

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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/24/2024 9:21 am
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**PART I - COST REPORT STATUS**

Provider use only

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

Date: 5/24/2024 Time: 9:21 am

Contractor use only

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

6. Date Received:  
 7. Contractor No.

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

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL ( 15-0089 ) 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	Jon Vanator	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	Jon Vanator		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		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	333,786	98,806	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	45,010	-41	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	378,796	98,765	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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 9:21 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 2401 UNIVERSITY AVENUE	PO Box:								1.00
2.00	City: MUNCI E	State: IN	Zip Code: 47303-3428	County: DELAWARE						2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BALL MEMORIAL HOSPITAL	150089	34620	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	5	07/01/1986	N	P	O	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
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
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
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: 15-0089			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 9:21 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.	3,406	525	14	92	16,098	40	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.	107	14	0	0	617		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	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	Y	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			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			12.00	12.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.75	15.74	0.148729	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.21	21.04	0.132371	65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980	65.01
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.35	10.65	0.031818	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	5.48	18.90	0.224774	67.00
67.01		INT MEDICINE	1400	2.84	50.43	0.053313	67.01

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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)			N N 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.			Y	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N N 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.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
			1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		N	0	88.00	
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
			1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0 89.00	
			V	XIX		
			1.00	2.00		
<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	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 9:21 am	
		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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)	N					107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)						107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
<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				0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 9:21 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	610,891	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 INC	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 W. 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	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	N
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/24/2024 9:21 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		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	1,336

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/24/2024 9:21 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
<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		02/22/2024		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
<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					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.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
<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		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	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		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/24/2024 9:21 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.				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.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0089

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

		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.	DI RECTOR, GOVERNMENT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
<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	244	89,060	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)		244	89,060	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	21	7,665	0.00	0	12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		301	109,865	0.00	0	14.00	
15.00 CAH visits					0	15.00	
15.10 REH hours and visits				0.00	0	15.10	
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						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)		317			0	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)		8	2,920			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	1	365		0	34.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 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)	18,938	2,497	60,453			1.00
2.00	HMO and other (see instructions)	21,734	15,349				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,349	631				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	18,938	2,497	60,453			7.00
8.00	INTENSIVE CARE UNIT	2,280	380	8,360			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	370	2,923			12.00
13.00	NURSERY		1,539	2,228			13.00
14.00	Total (see instructions)	21,218	4,786	73,964	59.10	1,772.37	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,917	107	4,846	0.00	24.89	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)			518			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)				59.10	1,797.26	27.00
28.00	Observation Bed Days		219	10,472			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	40	1,150			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	192			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 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
<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	4,191	516	13,787	1.00
2.00	HMO and other (see instructions)			3,526	2,902		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				57		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,191	516	13,787	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	159	10	391	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: 15-0089

