

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: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/29/2024 11:29 am
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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: 5/29/2024 Time: 11:29 am
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	
Contractor use only	5. <input checked="" 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 checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" 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 IU HEALTH ARNETT HOSPITAL ( 15-0173 ) 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	Todd Williams	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	Todd Williams		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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	278,535	17,581	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	278,535	17,581	0	0 200.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 11:29 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 6165 MCCARTY LANE	PO Box:		1.00
2.00	City: LAFAYETTE	State: IN	Zip Code: 47905	2.00
		County: TIPPECANOE		

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2023	12/31/2023	20.00	
21.00	Type of Control (see instructions)					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)				N	N	N	22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								
22.04	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.								
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: 15-0173			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 11:29 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,500	527	13	48	9,430	37	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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	
<b>Prospective Payment System (PPS)-Capital</b>									
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
<b>Teaching Hospitals</b>									
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				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00
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

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			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	3.27	11.32	0.224126	67.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 11:29 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
<b>Miscellaneous Cost Reporting Information</b>					
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

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	881,584	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.06
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
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
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
		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	
142.00	Street: 340 WEST 10TH STREET	PO Box:		
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00



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1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
1.00									
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
1.00									
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
		Beginning	Ending						
		1.00	2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
		1.00	2.00						
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	1,751	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 11:29 am	
			Y/N	Date	
			1.00	2.00	
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>					
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
<b>Financial Data and Reports</b>					
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.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
<b>Approved Educational Activities</b>					
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.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		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		
<b>Bad Debts</b>					
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
<b>Bed Complement</b>					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			Date	Date	
			1.00	2.00	3.00
<b>PS&amp;R Data</b>					
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		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	04/01/2024	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 11:29 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
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.			N	40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0173

Period:  
From 01/01/2023  
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Worksheet S-2  
Part II  
Date/Time Prepared:  
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		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT 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: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	161	58,764	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)		161	58,764	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01	BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	17	6,205	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		192	70,079	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		192				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		7	2,555			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	4	1,349		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,169	960	37,107			1.00
2.00	HMO and other (see instructions)	10,981	8,724				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,169	960	37,107			7.00
8.00	INTENSIVE CARE UNIT	850	102	3,789			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	252	3,091			12.00
13.00	NURSERY		1,480	2,442			13.00
14.00	Total (see instructions)	14,019	2,794	46,429	14.59	1,009.51	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						16.00
17.00	SUBPROVIDER - IRF						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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			336			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				14.59	1,009.51	27.00
28.00	Observation Bed Days		122	5,328			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	37	911			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: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

Component	Full Time Equivalents	Discharges			Total All Patients		
	Nonpaid Workers	Title V	Title XVIII	Title XIX			
	11.00	12.00	13.00	14.00			15.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,239	238	11,792	1.00
2.00	HMO and other (see instructions)			2,200	1,865		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,239	238	11,792	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2024 11:29 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	77,820,600	423,809	78,244,409	2,099,788.06	37.26
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		470,210	0	470,210	2,272.68	206.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		685,574	0	685,574	6,529.72	104.99
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,199,824	0	1,199,824	31,200.00	38.46
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)		180,047	2,768,329	2,948,376	49,286.90	59.82
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		9,281,006	0	9,281,006	75,331.95	123.20
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		34,655	0	34,655	215.31	160.95
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		28,923,638	0	28,923,638	682,289.00	42.39
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		19,622,970	0	19,622,970		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		601,645	0	601,645		
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		47,105	0	47,105		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		101,421	0	101,421		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		6,408,613	0	6,408,613		
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

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

Worksheet S-3  
Part II  
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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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4,540	0	4,540	26.62	170.55	26.00
27.00	Administrative & General	5,816,103	-1,292,288	4,523,815	84,628.08	53.46	27.00
28.00	Administrative & General under contract (see inst.)	176,419	0	176,419	1,211.79	145.59	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,681,659	-91,098	1,590,561	57,057.06	27.88	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,738,251	-10,487	1,727,764	89,916.32	19.22	32.00
33.00	Housekeeping under contract (see instructions)	356,734	0	356,734	5,813.00	61.37	33.00
34.00	Dietary	1,473,711	-618,285	855,426	40,100.26	21.33	34.00
35.00	Dietary under contract (see instructions)	223,118	0	223,118	5,440.00	41.01	35.00
36.00	Cafeteria	0	609,386	609,386	32,177.03	18.94	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,300,878	-323,234	3,977,644	85,987.02	46.26	38.00
39.00	Central Services and Supply	503,770	-57,615	446,155	18,550.62	24.05	39.00
40.00	Pharmacy	5,099,804	-754,660	4,345,144	94,183.53	46.13	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	687,480	0	687,480	21,389.99	32.14	42.00
43.00	Other General Service	651,108	-676	650,432	33,163.31	19.61	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	76,691,473	423,809	77,115,282	2,074,523.13	37.17	1.00
2.00	Excluded area salaries (see instructions)	180,047	2,768,329	2,948,376	49,286.90	59.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,511,426	-2,344,520	74,166,906	2,025,236.23	36.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,239,299	0	38,239,299	757,836.26	50.46	4.00
5.00	Subtotal wage-related costs (see inst.)	26,078,688	0	26,078,688	0.00	35.16	5.00
6.00	Total (sum of lines 3 thru 5)	140,829,413	-2,344,520	138,484,893	2,783,072.49	49.76	6.00
7.00	Total overhead cost (see instructions)	22,713,575	-2,538,957	20,174,618	569,644.63	35.42	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2024 11:29 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,900,500	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,314,276	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	232,513	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	419,180	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	795,199	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,711,473	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
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,373,141	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/29/2024 11:29 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		9,281,006	21,123,312
2.00	Hospital		9,281,006	20,373,141
3.00	SUBPROVIDER - IPF			
4.00	SUBPROVIDER - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	SKILLED NURSING FACILITY			
9.00	NURSING FACILITY			
10.00	OTHER LONG TERM CARE I			
11.00	Hospital-Based HHA			
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	RENAL DIALYSIS I		0	0
18.00	Other		0	750,171

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 11:29 am
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			1.00		
<b>PART I - HOSPITAL AND HOSPITAL COMPLEX DATA</b>					
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>					
1.00	Cost to charge ratio (see instructions)		0.167949	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		61,766,823	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	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		283,212,464	6.00	
7.00	Medicaid cost (line 1 times line 6)		47,565,250	7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		11	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		77	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		13	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		2	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		2	19.00	
			<b>Uninsured patients</b>	<b>Insured patients</b>	<b>Total (col. 1 + col. 2)</b>
			1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts (see instructions)	27,711,768	2,262,377	29,974,145	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,654,164	1,104,100	5,758,264	21.00
22.00	Payments received from patients for amounts previously written off as charity care	33,775	669	34,444	22.00
23.00	Cost of charity care (see instructions)	4,620,389	1,103,431	5,723,820	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)		1,392,075	25.01	
26.00	Bad debt amount (see instructions)		18,153,712	26.00	
27.00	Medicare reimbursable bad debts (see instructions)		330,846	27.00	
27.01	Medicare allowable bad debts (see instructions)		508,994	27.01	
28.00	Non-Medicare bad debt amount (see instructions)		17,644,718	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,141,561	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		8,865,381	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,865,383	31.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 11:29 am
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				1.00	
<b>PART II - HOSPITAL DATA</b>					
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>					
1.00	Cost to charge ratio (see instructions)			0.167949	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)	27,711,768	2,262,377	29,974,145	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,654,164	1,104,100	5,758,264	21.00
22.00	Payments received from patients for amounts previously written off as charity care	33,775	669	34,444	22.00
23.00	Cost of charity care (see instructions)	4,620,389	1,103,431	5,723,820	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)			1,392,075	25.01
26.00	Bad debt amount (see instructions)			18,153,712	26.00
27.00	Medicare reimbursable bad debts (see instructions)			330,846	27.00
27.01	Medicare allowable bad debts (see instructions)			508,994	27.01
28.00	Non-Medicare bad debt amount (see instructions)			17,644,718	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,141,561	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			8,865,381	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,865,381	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet A	
Date/Time Prepared: 5/29/2024 11:29 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,153,286	5,153,286	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	699,489	699,489	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		0	0	0	0	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,614,572	5,614,572	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	860,819	860,819	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,540	1,195,915	1,200,455	13,932,931	15,133,386	4.00
5.01	00570	ADMINISTRATIVE	397,615	142,899	540,514	-124,778	415,736	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,418,488	72,307,240	77,725,728	-2,987,692	74,738,036	5.06
7.00	00700	OPERATION OF PLANT	1,681,659	15,625,427	17,307,086	-5,627,536	11,679,550	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,146,470	1,146,470	-360,331	786,139	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,738,251	2,199,934	3,938,185	-421,714	3,516,471	9.00
10.00	01000	DIETARY	1,473,711	1,008,216	2,481,927	-1,288,358	1,193,569	10.00
11.00	01100	CAFETERIA	0	0	0	903,464	903,464	11.00
13.00	01300	NURSING ADMINISTRATION	4,300,878	1,850,175	6,151,053	-1,474,230	4,676,823	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	503,770	1,922,274	2,426,044	10,291,512	12,717,556	14.00
15.00	01500	PHARMACY	5,099,804	7,707,897	12,807,701	-6,841,778	5,965,923	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	687,480	214,717	902,197	-142,391	759,806	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	651,108	161,824	812,932	-100,671	712,261	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,199,824	1,199,824	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	68,373	2,298,478	2,366,851	-1,245,994	1,120,857	22.00
23.00	02300	PARAMED PRGM - PHARMACY	107,521	34,879	142,400	135,342	277,742	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,286,364	27,303,207	44,589,571	-6,181,352	38,408,219	30.00
31.00	03100	INTENSIVE CARE UNIT	3,291,922	3,094,763	6,386,685	-1,447,461	4,939,224	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,158,678	1,692,732	3,851,410	-633,420	3,217,990	35.00
43.00	04300	NURSERY	0	0	0	918,876	918,876	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,858,732	23,304,132	28,162,864	-18,392,865	9,769,999	50.00
51.00	05100	RECOVERY ROOM	845,089	537,213	1,382,302	-291,146	1,091,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,776,987	1,287,854	4,064,841	-988,214	3,076,627	52.00
53.00	05300	ANESTHESIOLOGY	229,422	8,096,685	8,326,107	-437,469	7,888,638	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	174,358	174,358	-161,122	13,236	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,425,217	7,735,741	12,160,958	-5,755,677	6,405,281	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	137,516	1,923,300	2,060,816	-1,230,959	829,857	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,200,847	8,409,415	9,610,262	-6,451,011	3,159,251	59.00
60.00	06000	LABORATORY	-18,110	12,435,647	12,417,537	893	12,418,430	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	914,749	914,749	0	914,749	63.00
65.00	06500	RESPIRATORY THERAPY	1,980,278	1,348,787	3,329,065	-839,390	2,489,675	65.00
66.00	06600	PHYSICAL THERAPY	660,613	432,947	1,093,560	-132,436	961,124	66.00
67.00	06700	OCCUPATIONAL THERAPY	416,249	549,144	965,393	-56,171	909,222	67.00
68.00	06800	SPEECH PATHOLOGY	288,388	155,562	443,950	-52,384	391,566	68.00
69.00	06900	ELECTROCARDIOLOGY	1,260,105	1,422,882	2,682,987	-682,690	2,000,297	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,542	41,420	129,962	-35,847	94,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,375,757	9,375,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,232,144	12,232,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,555,860	40,555,860	73.00
73.01	07301	RETAIL PHARMACY	782,865	10,273,924	11,056,789	-116,213	10,940,576	73.01
74.00	07400	RENAL DIALYSIS	0	971,527	971,527	-54,332	917,195	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	4,047,180	7,138,658	11,185,838	-5,832,606	5,353,232	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	301,619	1,380,845	1,682,464	-625,947	1,056,517	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	425,401	447,870	873,271	-296,619	576,652	90.01
90.02	09001	COMP MED REV CLINIC	694,439	204,383	898,822	-132,792	766,030	90.02
90.03	09002	ARNETT CANCER CARE CENTER	1,291,104	32,292,608	33,583,712	-32,073,248	1,510,464	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	50,418	15,706	66,124	-12,638	53,486	90.04
91.00	09100	EMERGENCY	6,058,755	10,234,368	16,293,123	-2,405,666	13,887,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	76,256	72,801	149,057	-21,743	127,314	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	77,748,074	271,709,573	349,457,647	-4,082,122	345,375,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,069	92,958	136,027	-10,600	125,427	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	29,457	25,745	55,202	-6,006	49,196	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	0	0	2,326,487	2,326,487	193.02
193.03	19303 HOSPICE	0	733	733	0	733	193.03
193.04	19304 FRANKFORT HOSPITAL	0	0	0	1,772,241	1,772,241	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	77,820,600	271,829,009	349,649,609	0	349,649,609	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	600,150	5,753,436	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	699,489	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	9,698,685	9,698,685	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,173,095	6,787,667	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	860,819	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-361,810	14,771,576	4.00
5.01	00570	ADMINISTRATIVE	0	415,736	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-20,551,151	54,186,885	5.06
7.00	00700	OPERATION OF PLANT	-9,471	11,670,079	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	786,139	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,516,471	9.00
10.00	01000	DIETARY	-47	1,193,522	10.00
11.00	01100	CAFETERIA	0	903,464	11.00
13.00	01300	NURSING ADMINISTRATION	-270,366	4,406,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-625	12,716,931	14.00
15.00	01500	PHARMACY	-84,634	5,881,289	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	759,806	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	712,261	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,199,824	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,120,857	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	277,742	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-7,647,766	30,760,453	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,200	4,938,024	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-701,085	2,516,905	35.00
43.00	04300	NURSERY	0	918,876	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-419	9,769,580	50.00
51.00	05100	RECOVERY ROOM	0	1,091,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-115	3,076,512	52.00
53.00	05300	ANESTHESIOLOGY	-7,533,695	354,943	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	13,236	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-854	6,404,427	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	829,857	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,159,251	59.00
60.00	06000	LABORATORY	0	12,418,430	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	914,749	63.00
65.00	06500	RESPIRATORY THERAPY	-648	2,489,027	65.00
66.00	06600	PHYSICAL THERAPY	0	961,124	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	909,222	67.00
68.00	06800	SPEECH PATHOLOGY	0	391,566	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,000,297	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	94,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,375,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,232,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,555,860	73.00
73.01	07301	RETAIL PHARMACY	-11,070	10,929,506	73.01
74.00	07400	RENAL DIALYSIS	0	917,195	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	5,353,232	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	1,056,517	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	-38	576,614	90.01
90.02	09001	COMP MED REV CLINIC	0	766,030	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	1,510,464	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	53,486	90.04
91.00	09100	EMERGENCY	-2,251,790	11,635,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	127,314	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-27,954,854	317,420,671	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	125,427	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	49,196	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	2,326,487	193.02
193.03	19303 HOSPICE	0	733	193.03
193.04	19304 FRANKFORT HOSPITAL	0	1,772,241	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-27,954,854	321,694,755	200.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:  
5/29/2024 11:29 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - NONBILLABLE SUPPLIES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3	1.00
2.00	ADMITTING	5.01	0	27	2.00
3.00	DIETARY	10.00	0	241	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,787,624	4.00
5.00	PATIENT TRANSPORT SERVICES	18.00	0	1,246	5.00
6.00	RADIO SOTOPE	56.00	0	18,398	6.00
7.00	LABORATORY	60.00	0	99	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	67,502	8.00
9.00	RETAIL PHARMACY	73.01	0	128	9.00
10.00	OUTPATIENT WOUND CARE CENTER	76.01	0	35,183	10.00
11.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	138	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
	<b>0</b>		<b>0</b>	<b>10,910,589</b>	
<b>B - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		9,375,757	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					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
	<b>0</b>		<b>0</b>	<b>9,375,757</b>	
<b>C - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		12,232,144	1.00
2.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00		159	2.00
3.00					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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
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	12,232,303		
<b>D - DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	40,555,860	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,579	2.00	
3.00	RETAIL PHARMACY	73.01	0	7,098	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	
0			0	40,574,537		
<b>E - BENEFITS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,899,933	1.00	
2.00	LABORATORY	60.00	0	794	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	
0			0	13,900,727		
<b>F - CAFETERIA</b>						
1.00	CAFETERIA	11.00	609,386	294,078	1.00	
0			609,386	294,078		

