dialysis	0	0.00			2.01
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - CAPD	1,529	382.25			5.00
6.00	Training - CCPD	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			9.00
10.00	Home Program - CCPD	194,365	867.70			10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	554,708				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet 1-5 Date/Time Prepared: 5/24/2024 12:26 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	9,099,195		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	554,708	554,708	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	554,708	554,708	2.03
2.04	Outlier payments	7,726		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	5	5	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	5	5	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	111,110	111,110	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	111,110	111,110	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	9,566	9,566	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	9,566	9,566	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	6,218		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	9,447		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	101,549	8.00
9.00	Program payment (see instructions)	0	443,762	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	6,218		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	12,592,099		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	12,592,099		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00
PART III - ESRD PAYMENTS - INFORMATION ONLY				
15.00	Low volume payment amount (see instructions)	0		15.00
16.00	TDAPA	0		16.00
17.00	TPNIES	0		17.00
18.00	CRA TPNIES	0		18.00
19.00	HDP A	-219		19.00
20.00	PPA	0		20.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1511

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		18,683	18,683	-750	17,933
2.00	CAP REL COSTS-MVBLE EQUIP*		347,757	347,757	-9,541	338,216
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	3,360,168	3,360,168	-2,380,679	979,489
4.00	ADMINISTRATIVE & GENERAL*	3,017,836	4,352,141	7,369,977	-129,947	7,240,030
5.00	PLANT OPERATION & MAINTENANCE*	0	414,976	414,976	0	414,976
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	895	895	0	895
8.00	DIETARY*	0	3,922	3,922	0	3,922
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	170,290	170,290	-65,741	104,549
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	115,527	0	115,527	-770	114,757
14.00	PHARMACY*	4,949	0	4,949	0	4,949
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	188,002	118,923	306,925	0	306,925
16.00	OTHER GENERAL SERVICE*	0	266,527	266,527	0	266,527
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		448,626	448,626	0	448,626
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	6,345,297	0	6,345,297	-25,989	6,319,308
29.00	LPN/LVN**	564,044	0	564,044	-2,510	561,534
30.00	PHYSICAL THERAPY**	124,956	0	124,956	0	124,956
31.00	OCCUPATIONAL THERAPY**	148,188	0	148,188	0	148,188
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	585,968	0	585,968	0	585,968
34.00	SPIRITUAL COUNSELING**	384,992	0	384,992	0	384,992
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	164,907	0	164,907	0	164,907
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	567,921	0	567,921	-1,827	566,094
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	4,031	4,031	-4,031	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-56,874	-56,874	56,874	0
42.50	DRUGS CHARGED TO PATIENTS**	0	388,335	388,335	-388,335	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	4,400,637	4,400,637	0	4,400,637
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	260,349	0	260,349	0	260,349
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	12,472,936	14,239,037	26,711,973	-2,953,246	23,758,727

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet 0
		Hospice CCN: 15-1511	Date/Time Prepared: 5/24/2024 12:26 pm	
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	17,933	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	338,216	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	979,489	3.00
4.00	ADMINISTRATIVE & GENERAL*	-4,132,048	3,107,982	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	414,976	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	895	7.00
8.00	DIETARY*	0	3,922	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	104,549	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	114,757	13.00
14.00	PHARMACY*	0	4,949	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	-180,251	126,674	15.00
16.00	OTHER GENERAL SERVICE*	0	266,527	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	448,626	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	6,319,308	28.00
29.00	LPN/LVN**	0	561,534	29.00
30.00	PHYSICAL THERAPY**	0	124,956	30.00
31.00	OCCUPATIONAL THERAPY**	0	148,188	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	585,968	33.00
34.00	SPIRITUAL COUNSELING**	0	384,992	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	164,907	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	566,094	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	4,400,637	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	260,349	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-4,312,299	19,446,428	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-2 Date/Time Prepared: 5/24/2024 12:26 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	5,871,663	0	5,871,663	-24,049	5,847,614	28.00
29.00	LPN/LVN	521,942	0	521,942	-2,323	519,619	29.00
30.00	PHYSICAL THERAPY	115,629	0	115,629	0	115,629	30.00
31.00	OCCUPATIONAL THERAPY	137,127	0	137,127	0	137,127	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	542,229	0	542,229	0	542,229	33.00
34.00	SPIRITUAL COUNSELING	356,255	0	356,255	0	356,255	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	152,598	0	152,598	0	152,598	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	525,530	0	525,530	-1,690	523,840	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	3,730	3,730	-3,730	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-52,629	-52,629	52,629	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	359,348	359,348	-359,348	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	4,072,159	4,072,159	0	4,072,159	46.00
100.00	TOTAL *	8,222,973	4,382,608	12,605,581	-338,511	12,267,070	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	5,847,614	28.00
29.00	LPN/LVN	0	519,619	29.00
30.00	PHYSICAL THERAPY	0	115,629	30.00
31.00	OCCUPATIONAL THERAPY	0	137,127	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	542,229	33.00
34.00	SPIRITUAL COUNSELING	0	356,255	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	152,598	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	523,840	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	4,072,159	46.00
100.00	TOTAL *	0	12,267,070	100.00