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 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	135,246,550	-605,090	134,641,460	3,738,301.72	36.02
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		54,789	0	54,789	2,096.00	26.14
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	81,166	81,166	4,440.00	18.28
7.01	Contracted interns and residents (in an approved programs)		4,802,291	0	4,802,291	126,371.44	38.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,181,748	554,949	5,736,697	151,536.46	37.86
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		7,518,141	0	7,518,141	59,790.17	125.74
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		5,003,199	0	5,003,199	42,623.63	117.38
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		45,763,752	0	45,763,752	1,090,129.00	41.98
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)		35,543,547	0	35,543,547		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,536,192	0	1,536,192		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		18,523	0	18,523		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		32,308	0	32,308		
25.50	Home office wage-related (core)		12,196,277	0	12,196,277		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	9,983,377	-1,455,346	8,528,031	217,173.89	39.27	27.00
28.00	Administrative & General under contract (see inst.)	244,605	0	244,605	2,064.25	118.50	28.00
29.00	Maintenance & Repairs	2,727,409	-20,243	2,707,166	102,670.28	26.37	29.00
30.00	Operation of Plant	1,544,358	-36,246	1,508,112	50,982.66	29.58	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	3,615,533	-29,178	3,586,355	189,800.50	18.90	32.00
33.00	Housekeeping under contract (see instructions)	370,856	0	370,856	10,473.00	35.41	33.00
34.00	Dietary	3,027,854	-874,701	2,153,153	96,162.31	22.39	34.00
35.00	Dietary under contract (see instructions)	447,764	0	447,764	11,953.60	37.46	35.00
36.00	Cafeteria	0	837,109	837,109	51,037.00	16.40	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,240,722	-1,052,154	4,188,568	88,542.57	47.31	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	6,565,803	-327,082	6,238,721	127,484.52	48.94	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	1,892,324	-101	1,892,223	66,096.52	28.63	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2024 9:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	131,452,695	-686,256	130,766,439	3,629,885.13	36.02	1.00
2.00	Excluded area salaries (see instructions)	5,181,748	554,949	5,736,697	151,536.46	37.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	126,270,947	-1,241,205	125,029,742	3,478,348.67	35.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	58,285,092	0	58,285,092	1,192,542.80	48.87	4.00
5.00	Subtotal wage-related costs (see inst.)	47,739,824	0	47,739,824	0.00	38.18	5.00
6.00	Total (sum of lines 3 thru 5)	232,295,863	-1,241,205	231,054,658	4,670,891.47	49.47	6.00
7.00	Total overhead cost (see instructions)	35,660,605	-2,957,942	32,702,663	1,014,441.10	32.24	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2024 9:21 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	5,071,510	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)	20,319,485	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	436,308	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	167,503	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)	605,090	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	667,303	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	9,863,372	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)	37,130,571	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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/24/2024 9:21 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,518,141	37,130,570	1.00
2.00	Hospital	7,518,141	37,130,570	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/24/2024 9:21 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)		0.177858	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		72,435,718	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		469,619,658	6.00
7.00	Medicaid cost (line 1 times line 6)		83,525,613	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		11,089,895	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)		333,038	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,906,853	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		339,149	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		6,111	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)		11,096,006	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	28,172,051	2,718,382	30,890,433
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,010,625	1,201,303	6,211,928
22.00	Payments received from patients for amounts previously written off as charity care	25,833	6,375	32,208
23.00	Cost of charity care (see instructions)	4,984,792	1,194,928	6,179,720
			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)		1,845,276	25.01
26.00	Bad debt amount (see instructions)		17,218,906	26.00
27.00	Medicare reimbursable bad debts (see instructions)		554,050	27.00
27.01	Medicare allowable bad debts (see instructions)		852,384	27.01
28.00	Non-Medicare bad debt amount (see instructions)		16,366,522	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,209,251	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		9,388,971	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,484,977	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/24/2024 9:21 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)		0.176823	1.00	
<b>Medicaid (see instructions for each line)</b>					
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	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<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)			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	
<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			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	
			<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)	28,172,051	2,718,382	30,890,433	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,981,467	1,199,393	6,180,860	21.00
22.00	Payments received from patients for amounts previously written off as charity care	25,833	6,375	32,208	22.00
23.00	Cost of charity care (see instructions)	4,955,634	1,193,018	6,148,652	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)			1,845,276	25.01
26.00	Bad debt amount (see instructions)			17,215,758	26.00
27.00	Medicare reimbursable bad debts (see instructions)			548,262	27.00
27.01	Medicare allowable bad debts (see instructions)			843,480	27.01