RECLASSIFICATIONS

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Period:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - PROPERTY TAX</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		1,184	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01		2,149	2.00
			0	3,333	
<b>H - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	267,218	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	59,238	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,554	3.00
			0	341,010	
<b>I - LEASE EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	455,624	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	87,216	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	160,313	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	104,930	4.00
5.00	NURSING ADMINISTRATION	13.00	0	25	5.00
			0	808,108	
<b>J - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	617	1.00
2.00		0.00	0	0	2.00
			0	617	
<b>K - HOUSEKEEPING SUPPLIES</b>					
1.00	HOUSEKEEPING	9.00	0	59,794	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
			0	59,794	
<b>L - DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,429,260	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	555,184	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,439,705	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	755,272	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

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
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	
0			0	11,179,421		
<b>M - FMLA RECLASS</b>						
1.00	ADMINISTRATIVE	5.01	0	8,547	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	26,681	2.00	
3.00	HOUSEKEEPING	9.00	0	10,487	3.00	
4.00	DIETARY	10.00	0	8,899	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	71,570	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,568	6.00	
7.00	PHARMACY	15.00	0	37,332	7.00	
8.00	PATIENT TRANSPORT SERVICES	18.00	0	676	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	73,613	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	27,120	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	10,164	11.00	
12.00	OPERATING ROOM	50.00	0	19,950	12.00	
13.00	RECOVERY ROOM	51.00	0	7,563	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,851	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,692	15.00	
16.00	RADIOISOTOPE	56.00	0	7,202	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	703	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	4,789	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	671	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	7,060	20.00	
21.00	ASC (NON-DISTINCT PART)	75.01	0	29,854	21.00	
22.00	COMP MED REV CLINIC	90.02	0	1,493	22.00	
23.00	ARNETT CANCER CARE CENTER	90.03	0	612	23.00	
24.00	EMERGENCY	91.00	0	31,084	24.00	
0			0	419,181		
<b>N - NURSERY</b>						
1.00	NURSERY	43.00	802,761	116,115	1.00	
2.00		0.00	0	0	2.00	
0			802,761	116,115		
<b>O - ARNETT TO WHITE ALLOCATION</b>						
1.00	WHITE HOSPITAL	193.02	1,557,400	769,087	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	
0			1,557,400	769,087		
<b>P - ARNETT TO FRANKFORT ALLOCATION</b>						
1.00	FRANKFORT HOSPITAL	193.04	1,080,195	692,046	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	
0			1,080,195	692,046		

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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
<b>Q - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0	1,199,824	1.00
	0			0	1,199,824	
<b>R - PARAMEDICAL EDUCATION</b>						
1.00	PARAMED ED PRGM - PHARMACY		23.00	130,734	10,001	1.00
	0			130,734	10,001	
<b>X - RESIDENCY STAFF</b>						
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00	824,880	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	32,995	2.00
	0			824,880	32,995	
<b>AE - LABORATORY SALARIES</b>						
1.00	LABORATORY		60.00	18,110	0	1.00
	TOTALS			18,110	0	
500.00	Grand Total: Increases			5,023,466	102,919,523	500.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - NONBILLABLE SUPPLIES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3,906	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	119,976	0	2.00	
3.00	HOUSEKEEPING	9.00	0	438	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	2,776	0	4.00	
5.00	PHARMACY	15.00	0	59,679	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	972,910	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	318,282	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	76,920	0	8.00	
9.00	OPERATING ROOM	50.00	0	5,047,453	0	9.00	
10.00	RECOVERY ROOM	51.00	0	76,074	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	111,824	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	240,673	0	12.00	
13.00	ASC ANESTHESIOLOGY	53.01	0	95,943	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,242,316	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	405,605	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	348,482	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	1,469	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	1,201	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	2,187	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	5,485	0	20.00	
21.00	ASC (NON-DISTINCT PART)	75.01	0	1,311,809	0	21.00	
22.00	SLEEP CLINIC	90.01	0	23,454	0	22.00	
23.00	COMP MED REV CLINIC	90.02	0	903	0	23.00	
24.00	ARNETT CANCER CARE CENTER	90.03	0	37,999	0	24.00	
25.00	OUTPATIENT INFUSION CENTER	90.04	0	280	0	25.00	
26.00	EMERGENCY	91.00	0	398,963	0	26.00	
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	3,385	0	27.00	
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	197	0	28.00	
			0	10,910,589			
<b>B - BILLABLE SUPPLIES</b>							
1.00	OPERATION OF PLANT	7.00		18	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00		29,756	0	2.00	
3.00	PHARMACY	15.00		145	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00		260,342	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00		66,060	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	35.00		4,093	0	6.00	
7.00	OPERATING ROOM	50.00		3,738,805	0	7.00	
8.00	RECOVERY ROOM	51.00		7,203	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00		164,980	0	9.00	
10.00	ANESTHESIOLOGY	53.00		9,502	0	10.00	
11.00	ASC ANESTHESIOLOGY	53.01		6,317	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00		2,347,186	0	12.00	
13.00	RADIOISOTOPE	56.00		704	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00		1,704,795	0	14.00	
15.00	RESPIRATORY THERAPY	65.00		14,233	0	15.00	
16.00	PHYSICAL THERAPY	66.00		565	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00		800	0	17.00	
18.00	RETAIL PHARMACY	73.01		301	0	18.00	
19.00	RENAL DIALYSIS	74.00		38,578	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.01		519,304	0	20.00	
21.00	OUTPATIENT WOUND CARE CENTER	76.01		402,627	0	21.00	
22.00	SLEEP CLINIC	90.01		712	0	22.00	
23.00	COMP MED REV CLINIC	90.02		189	0	23.00	
24.00	ARNETT CANCER CARE CENTER	90.03		1,168	0	24.00	
25.00	OUTPATIENT INFUSION CENTER	90.04		304	0	25.00	
26.00	EMERGENCY	91.00		56,451	0	26.00	
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01		619	0	27.00	
			0	9,375,757			
<b>C - IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00		2,548	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00		273	0	2.00	
3.00	OPERATING ROOM	50.00		6,519,001	0	3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00		24,213	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00		54,153	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00		3,321,544	0	6.00	
7.00	ASC (NON-DISTINCT PART)	75.01		2,241,599	0	7.00	
8.00	OUTPATIENT WOUND CARE CENTER	76.01		68,745	0	8.00	
9.00	ARNETT CANCER CARE CENTER	90.03		227	0	9.00	
10.00	CARDIAC CATHETERIZATION				0	10.00	
11.00	ASC (NON-DISTINCT PART)				0	11.00	



RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	OUTPATIENT WOUND CARE CENTER				0	12.00
13.00	ARNETT CANCER CARE CENTER				0	13.00
	0		0	12,232,303		
<b>D - DRUGS</b>						
1.00	NURSING ADMINISTRATION	13.00	0	83	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	468,913	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	325,719	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	19,851	0	4.00
5.00	OPERATING ROOM	50.00	0	474,295	0	5.00
6.00	RECOVERY ROOM	51.00	0	4,123	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	56,512	0	7.00
8.00	ANESTHESIOLOGY	53.00	0	71,340	0	8.00
9.00	ASC ANESTHESIOLOGY	53.01	0	12,332	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	566,133	0	10.00
11.00	RADIOISOTOPE	56.00	0	991,055	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	208,407	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	16,831	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	192,369	0	14.00
15.00	PHARMACY	15.00	0	4,810,404	0	15.00
16.00	RENAL DIALYSIS	74.00	0	9,510	0	16.00
17.00	ASC (NON-DISTINCT PART)	75.01	0	176,572	0	17.00
18.00	OUTPATIENT WOUND CARE CENTER	76.01	0	292	0	18.00
19.00	ARNETT CANCER CARE CENTER	90.03	0	31,709,751	0	19.00
20.00	OUTPATIENT INFUSION CENTER	90.04	0	3,048	0	20.00
21.00	EMERGENCY	91.00	0	454,046	0	21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,674	0	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	277	0	23.00
	0		0	40,574,537		
<b>E - BENEFITS</b>						
1.00	ADMINISTRATIVE	5.01	0	76,889	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	735,428	0	2.00
3.00	OPERATION OF PLANT	7.00	0	249,652	0	3.00
4.00	HOUSEKEEPING	9.00	0	448,556	0	4.00
5.00	DIETARY	10.00	0	357,289	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	767,034	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	94,769	0	7.00
8.00	PHARMACY	15.00	0	693,858	0	8.00
9.00	SOCIAL SERVICE	17.00	0	142,391	0	9.00
10.00	PATIENT TRANSPORT SERVICES	18.00	0	101,917	0	10.00
11.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	13,175	0	11.00
12.00	PARAMEDICAL PRGM - PHARMACY	23.00	0	5,393	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	3,156,954	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	564,165	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	404,646	0	15.00
16.00	OPERATING ROOM	50.00	0	889,332	0	16.00
17.00	RECOVERY ROOM	51.00	0	140,185	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	572,571	0	18.00
19.00	ANESTHESIOLOGY	53.00	0	33,636	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	736,396	0	20.00
21.00	RADIOISOTOPE	56.00	0	26,615	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	174,513	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	268,667	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	130,397	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	54,970	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0	28,209	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	313,354	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,642	0	28.00
29.00	RETAIL PHARMACY	73.01	0	121,992	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.01	0	809,710	0	30.00
31.00	OUTPATIENT WOUND CARE CENTER	76.01	0	49,624	0	31.00
32.00	SLEEP CLINIC	90.01	0	115,560	0	32.00
33.00	COMP MED REV CLINIC	90.02	0	131,610	0	33.00
34.00	ARNETT CANCER CARE CENTER	90.03	0	315,807	0	34.00
35.00	OUTPATIENT INFUSION CENTER	90.04	0	9,006	0	35.00
36.00	EMERGENCY	91.00	0	1,104,506	0	36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	14,994	0	37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	10,897	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,418	0	39.00
	0		0	13,900,727		

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>F - CAFETERIA</b>						
1.00	DIETARY	10.00	609,386	294,078	0	1.00
	O		609,386	294,078		
<b>G - PROPERTY TAX</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		1,184	13	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		2,149	13	2.00
	O		0	3,333		
<b>H - PROPERTY INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	341,010	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	O		0	341,010		
<b>I - LEASE EXPENSE</b>						
1.00	OPERATION OF PLANT	7.00	0	455,649	10	1.00
2.00	OPERATING ROOM	50.00	0	160,313	10	2.00
3.00	ASC (NON-DISTINCT PART)	75.01	0	104,930	10	3.00
4.00	SLEEP CLINIC	90.01	0	87,216	10	4.00
5.00		0.00	0	0	0	5.00
	O		0	808,108		
<b>J - INTEREST EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	149	11	1.00
2.00	OUTPATIENT WOUND CARE CENTER	76.01	0	468	0	2.00
	O		0	617		
<b>K - HOUSEKEEPING SUPPLIES</b>						
1.00	ADMINISTRATIVE	5.01		3,000	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		795	0	2.00
3.00	OPERATION OF PLANT	7.00		1,758	0	3.00
4.00	DIETARY	10.00		2	0	4.00
5.00	NURSING ADMINISTRATION	13.00		10	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00		15,159	0	6.00
7.00	PHARMACY	15.00		4,587	0	7.00
8.00	ADULTS & PEDIATRICS	30.00		18,532	0	8.00
9.00	INTENSIVE CARE UNIT	31.00		1,086	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00		957	0	10.00
11.00	OPERATING ROOM	50.00		1,291	0	11.00
12.00	RECOVERY ROOM	51.00		214	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		682	0	13.00
14.00	ANESTHESIOLOGY	53.00		21	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00		4,421	0	15.00
16.00	RADIOISOTOPE	56.00		67	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		1,163	0	17.00
18.00	PHYSICAL THERAPY	66.00		5	0	18.00
19.00	SPEECH PATHOLOGY	68.00		1,029	0	19.00
20.00	ELECTROCARDIOLOGY	69.00		44	0	20.00
21.00	RENAL DIALYSIS	74.00		624	0	21.00
22.00	ASC (NON-DISTINCT PART)	75.01		636	0	22.00
23.00	OUTPATIENT WOUND CARE CENTER	76.01		219	0	23.00
24.00	SLEEP CLINIC	90.01		359	0	24.00
25.00	COMP MED REV CLINIC	90.02		90	0	25.00
26.00	ARNETT CANCER CARE CENTER	90.03		1,801	0	26.00
27.00	EMERGENCY	91.00		1,057	0	27.00
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01		71	0	28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00		114	0	29.00
	O		0	59,794		
<b>L - DEPRECIATION EXPENSE</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	52,965	9	1.00
2.00	OPERATION OF PLANT	7.00	0	4,683,157	9	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	362,480	9	3.00
4.00	HOUSEKEEPING	9.00	0	32,514	9	4.00
5.00	DIETARY	10.00	0	27,844	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	271,873	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	161,278	0	7.00
8.00	PHARMACY	15.00	0	372,262	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	288,114	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	172,149	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	126,953	0	11.00

RECLASSIFICATIONS

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Period:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	OPERATING ROOM	50.00	0	1,386,051	0	12.00	
13.00	RECOVERY ROOM	51.00	0	63,347	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,908	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	82,297	0	15.00	
16.00	ASC ANESTHESIOLOGY	53.01	0	46,530	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	709,202	0	17.00	
18.00	RADIOISOTOPE	56.00	0	230,916	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	634,984	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	191,177	0	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	20,959	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	122,801	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,205	0	23.00	
24.00	RETAIL PHARMACY	73.01	0	1,146	0	24.00	
25.00	RENAL DIALYSIS	74.00	0	135	0	25.00	
26.00	ASC (NON-DISTINCT PART)	75.01	0	615,710	0	26.00	
27.00	OUTPATIENT WOUND CARE CENTER	76.01	0	139,155	0	27.00	
28.00	SLEEP CLINIC	90.01	0	69,318	0	28.00	
29.00	ARNETT CANCER CARE CENTER	90.03	0	6,495	0	29.00	
30.00	EMERGENCY	91.00	0	270,496	0	30.00	
			0	11,179,421			
<b>M - FMLA RECLASS</b>							
1.00	ADMINISTRATIVE	5.01	8,547	0	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	26,681	0	0	2.00	
3.00	HOUSEKEEPING	9.00	10,487	0	0	3.00	
4.00	DIETARY	10.00	8,899	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	71,570	0	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	1,568	0	0	6.00	
7.00	PHARMACY	15.00	37,332	0	0	7.00	
8.00	PATIENT TRANSPORT SERVICES	18.00	676	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	73,613	0	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	27,120	0	0	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	10,164	0	0	11.00	
12.00	OPERATING ROOM	50.00	19,950	0	0	12.00	
13.00	RECOVERY ROOM	51.00	7,563	0	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	15,851	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	15,692	0	0	15.00	
16.00	RADIOISOTOPE	56.00	7,202	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	703	0	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	4,789	0	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	671	0	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	7,060	0	0	20.00	
21.00	ASC (NON-DISTINCT PART)	75.01	29,854	0	0	21.00	
22.00	COMP MED REV CLINIC	90.02	1,493	0	0	22.00	
23.00	ARNETT CANCER CARE CENTER	90.03	612	0	0	23.00	
24.00	EMERGENCY	91.00	31,084	0	0	24.00	
			419,181	0			
<b>N - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	779,935	113,417	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	22,826	2,698	0	2.00	
			802,761	116,115			
<b>O - ARNETT TO WHITE ALLOCATION</b>							
1.00	ADMINISTRATIVE	5.01	16,613	5,845	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	732,117	368,305	0	2.00	
3.00	OPERATION OF PLANT	7.00	45,549	13,114	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	147,516	112,548	0	4.00	
5.00	PHARMACY	15.00	366,498	106,459	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	37,593	55,942	0	6.00	
7.00	OPERATING ROOM	50.00	86,755	28,366	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	34,887	13,048	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	56,187	20,701	0	9.00	
10.00	EMERGENCY	91.00	33,685	44,759	0	10.00	
			1,557,400	769,087			
<b>P - ARNETT TO FRANKFORT ALLOCATION</b>							
1.00	ADMINISTRATIVE	5.01	16,613	5,845	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	491,717	260,116	0	2.00	
3.00	OPERATION OF PLANT	7.00	45,549	13,114	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	104,148	68,267	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	56,047	148,134	0	5.00	
6.00	PHARMACY	15.00	220,096	67,055	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	2,554	25,873	0	7.00	
8.00	OPERATING ROOM	50.00	46,122	15,081	0	8.00	