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

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

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 0-3

Hospice CCN: 15-1511

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		43,728	43,728	0	43,728
26.00	PHYSICIAN SERVICES	0	0	0	0	0
27.00	NURSE PRACTITIONER	0	0	0	0	0
28.00	REGISTERED NURSE	41,073	0	41,073	-168	40,905
29.00	LPN/LVN	3,651	0	3,651	-16	3,635
30.00	PHYSICAL THERAPY	809	0	809	0	809
31.00	OCCUPATIONAL THERAPY	959	0	959	0	959
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	3,793	0	3,793	0	3,793
34.00	SPIRITUAL COUNSELING	2,492	0	2,492	0	2,492
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	1,067	0	1,067	0	1,067
37.00	HOSPICE AIDE & HOME MAKER SERVICES	3,676	0	3,676	-12	3,664
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0
39.00	PATIENT TRANSPORTATION	0	0	0	0	0
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	26	26	-26	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-368	-368	368	0
42.50	DRUGS CHARGED TO PATIENTS	0	2,514	2,514	-2,514	0
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	28,485	28,485	0	28,485
100.00	TOTAL *	57,520	74,385	131,905	-2,368	129,537

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	43,728	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	40,905	28.00
29.00	LPN/LVN	0	3,635	29.00
30.00	PHYSICAL THERAPY	0	809	30.00
31.00	OCCUPATIONAL THERAPY	0	959	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,793	33.00
34.00	SPIRITUAL COUNSELING	0	2,492	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	1,067	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	3,664	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	28,485	46.00
100.00	TOTAL *	0	129,537	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-4 Date/Time Prepared: 5/24/2024 12:26 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		404,898	404,898	0	404,898	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	432,561	0	432,561	-1,772	430,789	28.00
29.00	LPN/LVN	38,451	0	38,451	-171	38,280	29.00
30.00	PHYSICAL THERAPY	8,518	0	8,518	0	8,518	30.00
31.00	OCCUPATIONAL THERAPY	10,102	0	10,102	0	10,102	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	39,946	0	39,946	0	39,946	33.00
34.00	SPIRITUAL COUNSELING	26,245	0	26,245	0	26,245	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	11,242	0	11,242	0	11,242	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	38,715	0	38,715	-125	38,590	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	275	275	-275	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-3,877	-3,877	3,877	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	26,473	26,473	-26,473	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	299,993	299,993	0	299,993	46.00
100.00	TOTAL *	605,780	727,762	1,333,542	-24,939	1,308,603	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	404,898	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	430,789	28.00
29.00	LPN/LVN	0	38,280	29.00
30.00	PHYSICAL THERAPY	0	8,518	30.00
31.00	OCCUPATIONAL THERAPY	0	10,102	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	39,946	33.00
34.00	SPIRITUAL COUNSELING	0	26,245	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	11,242	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	38,590	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	299,993	46.00
100.00	TOTAL *	0	1,308,603	100.00