RECLASSIFICATIONS

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Period:  
From 01/01/2023  
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	RADIOLOGY-DIAGNOSTIC	54.00	34,887	13,048	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	32,107	11,829	0		10.00
11.00	ASC (NON-DISTINCT PART)	75.01	12,447	39,889	0		11.00
12.00	EMERGENCY	91.00	17,908	23,795	0		12.00
	O		1,080,195	692,046			
Q - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	1,199,824	0		1.00
	O		0	1,199,824			
R - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	130,734	10,001	0		1.00
	O		130,734	10,001			
X - RESIDENCY STAFF							
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	824,880	0		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	32,995	0		2.00
	O		0	857,875			
AE - LABORATORY SALARIES							
1.00	LABORATORY	60.00	0	18,110	0		1.00
	TOTALS		0	18,110			
500.00	Grand Total: Decreases		4,599,657	103,343,332			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7  
Part I  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,297,223	0	0	0	1,076,003	1.00
2.00	Land Improvements	590,336	0	0	0	0	2.00
3.00	Buildings and Fixtures	170,662,483	0	0	0	0	3.00
4.00	Building Improvements	15,745,996	616,865	0	616,865	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	80,003,288	7,543,441	0	7,543,441	298,546	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	270,299,326	8,160,306	0	8,160,306	1,374,549	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	270,299,326	8,160,306	0	8,160,306	1,374,549	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,221,220	2,221,221				1.00
2.00	Land Improvements	590,336	0				2.00
3.00	Buildings and Fixtures	170,662,483	0				3.00
4.00	Building Improvements	16,362,861	2,058,263				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	87,248,183	48,298,471				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	277,085,083	52,577,955				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	277,085,083	52,577,955				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

Period:  
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Part II  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
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
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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Part III  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	189,836,900	0	189,836,900	0.685121	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	87,248,183	0	87,248,183	0.314879	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	277,085,083	0	277,085,083	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,029,410	455,624	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	555,184	87,216	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,612,800	160,313	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	755,272	104,930	2.01
3.00	Total (sum of lines 1-2)	0	0	0	12,952,666	808,083	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	267,218	1,184	0	5,753,436	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	59,238	-2,149	0	699,489	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	9,698,685	0	0	0	9,698,685	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,554	0	0	6,787,667	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	617	0	0	0	860,819	2.01
3.00	Total (sum of lines 1-2)	9,699,302	341,010	-965	0	23,800,096	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	-14,201,416	0	CAP REL COSTS INTEREST EXPENSE	1.02		11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01		0	2.01
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	-18,800,579	0		0.00		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	46,647,900					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
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02		0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:  
5/29/2024 11:29 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.	
				Cost Center	Line #			
				1.00	2.00			3.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
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	EMPLOYEE BENEFITS	A	-13,900,114		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	HAF OFFSET	A	-25,778,865		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	MISCELLANEOUS INCOME	B	-588,372		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.02
33.03	MISCELLANEOUS INCOME	B	-9,471		OPERATION OF PLANT	7.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-7,342		NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-625		CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-84,634		PHARMACY	15.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-20,500		ADULTS & PEDIATRICS	30.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-115		DELIVERY ROOM & LABOR ROOM	52.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-3,023		RETAIL PHARMACY	73.01	0	33.09
33.10	MISCELLANEOUS INCOME	B	-38		SLEEP CLINIC	90.01	0	33.10
33.11	NON-ALLOWABLE MARKETING	A	-583,321		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.11
33.12	NON-ALLOWABLE MARKETING	A	-47		DIETARY	10.00	0	33.12
33.13	NON-ALLOWABLE MARKETING	A	-69		OPERATING ROOM	50.00	0	33.13
33.14	NON-ALLOWABLE MARKETING	A	-854		RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-648		RESPIRATORY THERAPY	65.00	0	33.15
33.16	NON-ALLOWABLE MARKETING	A	-50		EMERGENCY	91.00	0	33.16
33.17	CONTRIBUTION EXPENSE	A	-27,117		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	CONTRIBUTION EXPENSE	A	-320,167		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19	CONTRIBUTION EXPENSE	A	180		NURSING ADMINISTRATION	13.00	0	33.19
33.20	CONTRIBUTION EXPENSE	A	-2,792		ADULTS & PEDIATRICS	30.00	0	33.20
33.21	CONTRIBUTION EXPENSE	A	-8,047		RETAIL PHARMACY	73.01	0	33.21
33.22	RECRUITMENT	A	-264,728		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.25
33.26	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.26
33.27	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,954,854					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: 15-0173  
 Period: From 01/01/2023 To 12/31/2023  
 Worksheet A-8-1  
 Date/Time Prepared: 5/29/2024 11:29 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,055,799	455,649 1.00
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	23,900,101	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	1,173,095	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	13,582,845	17,424 4.00
4.01	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	46,841,909	39,432,776 4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	24,394	24,394 4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENER	RELATED PARTY	1,103,035	1,103,035 4.03
4.04	13.00	NURSING ADMINISTRATION	RELATED PARTY	31,541	31,541 4.04
4.05	22.00	I&R SERVICES-OTHER PRGM. COS	RELATED PARTY	916,130	916,130 4.05
4.06	30.00	ADULTS & PEDIATRICS	RELATED PARTY	7,630,305	7,630,305 4.06
4.07	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	758,793	758,793 4.07
4.08	50.00	OPERATING ROOM	RELATED PARTY	403,301	403,301 4.08
4.09	53.00	ANESTHESIOLOGY	RELATED PARTY	7,533,695	7,533,695 4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	17,657	17,657 4.10
4.11	60.00	LABORATORY	RELATED PARTY	12,126,738	12,126,738 4.11
4.12	63.00	BLOOD STORING, PROCESSING &	RELATED PARTY	1,781	1,781 4.12
4.13	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12,000	12,000 4.13
4.14	90.01	SLEEP CLINIC	RELATED PARTY	1,505	1,505 4.14
4.15	91.00	EMERGENCY	RELATED PARTY	2,251,740	2,251,740 4.15
5.00	0			119,366,364	72,718,464 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	IU HEALTH	100.00	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: 15-0173

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2024 11:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	600,150	9	1.00
2.00	23,900,101	11	2.00
3.00	1,173,095	9	3.00
4.00	13,565,421	0	4.00
4.01	7,409,133	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
5.00	46,647,900		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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>	

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	HEALTHCARE	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:

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2024 11:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	424,831	424,831	0	211,500	0	1.00
2.00	13.00	NURSING ADMINISTRATION	263,204	263,204	0	211,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	7,624,474	7,624,474	0	211,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,200	1,200	0	211,500	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	701,085	701,085	0	211,500	0	5.00
6.00	50.00	OPERATING ROOM	350	350	0	246,500	0	6.00
7.00	53.00	ANESTHESIOLOGY	7,533,695	7,533,695	0	239,400	0	7.00
8.00	91.00	EMERGENCY	2,251,740	2,251,740	0	211,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			18,800,579	18,800,579	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	424,831		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	263,204		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	7,624,474		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,200		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	701,085		5.00
6.00	50.00	OPERATING ROOM	0	0	0	350		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	7,533,695		7.00
8.00	91.00	EMERGENCY	0	0	0	2,251,740		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	18,800,579		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,753,436	5,753,436			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	699,489	0	699,489		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	9,698,685	0	0	9,698,685	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,787,667				6,787,667
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	860,819				0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,771,576	0	0	0	0
5.01	00570	ADMINISTRATIVE	415,736	16,933	3,742	28,544	19,977
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	54,186,885	181,725	179,340	306,337	214,391
7.00	00700	OPERATION OF PLANT	11,670,079	1,042,429	0	1,757,244	1,229,815
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	786,139	0	10,419	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	3,516,471	73,115	1,300	123,251	86,258
10.00	01000	DIETARY	1,193,522	101,351	0	170,849	119,570
11.00	01100	CAFETERIA	903,464	101,569	0	171,217	119,827
13.00	01300	NURSING ADMINISTRATION	4,406,457	58,727	0	98,998	69,284
14.00	01400	CENTRAL SERVICES & SUPPLY	12,716,931	287,978	662	485,450	339,745
15.00	01500	PHARMACY	5,881,289	72,780	423	122,687	85,863
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	759,806	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	712,261	19,857	0	33,473	23,427
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,199,824	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,120,857	4,291	16,132	7,234	5,063
23.00	02300	PARAMED ED PRGM - PHARMACY	277,742	2,415	0	4,071	2,849
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,760,453	1,651,332	0	2,783,692	1,948,178
31.00	03100	INTENSIVE CARE UNIT	4,938,024	172,225	0	290,324	203,184
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,516,905	130,053	0	219,233	153,431
43.00	04300	NURSERY	918,876	46,828	0	78,938	55,245
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	9,769,580	441,321	0	743,944	520,652
51.00	05100	RECOVERY ROOM	1,091,156	65,885	0	111,063	77,728
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,076,512	208,768	0	351,925	246,296
53.00	05300	ANESTHESIOLOGY	354,943	19,741	1,149	33,277	23,289
53.01	05301	ASC ANESTHESIOLOGY	13,236	0	917	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,404,427	229,862	0	387,482	271,181
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	829,857	30,055	0	50,664	35,457
59.00	05900	CARDIAC CATHETERIZATION	3,159,251	90,906	0	153,242	107,247
60.00	06000	LABORATORY	12,418,430	135,741	0	228,821	160,141
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	914,749	8,990	0	15,155	10,606
65.00	06500	RESPIRATORY THERAPY	2,489,027	18,330	0	30,899	21,624
66.00	06600	PHYSICAL THERAPY	961,124	10,838	0	18,269	12,786
67.00	06700	OCCUPATIONAL THERAPY	909,222	7,943	0	13,389	9,371
68.00	06800	SPEECH PATHOLOGY	391,566	4,684	0	7,896	5,526
69.00	06900	ELECTROCARDIOLOGY	2,000,297	34,986	0	58,977	41,275
70.00	07000	ELECTROENCEPHALOGRAPHY	94,115	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,375,757	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,232,144	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	40,555,860	0	0	0	0
73.01	07301	RETAIL PHARMACY	10,929,506	16,206	0	27,318	19,119
74.00	07400	RENAL DIALYSIS	917,195	22,912	0	38,623	27,031
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	5,353,232	0	265,034	0	0
76.00	03950	CARDIAC CATHETERIZATION CENTER	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,056,517	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	576,614	0	29,591	0	0
90.02	09001	COMP MED REV CLINIC	766,030	0	9,127	0	0
90.03	09002	ARNETT CANCER CARE CENTER	1,510,464	0	115,563	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	53,486	844	0	1,422	995
91.00	09100	EMERGENCY	11,635,667	294,626	0	496,657	347,588
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	127,314	10,605	0	17,877	12,511	92.01	
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	317,420,671	5,616,851	633,399	9,468,442	6,626,530	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,427	32,935	0	55,519	38,855	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	49,196	26,185	45,930	44,141	30,892	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 RETAIL PHARMACY	0	0	0	0	0	193.01	
193.02 19302 WHITE HOSPITAL	2,326,487	41,911	9,757	70,650	49,445	193.02	
193.03 19303 HOSPICE	733	0	0	0	0	193.03	
193.04 19304 FRANKFORT HOSPITAL	1,772,241	35,554	10,403	59,933	41,945	193.04	
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118 through 201)	321,694,755	5,753,436	699,489	9,698,685	6,787,667	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP						
	2.01	4.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	860,819					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,771,576				4.00
5.01 00570	ADMITTING	4,605	67,183	556,720			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	220,703	786,909	0	56,076,290	56,076,290	5.06
7.00 00700	OPERATION OF PLANT	0	300,296	0	15,999,863	3,377,827	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	12,823	0	0	809,381	170,873	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,600	326,200	0	4,128,195	871,528	9.00
10.00 01000	DIETARY	0	161,504	0	1,746,796	368,777	10.00
11.00 01100	CAFETERIA	0	115,051	0	1,411,128	297,912	11.00
13.00 01300	NURSING ADMINISTRATION	0	750,975	0	5,384,441	1,136,742	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	815	84,234	0	13,915,815	2,937,851	14.00
15.00 01500	PHARMACY	520	820,359	0	6,983,921	1,474,417	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	129,796	0	889,602	187,809	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	122,801	0	911,819	192,500	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,199,824	253,302	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	19,852	168,645	0	1,342,074	283,333	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	44,982	0	332,059	70,103	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	3,094,887	49,682	40,288,224	8,505,489	30.00
31.00 03100	INTENSIVE CARE UNIT	0	616,391	8,919	6,229,067	1,315,056	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	405,637	5,160	3,430,419	724,216	35.00
43.00 04300	NURSERY	0	151,560	1,176	1,252,623	264,449	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	888,470	51,699	12,415,666	2,621,146	50.00
51.00 05100	RECOVERY ROOM	0	158,124	6,689	1,510,645	318,921	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	516,990	8,944	4,409,435	930,902	52.00
53.00 05300	ANESTHESIOLOGY	1,414	43,315	3,087	480,215	101,381	53.00
53.01 05301	ASC ANESTHESIOLOGY	1,129	0	1,643	16,925	3,573	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	819,341	39,790	8,152,083	1,721,035	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	24,603	6,208	976,844	206,227	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	226,586	23,786	3,761,018	794,011	59.00
60.00 06000	LABORATORY	0	0	29,099	12,972,232	2,738,646	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,651	951,151	200,803	63.00
65.00 06500	RESPIRATORY THERAPY	0	372,970	5,406	2,938,256	620,313	65.00
66.00 06600	PHYSICAL THERAPY	0	124,723	1,386	1,129,126	238,377	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	78,587	1,015	1,019,527	215,238	67.00
68.00 06800	SPEECH PATHOLOGY	0	54,321	599	464,592	98,083	68.00
69.00 06900	ELECTROCARDIOLOGY	0	219,904	13,764	2,369,203	500,177	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	16,717	236	111,068	23,448	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,570	9,397,327	1,983,926	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	47,473	12,279,617	2,592,424	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	79,766	40,635,626	8,578,813	73.00
73.01 07301	RETAIL PHARMACY	0	147,804	3,423	11,143,376	2,352,545	73.01
74.00 07400	RENAL DIALYSIS	0	0	1,004	1,006,765	212,544	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	326,160	756,117	50,199	6,750,742	1,425,190	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	56,945	4,819	1,118,281	236,087	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	36,416	80,315	2,044	724,980	153,055	90.01
90.02 09001	COMP MED REV CLINIC	11,232	130,828	151	917,368	193,671	90.02
90.03 09002	ARNETT CANCER CARE CENTER	142,216	243,644	10,980	2,022,867	427,060	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	9,519	300	66,566	14,053	90.04
91.00 09100	EMERGENCY	0	1,128,278	74,965	13,977,781	2,950,933	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	14,397	87	182,791	38,590	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	779,485	14,259,908	556,720	316,233,614	54,923,356
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,131	0	260,867	55,073
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,523	5,561	0	258,428	54,558
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	0	0	0	0
193.02	19302	WHITE HOSPITAL	12,008	294,036	0	2,804,294	592,031
193.03	19303	HOSPICE	0	0	0	733	155
193.04	19304	FRANKFORT HOSPITAL	12,803	203,940	0	2,136,819	451,117
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	860,819	14,771,576	556,720	321,694,755	56,076,290



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	19,377,690					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	980,254				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	00900	HOUSEKEEPING	313,981	2,519	0	5,316,223		9.00
10.00	01000	DIETARY	435,238	0	0	100,533	2,651,344	10.00
11.00	01100	CAFETERIA	436,175	0	0	100,749	0	11.00
13.00	01300	NURSING ADMINISTRATION	252,197	0	0	58,253	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,236,684	1,283	0	286,851	0	14.00
15.00	01500	PHARMACY	312,544	819	0	72,957	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	85,273	0	0	19,697	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	18,429	31,252	0	33,434	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	10,370	0	0	2,395	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,091,442	0	0	1,638,008	2,353,277	30.00
31.00	03100	INTENSIVE CARE UNIT	739,599	0	0	170,835	240,293	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	558,494	0	0	129,003	0	35.00
43.00	04300	NURSERY	201,095	0	0	46,450	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,895,195	0	0	437,759	0	50.00
51.00	05100	RECOVERY ROOM	282,933	0	0	65,353	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	896,527	0	0	207,083	57,774	52.00
53.00	05300	ANESTHESIOLOGY	84,774	2,226	0	21,659	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	1,777	0	1,659	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	987,111	0	0	228,006	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	129,066	0	0	29,812	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	390,384	0	0	90,172	0	59.00
60.00	06000	LABORATORY	582,921	0	0	134,645	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	38,607	0	0	8,918	0	63.00
65.00	06500	RESPIRATORY THERAPY	78,714	0	0	18,182	0	65.00
66.00	06600	PHYSICAL THERAPY	46,541	0	0	10,750	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,109	0	0	7,879	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,116	0	0	4,646	0	68.00
69.00	06900	ELECTROCARDIOLOGY	150,244	0	0	34,704	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	69,593	0	0	16,075	0	73.01
74.00	07400	RENAL DIALYSIS	98,392	0	0	22,727	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	513,449	0	479,360	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	57,327	0	53,520	0	90.01
90.02	09001	COMP MED REV CLINIC	0	17,682	0	16,508	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	223,881	0	209,017	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	3,623	0	0	837	0	90.04
91.00	09100	EMERGENCY	1,265,233	0	0	292,248	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	45,542	0	0	10,519	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		7.00	7.01	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		18,791,146	852,215	0	5,061,203	2,651,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,435	0	0	32,669	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	112,449	88,981	0	109,047	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	179,980	18,903	0	59,235	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	152,680	20,155	0	54,069	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,377,690	980,254	0	5,316,223	2,651,344	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part I Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,245,964					11.00
13.00	01300	NURSING ADMINISTRATION	109,286	6,940,919				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,581	7,661	18,409,726			14.00
15.00	01500	PHARMACY	119,702	0	37,594	9,001,954		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	27,176	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	42,139	333	16	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	38,570	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	12,636	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	7,746	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	620,182	2,902,779	573,060	50,508	0	30.00
31.00	03100	INTENSIVE CARE UNIT	111,956	569,597	178,276	21,839	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	65,349	376,067	43,817	3,211	0	35.00
43.00	04300	NURSERY	25,696	118,583	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	149,204	475,996	2,948,805	13,681	0	50.00
51.00	05100	RECOVERY ROOM	26,119	164,384	42,768	381	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	86,604	406,545	63,705	6,621	0	52.00
53.00	05300	ANESTHESIOLOGY	9,755	26,315	136,019	11,773	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	53,061	1,472	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,713	155,390	784,309	20,425	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,490	0	1,686	2,303	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	37,539	185,535	419,104	11,541	0	59.00
60.00	06000	LABORATORY	102,122	0	5	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	61,833	0	195,729	3	0	65.00
66.00	06600	PHYSICAL THERAPY	21,466	0	1,105	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,636	0	726	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,984	0	1,296	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,704	45,135	2,228	1,477	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,776	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,140,371	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,706,430	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,006,980	0	73.00
73.01	07301	RETAIL PHARMACY	21,651	0	238	1,730,346	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	3,025	173	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	585,252	764,567	17,463	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	64,621	8,299	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	13,652	0	0	90.01
90.02	09001	COMP MED REV CLINIC	0	0	578	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	42,403	152,725	63,614	34,281	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	1,533	3,331	154	398	0	90.04
91.00	09100	EMERGENCY	214,157	686,014	223,494	66,744	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,172	14,656	1,856	334	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		2,192,880	6,940,919	18,409,587	9,001,954	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,644	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	139	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	28,207	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	22,233	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,245,964	6,940,919	18,409,726	9,001,954		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	1,104,587					17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	1,251,777				18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,491,696			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	1,721,158		22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0			422,673	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	865,821	111,578	1,236,233	1,426,397	0	30.00
31.00 03100 INTENSIVE CARE UNIT	88,409	20,030	68,526	79,068	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	72,122	11,589	58,943	68,010	0	35.00
43.00 04300 NURSERY	56,979	2,641	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	116,109	12,077	13,935	0	50.00
51.00 05100 RECOVERY ROOM	0	15,023	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	21,256	20,087	88,743	102,394	0	52.00
53.00 05300 ANESTHESIOLOGY	0	6,934	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	3,689	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	89,363	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	13,941	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	53,421	0	0	0	59.00
60.00 06000 LABORATORY	0	65,353	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,707	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	12,140	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	3,114	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,279	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,344	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	30,912	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	530	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,443	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	106,616	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	180,616	0	0	422,673	73.00
73.01 07301 RETAIL PHARMACY	0	7,687	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	2,255	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	112,739	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	10,822	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	4,590	0	0	0	90.01
90.02 09001 COMP MED REV CLINIC	0	338	0	0	0	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	24,659	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	673	0	0	0	90.04
91.00 09100 EMERGENCY	0	168,361	27,174	31,354	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	194	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY			
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
		17.00	18.00	21.00			22.00	23.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,104,587	1,251,777	1,491,696	1,721,158	422,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	1,104,587	1,251,777	1,491,696	1,721,158	422,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORT SERVICES				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM - PHARMACY				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	67,662,998	-2,662,630	65,000,368	30.00
31.00	03100	INTENSIVE CARE UNIT	9,832,551	-147,594	9,684,957	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,541,240	-126,953	5,414,287	35.00
43.00	04300	NURSERY	1,968,516	0	1,968,516	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	21,099,573	-26,012	21,073,561	50.00
51.00	05100	RECOVERY ROOM	2,426,527	0	2,426,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,297,676	-191,137	7,106,539	52.00
53.00	05300	ANESTHESIOLOGY	881,051	0	881,051	53.00
53.01	05301	ASC ANESTHESIOLOGY	82,156	0	82,156	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,271,435	0	12,271,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,363,369	0	1,363,369	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,742,725	0	5,742,725	59.00
60.00	06000	LABORATORY	16,595,924	0	16,595,924	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,203,186	0	1,203,186	63.00
65.00	06500	RESPIRATORY THERAPY	3,925,170	0	3,925,170	65.00
66.00	06600	PHYSICAL THERAPY	1,450,479	0	1,450,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,292,394	0	1,292,394	67.00
68.00	06800	SPEECH PATHOLOGY	598,061	0	598,061	68.00
69.00	06900	ELECTROCARDIOLOGY	3,184,784	0	3,184,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,822	0	137,822	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,570,067	0	16,570,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,685,087	0	21,685,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,824,708	0	56,824,708	73.00
73.01	07301	RETAIL PHARMACY	15,341,511	0	15,341,511	73.01
74.00	07400	RENAL DIALYSIS	1,345,881	0	1,345,881	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	10,648,762	0	10,648,762	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,438,110	0	1,438,110	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,007,124	0	1,007,124	90.01
90.02	09001	COMP MED REV CLINIC	1,146,145	0	1,146,145	90.02
90.03	09002	ARNETT CANCER CARE CENTER	3,200,507	0	3,200,507	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	91,168	0	91,168	90.04
91.00	09100	EMERGENCY	19,903,493	-58,528	19,844,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	297,654	0	297,654	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	314,057,854	-3,212,854	310,845,000	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	492,688	0	492,688	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	623,602	0	623,602	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	3,682,650	0	3,682,650	193.02
193.03	19303 HOSPICE	888	0	888	193.03
193.04	19304 FRANKFORT HOSPITAL	2,837,073	0	2,837,073	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	321,694,755	-3,212,854	318,481,901	202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00570	ADMITTING	0	16,933	3,742	28,544	19,977	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	181,725	179,340	306,337	214,391	5.06
7.00	00700	OPERATION OF PLANT	0	1,042,429	0	1,757,244	1,229,815	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	10,419	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	73,115	1,300	123,251	86,258	9.00
10.00	01000	DIETARY	0	101,351	0	170,849	119,570	10.00
11.00	01100	CAFETERIA	0	101,569	0	171,217	119,827	11.00
13.00	01300	NURSING ADMINISTRATION	0	58,727	0	98,998	69,284	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	287,978	662	485,450	339,745	14.00
15.00	01500	PHARMACY	0	72,780	423	122,687	85,863	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	19,857	0	33,473	23,427	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	4,291	16,132	7,234	5,063	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	2,415	0	4,071	2,849	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,651,332	0	2,783,692	1,948,178	30.00
31.00	03100	INTENSIVE CARE UNIT	0	172,225	0	290,324	203,184	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	130,053	0	219,233	153,431	35.00
43.00	04300	NURSERY	0	46,828	0	78,938	55,245	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	441,321	0	743,944	520,652	50.00
51.00	05100	RECOVERY ROOM	0	65,885	0	111,063	77,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	208,768	0	351,925	246,296	52.00
53.00	05300	ANESTHESIOLOGY	0	19,741	1,149	33,277	23,289	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	917	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	229,862	0	387,482	271,181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	30,055	0	50,664	35,457	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	90,906	0	153,242	107,247	59.00
60.00	06000	LABORATORY	0	135,741	0	228,821	160,141	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,990	0	15,155	10,606	63.00
65.00	06500	RESPIRATORY THERAPY	0	18,330	0	30,899	21,624	65.00
66.00	06600	PHYSICAL THERAPY	0	10,838	0	18,269	12,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,943	0	13,389	9,371	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,684	0	7,896	5,526	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,986	0	58,977	41,275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	16,206	0	27,318	19,119	73.01
74.00	07400	RENAL DIALYSIS	0	22,912	0	38,623	27,031	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	265,034	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	29,591	0	0	90.01
90.02	09001	COMP MED REV CLINIC	0	0	9,127	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	115,563	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	844	0	1,422	995	90.04
91.00	09100	EMERGENCY	0	294,626	0	496,657	347,588	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	10,605	0	17,877	12,511	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	5,616,851	633,399	9,468,442	6,626,530	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,935	0	55,519	38,855	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	26,185	45,930	44,141	30,892	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02 19302 WHITE HOSPITAL	0	41,911	9,757	70,650	49,445	193.02
193.03 19303 HOSPICE	0	0	0	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	35,554	10,403	59,933	41,945	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	0	5,753,436	699,489	9,698,685	6,787,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP						
	2.01	2A					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0			4.00
5.01 00570	ADMITTING	4,605	73,801	0	73,801		5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	220,703	1,102,496	0	0	1,102,496	5.06
7.00 00700	OPERATION OF PLANT	0	4,029,488	0	0	66,415	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	12,823	23,242	0	0	3,360	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,600	285,524	0	0	17,136	9.00
10.00 01000	DIETARY	0	391,770	0	0	7,251	10.00
11.00 01100	CAFETERIA	0	392,613	0	0	5,858	11.00
13.00 01300	NURSING ADMINISTRATION	0	227,009	0	0	22,351	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	815	1,114,650	0	0	57,765	14.00
15.00 01500	PHARMACY	520	282,273	0	0	28,990	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	3,693	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	76,757	0	0	3,785	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,980	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	19,852	52,572	0	0	5,571	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	9,335	0	0	1,378	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	6,383,202	0	6,602	167,236	30.00
31.00 03100	INTENSIVE CARE UNIT	0	665,733	0	1,185	25,857	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	502,717	0	686	14,240	35.00
43.00 04300	NURSERY	0	181,011	0	156	5,200	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	1,705,917	0	6,870	51,537	50.00
51.00 05100	RECOVERY ROOM	0	254,676	0	889	6,271	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	806,989	0	1,189	18,304	52.00
53.00 05300	ANESTHESIOLOGY	1,414	78,870	0	410	1,993	53.00
53.01 05301	ASC ANESTHESIOLOGY	1,129	2,046	0	218	70	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	888,525	0	5,288	33,839	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	116,176	0	825	4,055	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	351,395	0	3,161	15,612	59.00
60.00 06000	LABORATORY	0	524,703	0	3,867	53,848	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	34,751	0	219	3,948	63.00
65.00 06500	RESPIRATORY THERAPY	0	70,853	0	718	12,197	65.00
66.00 06600	PHYSICAL THERAPY	0	41,893	0	184	4,687	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	30,703	0	135	4,232	67.00
68.00 06800	SPEECH PATHOLOGY	0	18,106	0	80	1,929	68.00
69.00 06900	ELECTROCARDIOLOGY	0	135,238	0	1,829	9,835	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	31	461	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,866	39,008	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,309	50,973	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,420	168,591	73.00
73.01 07301	RETAIL PHARMACY	0	62,643	0	455	46,256	73.01
74.00 07400	RENAL DIALYSIS	0	88,566	0	133	4,179	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	326,160	591,194	0	6,671	28,022	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	0	0	640	4,642	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	36,416	66,007	0	272	3,009	90.01
90.02 09001	COMP MED REV CLINIC	11,232	20,359	0	20	3,808	90.02
90.03 09002	ARNETT CANCER CARE CENTER	142,216	257,779	0	1,459	8,397	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	3,261	0	40	276	90.04
91.00 09100	EMERGENCY	0	1,138,871	0	9,962	58,022	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	40,993	0	12	759	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP						
	2.01	2A					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	779,485	23,124,707	0	73,801	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	127,309	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,523	203,671	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	12,008	183,771	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	12,803	160,638	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	860,819	23,800,096	0	73,801	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 11:29 am		
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			7.00	7.01	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	4,095,903				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	26,602			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	66,367	68	0	369,095	9.00
10.00	01000	DIETARY	91,997	0	0	6,980	497,998
11.00	01100	CAFETERIA	92,195	0	0	6,995	0
13.00	01300	NURSING ADMINISTRATION	53,307	0	0	4,044	0
14.00	01400	CENTRAL SERVICES & SUPPLY	261,400	35	0	19,916	0
15.00	01500	PHARMACY	66,063	22	0	5,065	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	18,024	0	0	1,368	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,895	848	0	2,321	0
23.00	02300	PARAMED ED PRGM - PHARMACY	2,192	0	0	166	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,498,935	0	0	113,725	442,012
31.00	03100	INTENSIVE CARE UNIT	156,331	0	0	11,861	45,134
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	118,050	0	0	8,956	0
43.00	04300	NURSERY	42,506	0	0	3,225	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	400,591	0	0	30,393	0
51.00	05100	RECOVERY ROOM	59,804	0	0	4,537	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	189,501	0	0	14,377	10,852
53.00	05300	ANESTHESIOLOGY	17,919	60	0	1,504	0
53.01	05301	ASC ANESTHESIOLOGY	0	48	0	115	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	208,648	0	0	15,830	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	27,281	0	0	2,070	0
59.00	05900	CARDIAC CATHETERIZATION	82,516	0	0	6,260	0
60.00	06000	LABORATORY	123,213	0	0	9,348	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,161	0	0	619	0
65.00	06500	RESPIRATORY THERAPY	16,638	0	0	1,262	0
66.00	06600	PHYSICAL THERAPY	9,838	0	0	746	0
67.00	06700	OCCUPATIONAL THERAPY	7,210	0	0	547	0
68.00	06800	SPEECH PATHOLOGY	4,252	0	0	323	0
69.00	06900	ELECTROCARDIOLOGY	31,757	0	0	2,409	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACY	14,710	0	0	1,116	0
74.00	07400	RENAL DIALYSIS	20,797	0	0	1,578	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	13,934	0	33,281	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	1,556	0	3,716	0
90.02	09001	COMP MED REV CLINIC	0	480	0	1,146	0
90.03	09002	ARNETT CANCER CARE CENTER	0	6,076	0	14,512	0
90.04	09003	OUTPATIENT INFUSION CENTER	766	0	0	58	0
91.00	09100	EMERGENCY	267,435	0	0	20,290	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	9,626	0	0	730	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,971,925	23,127	0	351,389	497,998	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,895	0	0	2,268	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	23,768	2,415	0	7,571	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	38,043	513	0	4,113	0	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	32,272	547	0	3,754	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,095,903	26,602	0	369,095	497,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	497,661					11.00
13.00	01300	NURSING ADMINISTRATION	24,216	330,927				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,225	365	1,459,356			14.00
15.00	01500	PHARMACY	26,523	0	2,980	411,916		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,022	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	9,337	16	1	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,546	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,800	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	1,716	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	137,422	138,397	45,427	2,311	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,807	27,157	14,132	999	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,480	17,930	3,473	147	0	35.00
43.00	04300	NURSERY	5,694	5,654	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	33,061	22,694	233,753	626	0	50.00
51.00	05100	RECOVERY ROOM	5,787	7,837	3,390	17	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,190	19,383	5,050	303	0	52.00
53.00	05300	ANESTHESIOLOGY	2,161	1,255	10,782	539	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	4,206	67	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,628	7,409	62,173	935	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	773	0	134	105	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	8,846	33,223	528	0	59.00
60.00	06000	LABORATORY	22,628	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,701	0	15,516	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,756	0	88	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,800	0	58	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,769	0	103	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,235	2,152	177	68	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	615	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	407,480	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	531,628	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	320,628	0	73.00
73.01	07301	RETAIL PHARMACY	4,797	0	19	79,180	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	240	8	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	27,903	60,608	799	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	3,081	658	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	1,082	0	0	90.01
90.02	09001	COMP MED REV CLINIC	0	0	46	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	9,396	7,282	5,043	1,569	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	340	159	12	18	0	90.04
91.00	09100	EMERGENCY	47,453	32,708	17,716	3,054	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	703	699	147	15	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
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5/29/2024 11:29 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		485,899	330,927	1,459,345	411,916	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	586	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	11	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0 193.01
193.02	19302	WHITE HOSPITAL	6,250	0	0	0	0 193.02
193.03	19303	HOSPICE	0	0	0	0	0 193.03
193.04	19304	FRANKFORT HOSPITAL	4,926	0	0	0	0 193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	497,661	330,927	1,459,356	411,916	0 202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	
		17.00	18.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570 ADMITTING					5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	9,715				17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	109,288			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,526		21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	68,007	22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0			14,787
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	7,615	9,738			30.00
31.00 03100 INTENSIVE CARE UNIT	778	1,748			31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0			33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0			33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	634	1,012			35.00
43.00 04300 NURSERY	501	231			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	10,134			50.00
51.00 05100 RECOVERY ROOM	0	1,311			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	187	1,753			52.00
53.00 05300 ANESTHESIOLOGY	0	605			53.00
53.01 05301 ASC ANESTHESIOLOGY	0	322			53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	7,799			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600 RADIOISOTOPE	0	1,217			56.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,662			59.00
60.00 06000 LABORATORY	0	5,704			60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	324			63.00
65.00 06500 RESPIRATORY THERAPY	0	1,060			65.00
66.00 06600 PHYSICAL THERAPY	0	272			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	199			67.00
68.00 06800 SPEECH PATHOLOGY	0	117			68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,698			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	46			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,228			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,305			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,797			73.00
73.01 07301 RETAIL PHARMACY	0	671			73.01
74.00 07400 RENAL DIALYSIS	0	197			74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	9,840			75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0			76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	945			76.01
76.97 07697 CARDIAC REHABILITATION	0	0			76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0			77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0			78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0			90.00
90.01 04950 SLEEP CLINIC	0	401			90.01
90.02 09001 COMP MED REV CLINIC	0	30			90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	2,152			90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	59			90.04
91.00 09100 EMERGENCY	0	14,694			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	17			92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0			93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0			102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,715	109,288	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
191.00	19100 RESEARCH	0	0			191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.00	19300 NONPAID WORKERS	0	0			193.00
193.01	19301 RETAIL PHARMACY	0	0			193.01
193.02	19302 WHITE HOSPITAL	0	0			193.02
193.03	19303 HOSPICE	0	0			193.03
193.04	19304 FRANKFORT HOSPITAL	0	0			193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0			194.00
200.00	Cross Foot Adjustments			13,526	68,007	14,787
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	9,715	109,288	13,526	68,007	14,787