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

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

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 0-5

Hospice CCN: 15-1511

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	17,933	14,348	32,281	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	338,216	16,329	354,545	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	979,489	2,251,602	3,231,091	3.00
4.00 ADMINISTRATIVE & GENERAL	3,107,982	3,800,959	6,908,941	4.00
5.00 PLANT OPERATION & MAINTENANCE	414,976	27,546	442,522	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	895	4,248	5,143	7.00
8.00 DIETARY	3,922	0	3,922	8.00
9.00 NURSING ADMINISTRATION	0	1,675,794	1,675,794	9.00
10.00 ROUTINE MEDICAL SUPPLIES	104,549	38,794	143,343	10.00
11.00 MEDICAL RECORDS	0	73,534	73,534	11.00
12.00 STAFF TRANSPORTATION	0	0	0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	114,757	0	114,757	13.00
14.00 PHARMACY	4,949	502	5,451	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	126,674	0	126,674	15.00
16.00 OTHER GENERAL SERVICE	266,527	26,294	292,821	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	12,267,070	0	12,267,070	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	129,537	0	129,537	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,308,603	0	1,308,603	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	260,349	0	260,349	60.00
61.00 VOLUNTEER PROGRAM	0	0	0	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THRIFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	19,446,428	7,929,950	27,376,378	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2023	Worksheet 0-6
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Descriptions	Hospice I				SUBTOTAL		
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT			
	0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	32,281	32,281			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	354,545		354,545		2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	3,231,091	0	0	3,231,091	3.00	
4.00	ADMINISTRATIVE & GENERAL	6,908,941	32,281	354,545	900,765	4.00	
5.00	PLANT OPERATION & MAINTENANCE	442,522	0	0	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00	
7.00	HOUSEKEEPING	5,143	0	0	0	7.00	
8.00	DIETARY	3,922	0	0	0	8.00	
9.00	NURSING ADMINISTRATION	1,675,794	0	0	0	9.00	
10.00	ROUTINE MEDICAL SUPPLIES	143,343	0	0	0	10.00	
11.00	MEDICAL RECORDS	73,534	0	0	0	11.00	
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00	
13.00	VOLUNTEER SERVICE COORDINATION	114,757	0	0	21,992	13.00	
14.00	PHARMACY	5,451	0	0	22,308	14.00	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	126,674	0	0	12,855	15.00	
16.00	OTHER GENERAL SERVICE	292,821	0	0	0	16.00	
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		17.00	
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00	
51.00	HOSPICE ROUTINE HOME CARE	12,267,070			2,047,627	51.00	
52.00	HOSPICE INPATIENT RESPIRE CARE	129,537	0	0	17,953	52.00	
53.00	HOSPICE GENERAL INPATIENT CARE	1,308,603	0	0	152,882	53.00	
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	260,349	0	0	54,709	60.00	
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00	
62.00	FUNDRAISING	0	0	0	0	62.00	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00	
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00	
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00	
66.00	RESIDENTIAL CARE	0	0	0	0	66.00	
67.00	ADVERTISING	0	0	0	0	67.00	
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00	
69.00	THRIFT STORE	0	0	0	0	69.00	
70.00	NURSING FACILITY ROOM & BOARD	0				70.00	
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00	
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00	
100.00	TOTAL	27,376,378	32,281	354,545	3,231,091	27,376,378	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2023	Worksheet 0-6
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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	8,196,532				4.00
5.00	PLANT OPERATION & MAINTENANCE	189,112	631,634			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	HOUSEKEEPING	2,198	0		7,341	7.00
8.00	DIETARY	1,676	0		0	5,598
9.00	NURSING ADMINISTRATION	716,152	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,258	0		0	10.00
11.00	MEDICAL RECORDS	31,425	0		0	11.00
12.00	STAFF TRANSPORTATION	0	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	58,440	0		0	13.00
14.00	PHARMACY	11,863	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	59,628	0		0	15.00
16.00	OTHER GENERAL SERVICE	125,137	631,634		7,341	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	6,117,406				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	63,030	0	0	0	448
53.00	HOSPICE GENERAL INPATIENT CARE	624,567	0	0	0	5,150
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	134,640	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	68.00
69.00	THRIFT STORE	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	8,196,532	631,634	0	7,341	5,598

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	2,391,946					9.00
10.00	0	204,601				10.00
11.00	0		104,959			11.00
12.00	0			0		12.00
13.00	0			0	195,189	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	2,391,946			0	195,189	16.00
17.00						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	189,329	97,125	0	0	51.00
52.00	0	1,324	679	0	0	52.00
53.00	0	13,948	7,155	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	2,391,946	204,601	104,959	0	195,189	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	39,622					14.00
15.00	0	199,157				15.00
16.00	0		3,644,068			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	36,665	184,291	3,372,062		24,311,575	51.00
52.00	256	1,289	23,588	0	238,104	52.00
53.00	2,701	13,577	248,418	0	2,377,001	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		449,698	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	39,622	199,157	3,644,068	0	27,376,378	100.00

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

Provider CCN: 15-0056

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	994					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,541				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	12,052,849			3.00
4.00	ADMINISTRATIVE & GENERAL	994	9,541	3,360,099	-8,196,532	19,179,846	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	442,522	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	5,143	7.00
8.00	DIETARY	0	0	0	0	3,922	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	1,675,794	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	143,343	10.00
11.00	MEDICAL RECORDS	0	0	0	0	73,534	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	82,035	0	136,749	13.00
14.00	PHARMACY	0	0	83,215	0	27,759	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	47,953	0	139,529	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	292,821	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			7,638,205	0	14,314,697	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	66,971	0	147,490	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	570,292	0	1,461,485	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	204,079	0	315,058	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	32,281	354,545	3,231,091		8,196,532	100.00
101.00	UNIT COST MULTIPLIER	32.475855	37.160151	0.268077		0.427351	101.00

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

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	994					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,160				6.00
7.00	HOUSEKEEPING	0		994			7.00
8.00	DIETARY	0		0	3,948		8.00
9.00	NURSING ADMINISTRATION	0		0		84	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	994		994		84	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	500	0	316	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,660	0	3,632	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	631,634	0	7,341	5,598	2,391,946	100.00
101.00	UNIT COST MULTIPLIER	635.446680	0.000000	7.385312	1.417933	28,475.547619	101.00