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	8,952,622	0	8,952,622	30.00
31.00	03100	975,722	0	975,722	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	682,325	0	682,325	35.00
43.00	04300	244,178	0	244,178	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	2,495,576	0	2,495,576	50.00
51.00	05100	344,519	0	344,519	51.00
52.00	05200	1,087,078	0	1,087,078	52.00
53.00	05300	116,098	0	116,098	53.00
53.01	05301	7,092	0	7,092	53.01
54.00	05400	1,260,074	0	1,260,074	54.00
55.00	05500	0	0	0	55.00
56.00	05600	152,636	0	152,636	56.00
59.00	05900	514,521	0	514,521	59.00
60.00	06000	743,311	0	743,311	60.00
63.00	06300	48,022	0	48,022	63.00
65.00	06500	131,945	0	131,945	65.00
66.00	06600	62,464	0	62,464	66.00
67.00	06700	45,884	0	45,884	67.00
68.00	06800	26,679	0	26,679	68.00
69.00	06900	197,398	0	197,398	69.00
70.00	07000	1,153	0	1,153	70.00
71.00	07100	453,582	0	453,582	71.00
72.00	07200	598,215	0	598,215	72.00
73.00	07300	515,436	0	515,436	73.00
73.01	07301	209,847	0	209,847	73.01
74.00	07400	115,698	0	115,698	74.00
75.00	07500	0	0	0	75.00
75.01	07501	772,252	0	772,252	75.01
76.00	03950	0	0	0	76.00
76.01	03951	9,966	0	9,966	76.01
76.97	07697	0	0	0	76.97
77.00	07700	0	0	0	77.00
78.00	07800	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
90.01	04950	76,043	0	76,043	90.01
90.02	09001	25,889	0	25,889	90.02
90.03	09002	313,665	0	313,665	90.03
90.04	09003	4,989	0	4,989	90.04
91.00	09100	1,610,205	0	1,610,205	91.00
92.00	09200	0	0	0	92.00
92.01	09201	53,701	0	53,701	92.01
93.00	04951	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	22,848,785	0	22,848,785	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	161,141	0	161,141	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	238,509	0	238,509	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	244,331	0	244,331	193.02
193.03	19303 HOSPICE	3	0	3	193.03
193.04	19304 FRANKFORT HOSPITAL	211,007	0	211,007	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00	Cross Foot Adjustments	96,320	0	96,320	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	23,800,096	0	23,800,096	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	395,499				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	87,676			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	395,499		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				395,499	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00570	ADMITTING	1,164	469	1,164	1,164	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,492	22,479	12,492	12,492	5.06
7.00	00700	OPERATION OF PLANT	71,658	0	71,658	71,658	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,306	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,026	163	5,026	5,026	9.00
10.00	01000	DIETARY	6,967	0	6,967	6,967	10.00
11.00	01100	CAFETERIA	6,982	0	6,982	6,982	11.00
13.00	01300	NURSING ADMINISTRATION	4,037	0	4,037	4,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,796	83	19,796	19,796	14.00
15.00	01500	PHARMACY	5,003	53	5,003	5,003	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,365	0	1,365	1,365	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	295	2,022	295	295	22.00
23.00	02300	PARAMED PRGM - PHARMACY	166	0	166	166	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,515	0	113,515	113,515	30.00
31.00	03100	INTENSIVE CARE UNIT	11,839	0	11,839	11,839	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,940	0	8,940	8,940	35.00
43.00	04300	NURSERY	3,219	0	3,219	3,219	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,337	0	30,337	30,337	50.00
51.00	05100	RECOVERY ROOM	4,529	0	4,529	4,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,351	0	14,351	14,351	52.00
53.00	05300	ANESTHESIOLOGY	1,357	144	1,357	1,357	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	115	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,801	0	15,801	15,801	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,066	0	2,066	2,066	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,249	0	6,249	6,249	59.00
60.00	06000	LABORATORY	9,331	0	9,331	9,331	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	618	0	618	618	63.00
65.00	06500	RESPIRATORY THERAPY	1,260	0	1,260	1,260	65.00
66.00	06600	PHYSICAL THERAPY	745	0	745	745	66.00
67.00	06700	OCCUPATIONAL THERAPY	546	0	546	546	67.00
68.00	06800	SPEECH PATHOLOGY	322	0	322	322	68.00
69.00	06900	ELECTROCARDIOLOGY	2,405	0	2,405	2,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	1,114	0	1,114	1,114	73.01
74.00	07400	RENAL DIALYSIS	1,575	0	1,575	1,575	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	33,220	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	3,709	0	0	90.01
90.02	09001	COMP MED REV CLINIC	0	1,144	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	14,485	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	58	0	58	58	90.04
91.00	09100	EMERGENCY	20,253	0	20,253	20,253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	729	0	729	729	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	386,110	79,392	386,110	386,110	79,392	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,264	0	2,264	2,264	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,800	5,757	1,800	1,800	5,757	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	2,881	1,223	2,881	2,881	1,223	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	2,444	1,304	2,444	2,444	1,304	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,753,436	699,489	9,698,685	6,787,667	860,819	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.547283	7.978113	24.522654	17.162286	9.818183	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: 15-0173

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	78,239,869				4.00
5.01	00570	ADMITTING	355,842	1,850,829,840			5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,167,973	0	-56,076,290	265,618,465	5.06
7.00	00700	OPERATION OF PLANT	1,590,561	0	0	15,999,863	310,185
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	0	809,381	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	1,727,764	0	0	4,128,195	5,026
10.00	01000	DIETARY	855,426	0	0	1,746,796	6,967
11.00	01100	CAFETERIA	609,386	0	0	1,411,128	6,982
13.00	01300	NURSING ADMINISTRATION	3,977,644	0	0	5,384,441	4,037
14.00	01400	CENTRAL SERVICES & SUPPLY	446,155	0	0	13,915,815	19,796
15.00	01500	PHARMACY	4,345,144	0	0	6,983,921	5,003
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	687,480	0	0	889,602	0
18.00	01850	PATIENT TRANSPORT SERVICES	650,432	0	0	911,819	1,365
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,199,824	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	893,253	0	0	1,342,074	295
23.00	02300	PARAMED PRGM - PHARMACY	238,255	0	0	332,059	166
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	16,392,669	165,056,435	0	40,288,224	113,515
31.00	03100	INTENSIVE CARE UNIT	3,264,802	29,630,373	0	6,229,067	11,839
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,148,514	17,144,208	0	3,430,419	8,940
43.00	04300	NURSERY	802,761	3,907,168	0	1,252,623	3,219
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,705,905	171,758,273	0	12,415,666	30,337
51.00	05100	RECOVERY ROOM	837,526	22,222,781	0	1,510,645	4,529
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,738,310	29,714,255	0	4,409,435	14,351
53.00	05300	ANESTHESIOLOGY	229,422	10,256,970	0	480,215	1,357
53.01	05301	ASC ANESTHESIOLOGY	0	5,457,038	0	16,925	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,339,751	132,193,690	0	8,152,083	15,801
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	130,314	20,623,158	0	976,844	2,066
59.00	05900	CARDIAC CATHETERIZATION	1,200,144	79,024,553	0	3,761,018	6,249
60.00	06000	LABORATORY	0	96,675,518	0	12,972,232	9,331
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,483,632	0	951,151	618
65.00	06500	RESPIRATORY THERAPY	1,975,489	17,959,302	0	2,938,256	1,260
66.00	06600	PHYSICAL THERAPY	660,613	4,605,885	0	1,129,126	745
67.00	06700	OCCUPATIONAL THERAPY	416,249	3,371,738	0	1,019,527	546
68.00	06800	SPEECH PATHOLOGY	287,717	1,988,512	0	464,592	322
69.00	06900	ELECTROCARDIOLOGY	1,164,751	45,727,197	0	2,369,203	2,405
70.00	07000	ELECTROENCEPHALOGRAPHY	88,542	784,204	0	111,068	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,660,714	0	9,397,327	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	157,716,684	0	12,279,617	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	266,272,258	0	40,635,626	0
73.01	07301	RETAIL PHARMACY	782,865	11,371,038	0	11,143,376	1,114
74.00	07400	RENAL DIALYSIS	0	3,336,091	0	1,006,765	1,575
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	4,004,879	166,773,281	0	6,750,742	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	301,619	16,008,731	0	1,118,281	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	425,401	6,789,235	0	724,980	0
90.02	09001	COMP MED REV CLINIC	692,946	500,247	0	917,368	0
90.03	09002	ARNETT CANCER CARE CENTER	1,290,492	36,478,451	0	2,022,867	0
90.04	09003	OUTPATIENT INFUSION CENTER	50,418	995,833	0	66,566	58
91.00	09100	EMERGENCY	5,976,078	249,054,692	0	13,977,781	20,253
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	76,256	287,695	0	182,791	729
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	75,529,748	1,850,829,840	-56,076,290	260,157,324	300,796	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,069	0	0	260,867	2,264	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	29,457	0	0	258,428	1,800	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	1,557,400	0	0	2,804,294	2,881	193.02
193.03	19303 HOSPICE	0	0	0	733	0	193.03
193.04	19304 FRANKFORT HOSPITAL	1,080,195	0	0	2,136,819	2,444	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	14,771,576	556,720		56,076,290	19,377,690	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.188799	0.000301		0.211116	62.471396	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	73,801		1,102,496	4,095,903	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000040		0.004151	13.204710	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	63,422				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	47,340			8.00
9.00	00900	HOUSEKEEPING	163	0	368,418		9.00
10.00	01000	DIETARY	0	0	6,967	41,807	10.00
11.00	01100	CAFETERIA	0	0	6,982	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,037	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	83	0	19,879	0	14.00
15.00	01500	PHARMACY	53	0	5,056	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,365	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,022	0	2,317	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	0	166	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	37,107	113,515	37,107	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,789	11,839	3,789	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,091	8,940	0	35.00
43.00	04300	NURSERY	0	2,442	3,219	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	30,337	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,529	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	911	14,351	911	52.00
53.00	05300	ANESTHESIOLOGY	144	0	1,501	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	115	0	115	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,801	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,066	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,249	0	59.00
60.00	06000	LABORATORY	0	0	9,331	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	618	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,260	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	745	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	546	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	322	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,405	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	1,114	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	1,575	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	33,220	0	33,220	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	3,709	0	3,709	0	90.01
90.02	09001	COMP MED REV CLINIC	1,144	0	1,144	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	14,485	0	14,485	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	58	0	90.04
91.00	09100	EMERGENCY	0	0	20,253	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	729	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	55,138	47,340	350,745	41,807	82,951	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,264	0	100	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,757	0	7,557	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	1,223	0	4,105	0	1,067	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	1,304	0	3,747	0	841	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	980,254	0	5,316,223	2,651,344	2,245,964	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.456056	0.000000	14.429868	63.418662	26.435857	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,602	0	369,095	497,998	497,661	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.419444	0.000000	1.001838	11.911833	5.857661	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description			NURSING ADMINISTRATION  (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	41,675					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	33,578,318				14.00
15.00	01500	PHARMACY	0	68,570	52,102,664			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,850,829,840		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	47,340	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	2	29	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,429	1,045,231	292,340	165,056,435	37,107	30.00
31.00	03100	INTENSIVE CARE UNIT	3,420	325,165	126,403	29,630,373	3,789	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,258	79,920	18,586	17,144,208	3,091	35.00
43.00	04300	NURSERY	712	0	0	3,907,168	2,442	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,858	5,378,460	79,187	171,758,273	0	50.00
51.00	05100	RECOVERY ROOM	987	78,007	2,204	22,222,781	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,441	116,195	38,320	29,714,255	911	52.00
53.00	05300	ANESTHESIOLOGY	158	248,091	68,143	10,256,970	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	96,780	8,518	5,457,038	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	933	1,430,536	118,218	132,193,690	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,075	13,332	20,623,158	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,114	764,422	66,797	79,024,553	0	59.00
60.00	06000	LABORATORY	0	10	0	96,675,518	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,483,632	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	356,999	20	17,959,302	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,015	0	4,605,885	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,325	0	3,371,738	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,364	0	1,988,512	0	68.00
69.00	06900	ELECTROCARDIOLOGY	271	4,063	8,548	45,727,197	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	784,204	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,375,757	0	71,660,714	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,232,144	0	157,716,684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	40,555,860	266,272,258	0	73.00
73.01	07301	RETAIL PHARMACY	0	434	10,015,143	11,371,038	0	73.01
74.00	07400	RENAL DIALYSIS	0	5,518	1,002	3,336,091	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,514	1,394,529	101,075	166,773,281	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	388	15,137	0	16,008,731	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	24,901	0	6,789,235	0	90.01
90.02	09001	COMP MED REV CLINIC	0	1,054	0	500,247	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	917	116,028	198,417	36,478,451	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	20	280	2,305	995,833	0	90.04
91.00	09100	EMERGENCY	4,119	407,641	386,313	249,054,692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	88	3,385	1,933	287,695	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		NURSING ADMINISTRATION  (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	41,675	33,578,065	52,102,664	1,850,829,840	47,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	253	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,940,919	18,409,726	9,001,954	0	1,104,587	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	166.548746	0.548262	0.172773	0.000000	23.333059	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	330,927	1,459,356	411,916	0	9,715	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.940660	0.043461	0.007906	0.000000	0.205218	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)	
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	18.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00570	ADMINISTRATIVE				5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	1,850,829,840			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,363		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		11,363	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			23.00
				100	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	165,056,435	9,417	9,417	30.00
31.00 03100	INTENSIVE CARE UNIT	29,630,373	522	522	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	17,144,208	449	449	35.00
43.00 04300	NURSERY	3,907,168	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	171,758,273	92	92	50.00
51.00 05100	RECOVERY ROOM	22,222,781	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	29,714,255	676	676	52.00
53.00 05300	ANESTHESIOLOGY	10,256,970	0	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	5,457,038	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	132,193,690	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	20,623,158	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	79,024,553	0	0	59.00
60.00 06000	LABORATORY	96,675,518	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,483,632	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	17,959,302	0	0	65.00
66.00 06600	PHYSICAL THERAPY	4,605,885	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,371,738	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,988,512	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	45,727,197	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	784,204	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71,660,714	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	157,716,684	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	266,272,258	0	0	73.00
73.01 07301	RETAIL PHARMACY	11,371,038	0	0	73.01
74.00 07400	RENAL DIALYSIS	3,336,091	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	166,773,281	0	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	16,008,731	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 04950	SLEEP CLINIC	6,789,235	0	0	90.01
90.02 09001	COMP MED REV CLINIC	500,247	0	0	90.02
90.03 09002	ARNETT CANCER CARE CENTER	36,478,451	0	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	995,833	0	0	90.04
91.00 09100	EMERGENCY	249,054,692	207	207	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)	
		TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
		18.00	21.00	22.00	23.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	287,695	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,850,829,840	11,363	11,363	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	0	0	0	0	193.01
193.02	19302 WHITE HOSPITAL	0	0	0	0	193.02
193.03	19303 HOSPICE	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	0	0	0	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,251,777	1,491,696	1,721,158	422,673	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000676	131.276599	151.470386	4,226.730000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	109,288	13,526	68,007	14,787	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000059	1.190355	5.984951	147.870000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 11:29 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	65,000,368	65,000,368	0	65,000,368	30.00
31.00	03100 INTENSIVE CARE UNIT	9,684,957	9,684,957	0	9,684,957	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	5,414,287	5,414,287	0	5,414,287	35.00
43.00	04300 NURSERY	1,968,516	1,968,516	0	1,968,516	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	21,073,561	21,073,561	0	21,073,561	50.00
51.00	05100 RECOVERY ROOM	2,426,527	2,426,527	0	2,426,527	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,106,539	7,106,539	0	7,106,539	52.00
53.00	05300 ANESTHESIOLOGY	881,051	881,051	0	881,051	53.00
53.01	05301 ASC ANESTHESIOLOGY	82,156	82,156	0	82,156	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,271,435	12,271,435	0	12,271,435	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,363,369	1,363,369	0	1,363,369	56.00
59.00	05900 CARDIAC CATHETERIZATION	5,742,725	5,742,725	0	5,742,725	59.00
60.00	06000 LABORATORY	16,595,924	16,595,924	0	16,595,924	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,203,186	1,203,186	0	1,203,186	63.00
65.00	06500 RESPIRATORY THERAPY	3,925,170	3,925,170	0	3,925,170	65.00
66.00	06600 PHYSICAL THERAPY	1,450,479	1,450,479	0	1,450,479	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,292,394	1,292,394	0	1,292,394	67.00
68.00	06800 SPEECH PATHOLOGY	598,061	598,061	0	598,061	68.00
69.00	06900 ELECTROCARDIOLOGY	3,184,784	3,184,784	0	3,184,784	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	137,822	137,822	0	137,822	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,570,067	16,570,067	0	16,570,067	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	21,685,087	21,685,087	0	21,685,087	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	56,824,708	56,824,708	0	56,824,708	73.00
73.01	07301 RETAIL PHARMACY	15,341,511	15,341,511	0	15,341,511	73.01
74.00	07400 RENAL DIALYSIS	1,345,881	1,345,881	0	1,345,881	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	10,648,762	10,648,762	0	10,648,762	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	1,438,110	1,438,110	0	1,438,110	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	1,007,124	1,007,124	0	1,007,124	90.01
90.02	09001 COMP MED REV CLINIC	1,146,145	1,146,145	0	1,146,145	90.02
90.03	09002 ARNETT CANCER CARE CENTER	3,200,507	3,200,507	0	3,200,507	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	91,168	91,168	0	91,168	90.04
91.00	09100 EMERGENCY	19,844,965	19,844,965	0	19,844,965	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,161,217	8,161,217	0	8,161,217	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	297,654	297,654	0	297,654	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
200.00	Subtotal (see instructions)	319,006,217	319,006,217	0	319,006,217	200.00
201.00	Less Observation Beds	8,161,217	8,161,217	0	8,161,217	201.00
202.00	Total (see instructions)	310,845,000	310,845,000	0	310,845,000	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	133,776,288		133,776,288		30.00
31.00	03100	INTENSIVE CARE UNIT	29,630,373		29,630,373		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,144,208		17,144,208		35.00
43.00	04300	NURSERY	3,907,168		3,907,168		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	62,799,626	108,958,648	171,758,274	0.122693	50.00
51.00	05100	RECOVERY ROOM	4,768,663	17,454,119	22,222,782	0.109191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,895,839	1,818,416	29,714,255	0.239163	52.00
53.00	05300	ANESTHESIOLOGY	4,003,054	6,253,917	10,256,971	0.085898	53.00
53.01	05301	ASC ANESTHESIOLOGY	17,633	5,439,405	5,457,038	0.015055	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,862,078	83,331,612	132,193,690	0.092829	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,247,507	18,375,651	20,623,158	0.066109	56.00
59.00	05900	CARDIAC CATHETERIZATION	34,912,516	44,112,038	79,024,554	0.072670	59.00
60.00	06000	LABORATORY	36,265,851	60,409,666	96,675,517	0.171666	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,306,148	1,177,483	5,483,631	0.219414	63.00
65.00	06500	RESPIRATORY THERAPY	16,619,963	1,339,339	17,959,302	0.218559	65.00
66.00	06600	PHYSICAL THERAPY	3,763,830	842,055	4,605,885	0.314919	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,788,623	583,115	3,371,738	0.383302	67.00
68.00	06800	SPEECH PATHOLOGY	1,745,756	242,756	1,988,512	0.300758	68.00
69.00	06900	ELECTROCARDIOLOGY	22,475,388	23,251,809	45,727,197	0.069647	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	616,299	167,905	784,204	0.175748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,331,627	43,329,087	71,660,714	0.231229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,039,770	100,676,914	157,716,684	0.137494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,440,707	202,831,551	266,272,258	0.213408	73.00
73.01	07301	RETAIL PHARMACY	103	11,370,935	11,371,038	1.349174	73.01
74.00	07400	RENAL DIALYSIS	2,949,368	386,723	3,336,091	0.403431	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	355,808	166,417,473	166,773,281	0.063852	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	98,591	15,910,139	16,008,730	0.089833	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	1,316	6,787,919	6,789,235	0.148341	90.01
90.02	09001	COMP MED REV CLINIC	1,072	499,175	500,247	2.291158	90.02
90.03	09002	ARNETT CANCER CARE CENTER	202,987	36,275,464	36,478,451	0.087737	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	5,314	990,519	995,833	0.091549	90.04
91.00	09100	EMERGENCY	52,738,607	196,316,085	249,054,692	0.079681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	981,631	30,298,516	31,280,147	0.260907	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	287,695	287,695	1.034617	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	664,693,712	1,186,136,129	1,850,829,841		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	664,693,712	1,186,136,129	1,850,829,841		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 11:29 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.122693		50.00
51.00	05100	RECOVERY ROOM	0.109191		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239163		52.00
53.00	05300	ANESTHESIOLOGY	0.085898		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015055		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092829		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.066109		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.072670		59.00
60.00	06000	LABORATORY	0.171666		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.219414		63.00
65.00	06500	RESPIRATORY THERAPY	0.218559		65.00
66.00	06600	PHYSICAL THERAPY	0.314919		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383302		67.00
68.00	06800	SPEECH PATHOLOGY	0.300758		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069647		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175748		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231229		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.137494		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213408		73.00
73.01	07301	RETAIL PHARMACY	1.349174		73.01
74.00	07400	RENAL DIALYSIS	0.403431		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.063852		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.089833		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.148341		90.01
90.02	09001	COMP MED REV CLINIC	2.291158		90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.087737		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.091549		90.04
91.00	09100	EMERGENCY	0.079681		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260907		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.034617		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 11:29 am
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		65,000,368	0	65,000,368
31.00	03100 INTENSIVE CARE UNIT		9,684,957	0	9,684,957
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,414,287	0	5,414,287
43.00	04300 NURSERY		1,968,516	0	1,968,516
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		21,073,561	0	21,073,561
51.00	05100 RECOVERY ROOM		2,426,527	0	2,426,527
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,106,539	0	7,106,539
53.00	05300 ANESTHESIOLOGY		881,051	0	881,051
53.01	05301 ASC ANESTHESIOLOGY		82,156	0	82,156
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,271,435	0	12,271,435
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
56.00	05600 RADIOISOTOPE		1,363,369	0	1,363,369
59.00	05900 CARDIAC CATHETERIZATION		5,742,725	0	5,742,725
60.00	06000 LABORATORY		16,595,924	0	16,595,924
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,203,186	0	1,203,186
65.00	06500 RESPIRATORY THERAPY	0	3,925,170	0	3,925,170
66.00	06600 PHYSICAL THERAPY	0	1,450,479	0	1,450,479
67.00	06700 OCCUPATIONAL THERAPY	0	1,292,394	0	1,292,394
68.00	06800 SPEECH PATHOLOGY	0	598,061	0	598,061
69.00	06900 ELECTROCARDIOLOGY		3,184,784	0	3,184,784
70.00	07000 ELECTROENCEPHALOGRAPHY		137,822	0	137,822
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,570,067	0	16,570,067
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		21,685,087	0	21,685,087
73.00	07300 DRUGS CHARGED TO PATIENTS		56,824,708	0	56,824,708
73.01	07301 RETAIL PHARMACY		15,341,511	0	15,341,511
74.00	07400 RENAL DIALYSIS		1,345,881	0	1,345,881
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	07501 ASC (NON-DISTINCT PART)		10,648,762	0	10,648,762
76.00	03950 CARDIAC CATHETERIZATION		0	0	0
76.01	03951 OUTPATIENT WOUND CARE CENTER		1,438,110	0	1,438,110
76.97	07697 CARDIAC REHABILITATION		0	0	0
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		0	0	0
90.01	04950 SLEEP CLINIC		1,007,124	0	1,007,124
90.02	09001 COMP MED REV CLINIC		1,146,145	0	1,146,145
90.03	09002 ARNETT CANCER CARE CENTER		3,200,507	0	3,200,507
90.04	09003 OUTPATIENT INFUSION CENTER		91,168	0	91,168
91.00	09100 EMERGENCY		19,844,965	0	19,844,965
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,161,217	0	8,161,217
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		297,654	0	297,654
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0
200.00	Subtotal (see instructions)		319,006,217	0	319,006,217
201.00	Less Observation Beds		8,161,217	0	8,161,217
202.00	Total (see instructions)		310,845,000	0	310,845,000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

		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	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	133,776,288		133,776,288		30.00
31.00	03100	INTENSIVE CARE UNIT	29,630,373		29,630,373		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,144,208		17,144,208		35.00
43.00	04300	NURSERY	3,907,168		3,907,168		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	62,799,626	108,958,648	171,758,274	0.122693	50.00
51.00	05100	RECOVERY ROOM	4,768,663	17,454,119	22,222,782	0.109191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,895,839	1,818,416	29,714,255	0.239163	52.00
53.00	05300	ANESTHESIOLOGY	4,003,054	6,253,917	10,256,971	0.085898	53.00
53.01	05301	ASC ANESTHESIOLOGY	17,633	5,439,405	5,457,038	0.015055	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,862,078	83,331,612	132,193,690	0.092829	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,247,507	18,375,651	20,623,158	0.066109	56.00
59.00	05900	CARDIAC CATHETERIZATION	34,912,516	44,112,038	79,024,554	0.072670	59.00
60.00	06000	LABORATORY	36,265,851	60,409,666	96,675,517	0.171666	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,306,148	1,177,483	5,483,631	0.219414	63.00
65.00	06500	RESPIRATORY THERAPY	16,619,963	1,339,339	17,959,302	0.218559	65.00
66.00	06600	PHYSICAL THERAPY	3,763,830	842,055	4,605,885	0.314919	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,788,623	583,115	3,371,738	0.383302	67.00
68.00	06800	SPEECH PATHOLOGY	1,745,756	242,756	1,988,512	0.300758	68.00
69.00	06900	ELECTROCARDIOLOGY	22,475,388	23,251,809	45,727,197	0.069647	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	616,299	167,905	784,204	0.175748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,331,627	43,329,087	71,660,714	0.231229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,039,770	100,676,914	157,716,684	0.137494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,440,707	202,831,551	266,272,258	0.213408	73.00
73.01	07301	RETAIL PHARMACY	103	11,370,935	11,371,038	1.349174	73.01
74.00	07400	RENAL DIALYSIS	2,949,368	386,723	3,336,091	0.403431	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	355,808	166,417,473	166,773,281	0.063852	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	98,591	15,910,139	16,008,730	0.089833	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	1,316	6,787,919	6,789,235	0.148341	90.01
90.02	09001	COMP MED REV CLINIC	1,072	499,175	500,247	2.291158	90.02
90.03	09002	ARNETT CANCER CARE CENTER	202,987	36,275,464	36,478,451	0.087737	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	5,314	990,519	995,833	0.091549	90.04
91.00	09100	EMERGENCY	52,738,607	196,316,085	249,054,692	0.079681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	981,631	30,298,516	31,280,147	0.260907	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	287,695	287,695	1.034617	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	664,693,712	1,186,136,129	1,850,829,841		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	664,693,712	1,186,136,129	1,850,829,841		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
33.01	03301 BURN INTENSIVE CARE UNIT				33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.122693			50.00
51.00	05100 RECOVERY ROOM	0.109191			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.239163			52.00
53.00	05300 ANESTHESIOLOGY	0.085898			53.00
53.01	05301 ASC ANESTHESIOLOGY	0.015055			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092829			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.066109			56.00
59.00	05900 CARDIAC CATHETERIZATION	0.072670			59.00
60.00	06000 LABORATORY	0.171666			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.219414			63.00
65.00	06500 RESPIRATORY THERAPY	0.218559			65.00
66.00	06600 PHYSICAL THERAPY	0.314919			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.383302			67.00
68.00	06800 SPEECH PATHOLOGY	0.300758			68.00
69.00	06900 ELECTROCARDIOLOGY	0.069647			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175748			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231229			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.137494			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213408			73.00
73.01	07301 RETAIL PHARMACY	1.349174			73.01
74.00	07400 RENAL DIALYSIS	0.403431			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.063852			75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000			76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.089833			76.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	04950 SLEEP CLINIC	0.148341			90.01
90.02	09001 COMP MED REV CLINIC	2.291158			90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.087737			90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.091549			90.04
91.00	09100 EMERGENCY	0.079681			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.260907			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.034617			92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/29/2024 11:29 am

Cost Center Description		Title XIX					
		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)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	21,073,561	2,495,576	18,577,985	0	0
51.00	05100	RECOVERY ROOM	2,426,527	344,519	2,082,008	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,106,539	1,087,078	6,019,461	0	0
53.00	05300	ANESTHESIOLOGY	881,051	116,098	764,953	0	0
53.01	05301	ASC ANESTHESIOLOGY	82,156	7,092	75,064	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,271,435	1,260,074	11,011,361	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,363,369	152,636	1,210,733	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,742,725	514,521	5,228,204	0	0
60.00	06000	LABORATORY	16,595,924	743,311	15,852,613	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,203,186	48,022	1,155,164	0	0
65.00	06500	RESPIRATORY THERAPY	3,925,170	131,945	3,793,225	0	0
66.00	06600	PHYSICAL THERAPY	1,450,479	62,464	1,388,015	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,292,394	45,884	1,246,510	0	0
68.00	06800	SPEECH PATHOLOGY	598,061	26,679	571,382	0	0
69.00	06900	ELECTROCARDIOLOGY	3,184,784	197,398	2,987,386	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	137,822	1,153	136,669	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,570,067	453,582	16,116,485	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,685,087	598,215	21,086,872	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	56,824,708	515,436	56,309,272	0	0
73.01	07301	RETAIL PHARMACY	15,341,511	209,847	15,131,664	0	0
74.00	07400	RENAL DIALYSIS	1,345,881	115,698	1,230,183	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	10,648,762	772,252	9,876,510	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,438,110	9,966	1,428,144	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	1,007,124	76,043	931,081	0	0
90.02	09001	COMP MED REV CLINIC	1,146,145	25,889	1,120,256	0	0
90.03	09002	ARNETT CANCER CARE CENTER	3,200,507	313,665	2,886,842	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	91,168	4,989	86,179	0	0
91.00	09100	EMERGENCY	19,844,965	1,610,205	18,234,760	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,161,217	1,124,061	7,037,156	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	297,654	53,701	243,953	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	236,938,089	13,117,999	223,820,090	0	0
201.00		Less Observation Beds	8,161,217	1,124,061	7,037,156	0	0
202.00		Total (line 200 minus line 201)	228,776,872	11,993,938	216,782,934	0	0