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

Provider CCN: 15-0056

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	85,741					10.00
11.00	MEDICAL RECORDS		85,741				11.00
12.00	STAFF TRANSPORTATION			85,741			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	4,009	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					4,009	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	79,341	79,341	79,341	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	555	555	555	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,845	5,845	5,845	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	204,601	104,959	0	195,189	39,622	100.00
101.00	UNIT COST MULTIPLIER	2.386268	1.224140	0.000000	48.687703	0.462113	101.00

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

Provider CCN: 15-0056

Period:

Worksheet 0-6

Hospice CCN: 15-1511

From 01/01/2023
To 12/31/2023

Part II
Date/Time Prepared:
5/24/2024 12:26 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	85,741				15.00
16.00	OTHER GENERAL SERVICE		85,741			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	79,341	79,341			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	555	555	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5,845	5,845	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0		60.00
61.00	VOLUNTEER PROGRAM			0		61.00
62.00	FUNDRAISING			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0		63.00
64.00	PALLIATIVE CARE PROGRAM			0		64.00
65.00	OTHER PHYSICIAN SERVICES			0		65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING			0		67.00
68.00	TELEHEALTH/TELEMONITORING			0		68.00
69.00	THRIFT STORE			0		69.00
70.00	NURSING FACILITY ROOM & BOARD			0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	199,157	3,644,068	0		100.00
101.00	UNIT COST MULTIPLIER	2.322774	42.500881	0.000000		101.00

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

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 0-7

Hospice CCN: 15-1511

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.385987	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.294255	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.282954	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.249014	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.944445	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.165766	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.171225	0	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.213764	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.070911	0	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.345641	0	0	0	10.00
10.01	CARDIOLOGY	76.01	0.079112	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	6,485.672489	0	0	0	10.02
10.03	CARDIAC CATH	76.03	0.108838	0	0	0	10.03
10.04	DAY SURGERY	76.04	0.322580	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.000000	0	0	0	10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07
10.08	ECMO-ADULT	76.08	0.328202	0	0	0	10.08
10.97	CARDIAC REHABILITATION	76.97	0.263030	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)					
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	RH NBN ECMO IC	0	0	0	0	0	10.00
10.01	CARDIOLOGY	0	0	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.02
10.03	CARDIAC CATH	0	0	0	0	0	10.03
10.04	DAY SURGERY	0	0	0	0	0	10.04
10.05	ONCOLOGY	0	0	0	0	0	10.05
10.06	DAY SURGERY-RILEY	0	0	0	0	0	10.06
10.07	CARDIOLOGY-RILEY	0	0	0	0	0	10.07
10.08	ECMO-ADULT	0	0	0	0	0	10.08
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0056

Period: From 01/01/2023

Worksheet 0-8

Hospice CCN: 15-1511

To 12/31/2023

Date/Time Prepared: 5/24/2024 12:26 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			24,311,575	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			79,341	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			306.42	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	65,281	4,506		9.00
10.00	Program cost (line 8 times line 9)	20,003,404	1,380,729		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			238,104	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			555	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			429.02	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	447	12		14.00
15.00	Program cost (line 13 times line 14)	191,772	5,148		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,377,001	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			5,845	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			406.67	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	4,357	598		19.00
20.00	Program cost (line 18 times line 19)	1,771,861	243,189		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			26,926,680	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			85,741	22.00
23.00	Average cost per diem (line 21 divided by line 22)			314.05	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0056	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/24/2024 12:26 pm
		Title XVIII	Hospital	PPS
			Urban Post 10/1	Rural Pre 10/1
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,232,565	5,993,528
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		833,986	
2.01	Model 4 BPCI Capital DRG outlier payments		0	
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		927.92	
4.00	Number of interns & residents (see instructions)		609.26	
5.00	Indirect medical education percentage (see instructions)		20.36	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) (see instructions)		1,674,833	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.72	
8.00	Percentage of Medicaid patient days to total days (see instructions)		43.66	
9.00	Sum of lines 7 and 8		50.38	
10.00	Allowable disproportionate share percentage (see instructions)		10.74	
11.00	Disproportionate share adjustment (see instructions)		239,777	
12.00	Total prospective capital payments (see instructions)		10,974,689	
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0
2.00	Program inpatient ancillary capital cost (see instructions)			0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0
4.00	Capital cost payment factor (see instructions)			0
5.00	Total inpatient program capital cost (line 3 x line 4)			0
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0
3.00	Net program inpatient capital costs (line 1 minus line 2)			0
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0
8.00	Capital minimum payment level (line 5 plus line 7)			0
9.00	Current year capital payments (from Part I, line 12, as applicable)			0
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0
15.00	Current year allowable operating and capital payment (see instructions)			0
16.00	Current year operating and capital costs (see instructions)			0
17.00	Current year exception offset amount (see instructions)			0