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/29/2024 11:29 am

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	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	21,073,561	171,758,274	0.122693	50.00
51.00	05100 RECOVERY ROOM	2,426,527	22,222,782	0.109191	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,106,539	29,714,255	0.239163	52.00
53.00	05300 ANESTHESIOLOGY	881,051	10,256,971	0.085898	53.00
53.01	05301 ASC ANESTHESIOLOGY	82,156	5,457,038	0.015055	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,271,435	132,193,690	0.092829	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	1,363,369	20,623,158	0.066109	56.00
59.00	05900 CARDIAC CATHETERIZATION	5,742,725	79,024,554	0.072670	59.00
60.00	06000 LABORATORY	16,595,924	96,675,517	0.171666	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	1,203,186	5,483,631	0.219414	63.00
65.00	06500 RESPIRATORY THERAPY	3,925,170	17,959,302	0.218559	65.00
66.00	06600 PHYSICAL THERAPY	1,450,479	4,605,885	0.314919	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,292,394	3,371,738	0.383302	67.00
68.00	06800 SPEECH PATHOLOGY	598,061	1,988,512	0.300758	68.00
69.00	06900 ELECTROCARDIOLOGY	3,184,784	45,727,197	0.069647	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	137,822	784,204	0.175748	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,570,067	71,660,714	0.231229	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	21,685,087	157,716,684	0.137494	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	56,824,708	266,272,258	0.213408	73.00
73.01	07301 RETAIL PHARMACY	15,341,511	11,371,038	1.349174	73.01
74.00	07400 RENAL DIALYSIS	1,345,881	3,336,091	0.403431	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 ASC (NON-DISTINCT PART)	10,648,762	166,773,281	0.063852	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	1,438,110	16,008,730	0.089833	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	04950 SLEEP CLINIC	1,007,124	6,789,235	0.148341	90.01
90.02	09001 COMP MED REV CLINIC	1,146,145	500,247	2.291158	90.02
90.03	09002 ARNETT CANCER CARE CENTER	3,200,507	36,478,451	0.087737	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	91,168	995,833	0.091549	90.04
91.00	09100 EMERGENCY	19,844,965	249,054,692	0.079681	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,161,217	31,280,147	0.260907	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	297,654	287,695	1.034617	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000	102.00
200.00	Subtotal (sum of lines 50 thru 199)	236,938,089	1,666,371,804		200.00
201.00	Less Observation Beds	8,161,217	0		201.00
202.00	Total (line 200 minus line 201)	228,776,872	1,666,371,804		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,952,622	0	8,952,622	42,435	210.97	30.00
31.00	INTENSIVE CARE UNIT	975,722		975,722	3,789	257.51	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	682,325		682,325	3,091	220.75	35.00
43.00	NURSERY	244,178		244,178	2,442	99.99	43.00
200.00	Total (lines 30 through 199)	10,854,847		10,854,847	51,757		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	13,169	2,778,264				
31.00	INTENSIVE CARE UNIT	850	218,884				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	14,019	2,997,148				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,495,576	171,758,274	0.014530	20,961,445	304,570	50.00
51.00	05100	RECOVERY ROOM	344,519	22,222,782	0.015503	1,583,411	24,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,087,078	29,714,255	0.036584	126,157	4,615	52.00
53.00	05300	ANESTHESIOLOGY	116,098	10,256,971	0.011319	1,272,310	14,401	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,092	5,457,038	0.001300	2,693	4	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,260,074	132,193,690	0.009532	17,274,708	164,663	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	152,636	20,623,158	0.007401	930,912	6,890	56.00
59.00	05900	CARDIAC CATHETERIZATION	514,521	79,024,554	0.006511	9,827,982	63,990	59.00
60.00	06000	LABORATORY	743,311	96,675,517	0.007689	11,126,005	85,548	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,022	5,483,631	0.008757	1,483,111	12,988	63.00
65.00	06500	RESPIRATORY THERAPY	131,945	17,959,302	0.007347	4,396,826	32,303	65.00
66.00	06600	PHYSICAL THERAPY	62,464	4,605,885	0.013562	1,521,368	20,633	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,884	3,371,738	0.013608	1,122,460	15,274	67.00
68.00	06800	SPEECH PATHOLOGY	26,679	1,988,512	0.013417	723,359	9,705	68.00
69.00	06900	ELECTROCARDIOLOGY	197,398	45,727,197	0.004317	8,697,924	37,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,153	784,204	0.001470	241,031	354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	453,582	71,660,714	0.006330	7,988,632	50,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	598,215	157,716,684	0.003793	21,846,982	82,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	515,436	266,272,258	0.001936	19,354,922	37,471	73.00
73.01	07301	RETAIL PHARMACY	209,847	11,371,038	0.018455	0	0	73.01
74.00	07400	RENAL DIALYSIS	115,698	3,336,091	0.034681	984,127	34,131	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	772,252	166,773,281	0.004631	89,554	415	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	9,966	16,008,730	0.000623	56,685	35	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	76,043	6,789,235	0.011201	0	0	90.01
90.02	09001	COMP MED REV CLINIC	25,889	500,247	0.051752	678	35	90.02
90.03	09002	ARNETT CANCER CARE CENTER	313,665	36,478,451	0.008599	104,861	902	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	4,989	995,833	0.005010	4,820	24	90.04
91.00	09100	EMERGENCY	1,610,205	249,054,692	0.006465	19,238,150	124,375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,124,061	31,280,147	0.035935	287,641	10,336	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,701	287,695	0.186659	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,117,999	1,666,371,804		151,248,754	1,139,193	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	42,435	0.00	13,169	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,789	0.00	850	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,091	0.00	0	35.00	
43.00	04300	NURSERY		0	2,442	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	51,757		14,019	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	90.01
90.02	09001	COMP MED REV CLINIC	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	422,673 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description	Title XVIII			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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	171,758,274	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	22,222,782	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	29,714,255	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	10,256,971	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	5,457,038	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	132,193,690	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	20,623,158	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	79,024,554	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	96,675,517	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,483,631	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,959,302	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,605,885	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,371,738	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,988,512	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	45,727,197	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	784,204	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71,660,714	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	157,716,684	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	422,673	422,673	266,272,258	0.001587	73.00
73.01 07301 RETAIL PHARMACY	0	0	0	11,371,038	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,336,091	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	166,773,281	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	16,008,730	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	6,789,235	0.000000	90.01
90.02 09001 COMP MED REV CLINIC	0	0	0	500,247	0.000000	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	36,478,451	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	995,833	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	249,054,692	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	31,280,147	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	287,695	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	422,673	422,673	1,666,371,804		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	20,961,445	0	18,758,852	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,583,411	0	3,193,477	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	126,157	0	3,996	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,272,310	0	995,399	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	2,693	0	679,877	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,274,708	0	15,948,210	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	930,912	0	4,995,168	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,827,982	0	10,548,133	0	59.00
60.00	06000 LABORATORY	0.000000	11,126,005	0	5,557,373	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,483,111	0	309,754	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,396,826	0	99,788	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,521,368	0	32,999	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,122,460	0	10,160	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	723,359	0	8,008	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,697,924	0	7,181,072	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	241,031	0	26,692	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,988,632	0	9,620,131	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,846,982	0	22,281,258	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001587	19,354,922	30,716	58,482,296	92,811	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	984,127	0	61,284	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	89,554	0	27,667,172	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	56,685	0	2,947,687	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	747,477	0	90.01
90.02	09001 COMP MED REV CLINIC	0.000000	678	0	185,476	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	104,861	0	9,782,458	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	4,820	0	222,704	0	90.04
91.00	09100 EMERGENCY	0.000000	19,238,150	0	21,110,834	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	287,641	0	3,980,981	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	19,056	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		151,248,754	30,716	225,457,772	92,811	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.122693	18,758,852	0	0	2,301,580	50.00
51.00	05100	RECOVERY ROOM	0.109191	3,193,477	0	0	348,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239163	3,996	0	0	956	52.00
53.00	05300	ANESTHESIOLOGY	0.085898	995,399	0	0	85,503	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015055	679,877	0	0	10,236	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092829	15,948,210	0	0	1,480,456	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.066109	4,995,168	0	0	330,226	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.072670	10,548,133	0	0	766,533	59.00
60.00	06000	LABORATORY	0.171666	5,557,373	0	0	954,012	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.219414	309,754	0	0	67,964	63.00
65.00	06500	RESPIRATORY THERAPY	0.218559	99,788	0	0	21,810	65.00
66.00	06600	PHYSICAL THERAPY	0.314919	32,999	0	0	10,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383302	10,160	0	0	3,894	67.00
68.00	06800	SPEECH PATHOLOGY	0.300758	8,008	0	0	2,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069647	7,181,072	0	0	500,140	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175748	26,692	0	0	4,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231229	9,620,131	0	0	2,224,453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.137494	22,281,258	0	0	3,063,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213408	58,482,296	0	22,657	12,480,590	73.00
73.01	07301	RETAIL PHARMACY	1.349174	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.403431	61,284	0	0	24,724	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.063852	27,667,172	0	0	1,766,604	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.089833	2,947,687	0	0	264,800	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0.148341	747,477	0	0	110,881	90.01
90.02	09001	COMP MED REV CLINIC	2.291158	185,476	0	0	424,955	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.087737	9,782,458	0	0	858,284	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.091549	222,704	0	0	20,388	90.04
91.00	09100	EMERGENCY	0.079681	21,110,834	0	0	1,682,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260907	3,980,981	0	0	1,038,666	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.034617	19,056	0	0	19,716	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		225,457,772	0	22,657	30,869,232	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		225,457,772	0	22,657	30,869,232	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	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
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 PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,835		73.00
73.01 07301 RETAIL PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.02 09001 COMP MED REV CLINIC	0	0		90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	0	4,835		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	4,835		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 11:29 am
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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)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,952,622	0	8,952,622	42,435	210.97	30.00	
31.00	INTENSIVE CARE UNIT	975,722		975,722	3,789	257.51	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
35.00	NEONATAL INTENSIVE CARE UNIT	682,325		682,325	3,091	220.75	35.00	
43.00	NURSERY	244,178		244,178	2,442	99.99	43.00	
200.00	Total (lines 30 through 199)	10,854,847		10,854,847	51,757		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	960	202,531					30.00
31.00	INTENSIVE CARE UNIT	102	26,266					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
35.00	NEONATAL INTENSIVE CARE UNIT	252	55,629					35.00
43.00	NURSERY	1,480	147,985					43.00
200.00	Total (lines 30 through 199)	2,794	432,411					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/29/2024 11:29 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,495,576	171,758,274	0.014530	374,740	5,445	50.00
51.00	05100	RECOVERY ROOM	344,519	22,222,782	0.015503	28,560	443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,087,078	29,714,255	0.036584	368,804	13,492	52.00
53.00	05300	ANESTHESIOLOGY	116,098	10,256,971	0.011319	27,903	316	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,092	5,457,038	0.001300	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,260,074	132,193,690	0.009532	753,758	7,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	152,636	20,623,158	0.007401	10,402	77	56.00
59.00	05900	CARDIAC CATHETERIZATION	514,521	79,024,554	0.006511	117,291	764	59.00
60.00	06000	LABORATORY	743,311	96,675,517	0.007689	672,305	5,169	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,022	5,483,631	0.008757	45,738	401	63.00
65.00	06500	RESPIRATORY THERAPY	131,945	17,959,302	0.007347	494,470	3,633	65.00
66.00	06600	PHYSICAL THERAPY	62,464	4,605,885	0.013562	48,604	659	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,884	3,371,738	0.013608	35,459	483	67.00
68.00	06800	SPEECH PATHOLOGY	26,679	1,988,512	0.013417	37,444	502	68.00
69.00	06900	ELECTROCARDIOLOGY	197,398	45,727,197	0.004317	264,983	1,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,153	784,204	0.001470	7,725	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	453,582	71,660,714	0.006330	308,260	1,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	598,215	157,716,684	0.003793	78,644	298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	515,436	266,272,258	0.001936	1,274,458	2,467	73.00
73.01	07301	RETAIL PHARMACY	209,847	11,371,038	0.018455	0	0	73.01
74.00	07400	RENAL DIALYSIS	115,698	3,336,091	0.034681	13,356	463	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	772,252	166,773,281	0.004631	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	9,966	16,008,730	0.000623	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	76,043	6,789,235	0.011201	0	0	90.01
90.02	09001	COMP MED REV CLINIC	25,889	500,247	0.051752	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	313,665	36,478,451	0.008599	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	4,989	995,833	0.005010	0	0	90.04
91.00	09100	EMERGENCY	1,610,205	249,054,692	0.006465	649,548	4,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,124,061	31,280,147	0.035935	19,317	694	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,701	287,695	0.186659	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,117,999	1,666,371,804		5,631,769	49,796	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	42,435	0.00	960 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,789	0.00	102 31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,091	0.00	252 35.00	
43.00	04300	NURSERY	0	0	2,442	0.00	1,480 43.00	
200.00		Total (lines 30 through 199)	0	0	51,757	0.00	2,794 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0					33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 11:29 am
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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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	422,673	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01
90.02	09001	COMP MED REV CLINIC	0	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	0	0	90.04
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	422,673	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 11:29 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	171,758,274	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	22,222,782	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	29,714,255	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	10,256,971	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	5,457,038	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	132,193,690	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	20,623,158	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	79,024,554	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	96,675,517	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,483,631	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,959,302	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,605,885	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,371,738	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,988,512	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	45,727,197	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	784,204	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71,660,714	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	157,716,684	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	422,673	422,673	266,272,258	0.001587	73.00
73.01 07301 RETAIL PHARMACY	0	0	0	11,371,038	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,336,091	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	166,773,281	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	16,008,730	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	6,789,235	0.000000	90.01
90.02 09001 COMP MED REV CLINIC	0	0	0	500,247	0.000000	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	36,478,451	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	995,833	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	249,054,692	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	31,280,147	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	287,695	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	422,673	422,673	1,666,371,804		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 11:29 am
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Cost Center Description		Title XIX				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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	374,740	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	28,560	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	368,804	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	27,903	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	753,758	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	10,402	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	117,291	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	672,305	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	45,738	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	494,470	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	48,604	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	35,459	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	37,444	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	264,983	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,725	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	308,260	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	78,644	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001587	1,274,458	2,023	0	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	13,356	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 COMP MED REV CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	649,548	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	19,317	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		5,631,769	2,023	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 11:29 am
		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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.122693	0	772,719	0	0
51.00 05100 RECOVERY ROOM	0.109191	0	129,360	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.239163	0	64,972	0	0
53.00 05300 ANESTHESIOLOGY	0.085898	0	42,905	0	0
53.01 05301 ASC ANESTHESIOLOGY	0.015055	0	51,098	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.092829	0	935,796	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.066109	0	71,230	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.072670	0	120,857	0	0
60.00 06000 LABORATORY	0.171666	0	859,956	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.219414	0	4,688	0	0
65.00 06500 RESPIRATORY THERAPY	0.218559	0	27,690	0	0
66.00 06600 PHYSICAL THERAPY	0.314919	0	14,450	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.383302	0	10,066	0	0
68.00 06800 SPEECH PATHOLOGY	0.300758	0	7,905	0	0
69.00 06900 ELECTROCARDIOLOGY	0.069647	0	190,432	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.175748	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231229	0	267,744	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.137494	0	795,587	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.213408	0	2,264,165	0	0
73.01 07301 RETAIL PHARMACY	1.349174	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.403431	0	12,507	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 ASC (NON-DISTINCT PART)	0.063852	0	1,007,881	0	0
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
76.01 03951 OUTPATIENT WOUND CARE CENTER	0.089833	0	21,086	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 SLEEP CLINIC	0.148341	0	36,558	0	0
90.02 09001 COMP MED REV CLINIC	2.291158	0	1,809	0	0
90.03 09002 ARNETT CANCER CARE CENTER	0.087737	0	283,727	0	0
90.04 09003 OUTPATIENT INFUSION CENTER	0.091549	0	0	0	0
91.00 09100 EMERGENCY	0.079681	0	3,571,618	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.260907	0	656,411	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1.034617	0	0	0	0
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	12,223,217	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		0	12,223,217	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 11:29 am
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	94,807	0		50.00
51.00 05100 RECOVERY ROOM	14,125	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,539	0		52.00
53.00 05300 ANESTHESIOLOGY	3,685	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	769	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	86,869	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	4,709	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	8,783	0		59.00
60.00 06000 LABORATORY	147,625	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,029	0		63.00
65.00 06500 RESPIRATORY THERAPY	6,052	0		65.00
66.00 06600 PHYSICAL THERAPY	4,551	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	3,858	0		67.00
68.00 06800 SPEECH PATHOLOGY	2,377	0		68.00
69.00 06900 ELECTROCARDIOLOGY	13,263	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	61,910	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	109,388	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	483,191	0		73.00
73.01 07301 RETAIL PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	5,046	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	64,355	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	1,894	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	5,423	0		90.01
90.02 09001 COMP MED REV CLINIC	4,145	0		90.02
90.03 09002 ARNETT CANCER CARE CENTER	24,893	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	284,590	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	171,262	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	1,624,138	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,624,138	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 11:29 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,435	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,435	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)		37,107	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)		13,169	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		65,000,368	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)		65,000,368	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		65,000,368	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,531.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,171,747	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)		20,171,747	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,684,957	3,789	2,556.07	850	2,172,660	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,414,287	3,091	1,751.63	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,243,463	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)					43,587,870	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,997,148	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,169,909	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,167,057	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,420,813	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,328	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,531.76	88.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						8,161,217 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	8,952,622	65,000,368	0.137732	8,161,217	1,124,061	90.00
91.00	Nursing Program cost	0	65,000,368	0.000000	8,161,217	0	91.00
92.00	Allied health cost	0	65,000,368	0.000000	8,161,217	0	92.00
93.00	All other Medical Education	0	65,000,368	0.000000	8,161,217	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2024 11:29 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,435	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,435	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)		37,107	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)		960	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)		2,442	15.00
16.00	Nursery days (title V or XIX only)		1,480	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		65,000,368	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)		65,000,368	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		65,000,368	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,531.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,470,490	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)		1,470,490	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		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)	1,968,516	2,442	806.11	1,480	1,193,043	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	9,684,957	3,789	2,556.07	102	260,719	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	5,414,287	3,091	1,751.63	252	441,411	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	928,629						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)	4,294,292						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)	432,411						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	51,819						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	484,230						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,810,062						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						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	71.00						71.00
72.00	Program routine service cost (line 9 x line 71)	72.00						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	73.00						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	74.00						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	75.00						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	76.00						76.00
77.00	Program capital-related costs (line 9 x line 76)	77.00						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	78.00						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	79.00						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	80.00						80.00
81.00	Inpatient routine service cost per diem limitation	81.00						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	82.00						82.00
83.00	Reasonable inpatient routine service costs (see instructions)	83.00						83.00
84.00	Program inpatient ancillary services (see instructions)	84.00						84.00
85.00	Utilization review - physician compensation (see instructions)	85.00						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	86.00						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)	5,328						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,531.76						88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						8,161,217 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	8,952,622	65,000,368	0.137732	8,161,217	1,124,061	90.00
91.00	Nursing Program cost	0	65,000,368	0.000000	8,161,217	0	91.00
92.00	Allied health cost	0	65,000,368	0.000000	8,161,217	0	92.00
93.00	All other Medical Education	0	65,000,368	0.000000	8,161,217	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		47,698,125	30.00
31.00	03100	INTENSIVE CARE UNIT		7,984,219	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.122693	20,961,445	50.00
51.00	05100	RECOVERY ROOM	0.109191	1,583,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239163	126,157	52.00
53.00	05300	ANESTHESIOLOGY	0.085898	1,272,310	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015055	2,693	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092829	17,274,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.066109	930,912	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.072670	9,827,982	59.00
60.00	06000	LABORATORY	0.171666	11,126,005	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.219414	1,483,111	63.00
65.00	06500	RESPIRATORY THERAPY	0.218559	4,396,826	65.00
66.00	06600	PHYSICAL THERAPY	0.314919	1,521,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383302	1,122,460	67.00
68.00	06800	SPEECH PATHOLOGY	0.300758	723,359	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069647	8,697,924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175748	241,031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231229	7,988,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.137494	21,846,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213408	19,354,922	73.00
73.01	07301	RETAIL PHARMACY	1.349174	0	73.01
74.00	07400	RENAL DIALYSIS	0.403431	984,127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.063852	89,554	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.089833	56,685	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.148341	0	90.01
90.02	09001	COMP MED REV CLINIC	2.291158	678	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.087737	104,861	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.091549	4,820	90.04
91.00	09100	EMERGENCY	0.079681	19,238,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260907	287,641	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.034617	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		151,248,754	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		151,248,754	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 11:29 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,198,678	30.00
31.00	03100	INTENSIVE CARE UNIT		498,541	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,664,192	35.00
43.00	04300	NURSERY		303,620	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.122693	374,740	50.00
51.00	05100	RECOVERY ROOM	0.109191	28,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239163	368,804	52.00
53.00	05300	ANESTHESIOLOGY	0.085898	27,903	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015055	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092829	753,758	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.066109	10,402	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.072670	117,291	59.00
60.00	06000	LABORATORY	0.171666	672,305	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.219414	45,738	63.00
65.00	06500	RESPIRATORY THERAPY	0.218559	494,470	65.00
66.00	06600	PHYSICAL THERAPY	0.314919	48,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.383302	35,459	67.00
68.00	06800	SPEECH PATHOLOGY	0.300758	37,444	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069647	264,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175748	7,725	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231229	308,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.137494	78,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213408	1,274,458	73.00
73.01	07301	RETAIL PHARMACY	1.349174	0	73.01
74.00	07400	RENAL DIALYSIS	0.403431	13,356	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.063852	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.089833	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.148341	0	90.01
90.02	09001	COMP MED REV CLINIC	2.291158	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.087737	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.091549	0	90.04
91.00	09100	EMERGENCY	0.079681	649,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.260907	19,317	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.034617	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,631,769	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,631,769	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		24,550,054	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,162,760	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)		568,487	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		56,692	2.04
3.00	Managed Care Simulated Payments		25,018,799	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		179.78	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		14.59	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		14.59	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.081155	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.082820	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.081155	21.00
22.00	IME payment adjustment (see instructions)		1,417,904	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,084,415	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,417,904	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,084,415	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.41	31.00
32.00	Sum of lines 30 and 31		27.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.27	33.00
34.00	Disproportionate share adjustment (see instructions)		1,003,466	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000298256	0.000294703	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	2,050,333	1,749,945	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,533,536	439,877	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,973,413		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	37,732,776		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)		38,817,191	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,693,584	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).		591,703	52.00
53.00	Nursing and Allied Health Managed Care payment		41,254	53.00
54.00	Special add-on payments for new technologies		64,527	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		30,716	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,238,975	59.00
60.00	Primary payer payments		24,477	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,214,498	61.00
62.00	Deductibles billed to program beneficiaries		3,661,036	62.00
63.00	Coinurance billed to program beneficiaries		112,000	63.00
64.00	Allowable bad debts (see instructions)		143,178	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		93,066	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		37,056	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,534,528	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)		-9,608	70.93
70.94	HRR adjustment amount (see instructions)		-90,156	70.94
70.95	Recovery of accelerated depreciation		0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 11:29 am	
		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)			38,434,764	71.00
71.01	Sequestration adjustment (see instructions)			768,695	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			37,387,534	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			278,535	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,242,470	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
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: 15-0173

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2024 11:29 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,550,054	0	24,550,054		24,550,054	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,162,760	0		8,162,760	8,162,760	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	568,487	0	568,487		568,487	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,692	0		56,692	56,692	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	25,018,799	0	18,541,706	6,477,093	25,018,799	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.081155	0.081155	0.081155	0.081155		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,417,904	0	1,064,097	353,807	1,417,904	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,084,415	0	803,672	280,743	1,084,415	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,417,904	0	1,064,097	353,807	1,417,904	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,084,415	0	803,672	280,743	1,084,415	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1227	0.1227	0.1227	0.1227		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,003,466	0	753,073	250,393	1,003,466	11.00
11.01	Uncompensated care payments	36.00	1,973,413	0	1,533,536	439,877	1,973,413	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,732,776	0	28,469,247	9,263,529	37,732,776	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	38,817,191	0	29,272,919	9,544,272	38,817,191	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,693,584	0	88,128	2,605,456	2,693,584	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2024 11:29 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	64,527	0	64,527	0	64,527	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	29,425,574	12,149,728	41,575,302	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	2,475,568	0	0	2,475,568	2,475,568	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	96,996	0	88,128	8,868	96,996	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	0.0341	0.0341	0.0341	0.0341		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	84,417	0	0	84,417	84,417	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0582	0.0582	0.0000	0.0582		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	36,603	0	0	36,603	36,603	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,693,584	0	88,128	2,605,456	2,693,584	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: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2024 11:29 am	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,550,054	24,550,054			24,550,054	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,162,760		8,162,760		8,162,760	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	568,487	568,487			568,487	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,692		56,692		56,692	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	25,018,799	18,541,706	6,477,093		25,018,799	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.081155	0.081155	0.081155			5.00
6.00	IME payment adjustment (see instructions)	22.00	1,417,904	1,064,097	353,807		1,417,904	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,084,415	803,672	280,743		1,084,415	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,417,904	1,064,097	353,807		1,417,904	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,084,415	803,672	280,743		1,084,415	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1227	0.1227	0.1227			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,003,466	753,073	250,393		1,003,466	11.00
11.01	Uncompensated care payments	36.00	1,973,413	1,533,536	439,877		1,973,413	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	37,732,776	28,469,247	9,263,529		37,732,776	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	38,817,191	29,272,919	9,544,272		38,817,191	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,693,584	88,128	2,605,456		2,693,584	16.00
17.00	Special add-on payments for new technologies	54.00	64,527	64,527	0		64,527	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			29,425,574	12,149,728		41,575,302	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2024 11:29 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,475,568	0	2,475,568	2,475,568	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	96,996	88,128	8,868	96,996	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	0.0341	0.0341	0.0341		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	84,417	0	84,417	84,417	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0582	0.0000	0.0582		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	36,603	0	36,603	36,603	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,693,584	88,128	2,605,456	2,693,584	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	-9,608	0	-9,608	-9,608	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	-90,156	-71,382	-18,774	-90,156	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: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		4,835	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,776,421	2.00
3.00	OPPS or REH payments		31,565,706	3.00
4.00	Outlier payment (see instructions)		233,065	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		92,811	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,835	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		22,657	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)		22,657	14.00
<b>Customary charges</b>				
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)		22,657	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,822	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)		4,835	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)		31,891,582	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		5,399,754	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)		26,496,663	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		419,287	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)		26,915,950	30.00
31.00	Primary payer payments		4,647	31.00
32.00	Subtotal (line 30 minus line 31)		26,911,303	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		365,816	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		237,780	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		230,404	36.00
37.00	Subtotal (see instructions)		27,149,083	37.00
38.00	MSP-LCC reconciliation amount from PS&R		108	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		27,148,975	40.00
40.01	Sequestration adjustment (see instructions)		542,980	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		26,588,414	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)		17,581	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		72,465	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0173		Period: From 01/01/2023 To 12/31/2023		Worksheet E-1 Part I Date/Time Prepared: 5/29/2024 11:29 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		37,387,534		26,588,414	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)		37,387,534		26,588,414	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		278,535		17,581	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,666,069		26,605,995	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: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/29/2024 11:29 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	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)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.00	0.00	0.00	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.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00	0.00	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	0.00	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	0.00	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00	0.00	14.00
15.00	Adjustment for residents in initial years of new programs	14.59	0.00	0.00	15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00	15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00	16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00	16.01
17.00	Adjusted rolling average FTE count	14.59	0.00	0.00	17.00
18.00	Per resident amount	126,258.76	0.00	0.00	18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00	0.00	18.01
19.00	Approved amount for resident costs	1,842,115	0	1,842,115	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)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,842,115	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/29/2024 11:29 am
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	14,019	10,981		26.00
27.00	Total Inpatient Days (see instructions)	44,898	44,898		27.00
28.00	Ratio of inpatient days to total inpatient days	0.312241	0.244577		28.00
29.00	Program direct GME amount	575,184	450,539	1,025,723	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		14,733	14,733	30.00
31.00	Net Program direct GME amount			1,010,990	31.00
				1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			3,336,091	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			43,587,870	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			24,477	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			43,563,393	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			30,874,067	42.00
43.00	Primary payer payments (see instructions)			4,647	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			30,869,420	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			74,432,813	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.585271	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.414729	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			1,010,990	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			591,703	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			419,287	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/29/2024 11:29 am
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0173

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

Worksheet G

Date/Time Prepared:  
5/29/2024 11:29 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	324,267,522	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	54,319,179	0	0	0	4.00
5.00	Other receivable	5,419,354	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	11,230,527	0	0	0	7.00
8.00	Prepaid expenses	1,209,684	0	0	0	8.00
9.00	Other current assets	0	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)	396,446,266	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,221,221	0	0	0	12.00
13.00	Land improvements	590,336	0	0	0	13.00
14.00	Accumulated depreciation	-105,824	0	0	0	14.00
15.00	Buildings	186,408,478	0	0	0	15.00
16.00	Accumulated depreciation	-72,142,367	0	0	0	16.00
17.00	Leasehold improvements	616,865	0	0	0	17.00
18.00	Accumulated depreciation	-56,546	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	134,144	0	0	0	21.00
22.00	Accumulated depreciation	-134,144	0	0	0	22.00
23.00	Major movable equipment	87,114,038	0	0	0	23.00
24.00	Accumulated depreciation	-67,403,252	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)	137,242,949	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	5,209,922	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	8,800,752	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,010,674	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	547,699,889	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	30,907,849	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,729,284	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,410,473	0	0	0	43.00
44.00	Other current liabilities	112,724	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,160,330	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,640,286	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,640,286	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	41,800,616	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	505,899,273				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)	505,899,273	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	547,699,889	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:  
5/29/2024 11:29 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		389,823,546		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		116,075,726			2.00
3.00	Total (sum of line 1 and line 2)		505,899,272		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	ROUNDING	1		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		505,899,273		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		505,899,273		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0173

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2024 11:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	137,683,456		137,683,456	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	137,683,456		137,683,456	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,630,373		29,630,373	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	17,144,208		17,144,208	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	46,774,581		46,774,581	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	184,458,037		184,458,037	17.00
18.00	Ancillary services	426,304,748	914,680,756	1,340,985,504	18.00
19.00	Outpatient services	53,930,927	271,455,372	325,386,299	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	664,693,712	1,186,136,128	1,850,829,840	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		349,649,609		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		349,649,609		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

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

Worksheet G-3

Date/Time Prepared:  
5/29/2024 11:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,850,829,840	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,404,641,882	2.00
3.00	Net patient revenues (line 1 minus line 2)	446,187,958	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	349,649,609	4.00
5.00	Net income from service to patients (line 3 minus line 4)	96,538,349	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	19,537,377	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	19,537,377	25.00
26.00	Total (line 5 plus line 25)	116,075,726	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)	116,075,726	29.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/29/2024 11:29 am
		Title XVIII	Hospital	PPS
			Urban Post 10/1	Rural Pre 10/1
			1.00	1.01
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		628,913	1,846,655
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		96,996	
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)		123.01	
4.00	Number of interns & residents (see instructions)		14.59	
5.00	Indirect medical education percentage (see instructions)		3.41	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) (see instructions)		84,417	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.54	
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.41	
9.00	Sum of lines 7 and 8		27.95	
10.00	Allowable disproportionate share percentage (see instructions)		5.82	
11.00	Disproportionate share adjustment (see instructions)		36,603	
12.00	Total prospective capital payments (see instructions)		2,693,584	
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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