28.00	Non-Medicare bad debt amount (see instructions)			16,372,278	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,190,213	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			9,338,865	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,338,865	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet A Date/Time Prepared: 5/24/2024 9:21 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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	NEW CAP REL COSTS-BLDG & FIXT		1,656,465	1,656,465	24,072,819	25,729,284	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	783,392	783,392	25,742,869	26,526,261	4.00
5.01	01160	COMMUNICATIONS	671,276	305,141	976,417	-206,945	769,472	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04	00570	ADMINISTRATIVE	3,227,068	1,092,925	4,319,993	-652,848	3,667,145	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,085,033	103,706,152	109,791,185	-5,693,633	104,097,552	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,727,409	19,319,580	22,046,989	-11,533,720	10,513,269	6.00
7.00	00700	OPERATION OF PLANT	1,544,358	887,249	2,431,607	5,940,148	8,371,755	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,314,072	1,314,072	8.00
9.00	00900	HOUSEKEEPING	3,615,533	3,012,117	6,627,650	-1,475,336	5,152,314	9.00
10.00	01000	DIETARY	3,027,854	1,810,644	4,838,498	-1,923,855	2,914,643	10.00
11.00	01100	CAFETERIA	0	0	0	1,202,680	1,202,680	11.00
13.00	01300	NURSING ADMINISTRATION	5,240,722	4,462,597	9,703,319	-4,136,410	5,566,909	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,315,752	1,315,752	10,597,862	11,913,614	14.00
15.00	01500	PHARMACY	6,565,803	52,104,510	58,670,313	-50,011,472	8,658,841	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	1,892,324	520,069	2,412,393	-359,801	2,052,592	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,864,011	4,864,011	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	539,350	8,755,436	9,294,786	-5,305,773	3,989,013	22.00
23.00	02300	PARAMED PRGM	79,024	33,230	112,254	138,377	250,631	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	28,963,478	37,320,321	66,283,799	-8,139,229	58,144,570	30.00
31.00	03100	INTENSIVE CARE UNIT	7,916,215	5,495,169	13,411,384	-2,430,975	10,980,409	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,309,353	2,897,669	5,207,022	-1,038,156	4,168,866	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,996,512	728,997	2,725,509	-412,799	2,312,710	41.00
43.00	04300	NURSERY	0	0	0	618,280	618,280	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,549,746	36,430,438	42,980,184	-21,024,440	21,955,744	50.00
51.00	05100	RECOVERY ROOM	2,166,030	1,292,431	3,458,461	-846,218	2,612,243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,741,876	4,873,759	7,615,635	-2,794,372	4,821,263	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,035,481	12,555,050	21,590,531	-7,678,036	13,912,495	54.00
57.00	05700	CT SCAN	1,411,973	1,041,944	2,453,917	-769,487	1,684,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,462,571	13,174,462	15,637,033	-12,781,634	2,855,399	59.00
60.00	06000	LABORATORY	1,476	17,083,042	17,084,518	-152	17,084,366	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,471,401	1,471,401	0	1,471,401	63.00
65.00	06500	RESPIRATORY THERAPY	3,410,664	3,175,747	6,586,411	-1,461,571	5,124,840	65.00
65.01	06501	SLEEP LAB	501,746	359,414	861,160	-182,465	678,695	65.01
66.00	06600	PHYSICAL THERAPY	6,157,598	2,658,792	8,816,390	-1,503,584	7,312,806	66.00
67.00	06700	OCCUPATIONAL THERAPY	865,699	339,485	1,205,184	-35,007	1,170,177	67.00
68.00	06800	SPEECH PATHOLOGY	550,690	210,582	761,272	-72,604	688,668	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,719,570	1,604,468	3,324,038	-919,212	2,404,826	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,546,638	13,546,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,115,864	11,115,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	52,199,006	52,199,006	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	2,044,604	11,332,089	13,376,693	9,974,872	23,351,565	73.01
74.00	07400	RENAL DIALYSIS	0	1,673,720	1,673,720	-36,666	1,637,054	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,056,735	477,567	1,534,302	-283,224	1,251,078	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	677,406	1,632,190	2,309,596	-667,386	1,642,210	76.98
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	09001	SUBSTANCE ABUSE CLINIC	434,629	648,936	1,083,565	-98,099	985,466	90.01
90.02	09002	PAIN CLINIC	335,276	541,699	876,975	-171,047	705,928	90.02
90.03	09003	ONCOLOGY CLINIC	2,818,579	2,426,498	5,245,077	-1,651,260	3,593,817	90.03
91.00	09100	EMERGENCY	9,826,581	7,993,210	17,819,791	-3,449,905	14,369,886	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	970,096	477,073	1,447,169	-282,099	1,165,070	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A  
Date/Time Prepared:  
5/24/2024 9:21 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	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	132,140,338	369,681,412	501,821,750	11,298,078	513,119,828	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	267,508	518,272	785,780	-47,382	738,398	190.00
191.00	19100 RESEARCH	743,893	231,340	975,233	-159,569	815,664	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	1,053,052	9,477,435	10,530,487	-10,530,487	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	27,606	27,606	-26,577	1,029	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	3,028,173	3,028,173	-1,659,665	1,368,508	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	0	0	-203,027	-203,027	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	1,033,038	1,033,038	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	1,024,409	368,864	1,393,273	-190,936	1,202,337	194.22
194.23	07973 CANCER CENTER BOUTIQUE	16,900	72,352	89,252	-9,092	80,160	194.23
194.24	07974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	450	55	505	-21	484	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	274,386	274,386	495,640	770,026	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	TOTAL (SUM OF LINES 118 through 199)	135,246,550	383,679,895	518,926,445	0	518,926,445	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A  
Date/Time Prepared:  
5/24/2024 9:21 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	NEW CAP REL COSTS-BLDG & FIXT	3,560,617	29,289,901	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,499,856	24,026,405	4.00
5.01	01160	COMMUNICATIONS	-33,562	735,910	5.01
5.02	00550	DATA PROCESSING	18,810,357	18,810,357	5.02
5.04	00570	ADMITTING	11,569,155	15,236,300	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	11,502,487	11,502,487	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-64,756,071	39,341,481	5.06
6.00	00600	MAINTENANCE & REPAIRS	-261,290	10,251,979	6.00
7.00	00700	OPERATION OF PLANT	-4,436	8,367,319	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,314,072	8.00
9.00	00900	HOUSEKEEPING	-146,836	5,005,478	9.00
10.00	01000	DIETARY	-211,351	2,703,292	10.00
11.00	01100	CAFETERIA	0	1,202,680	11.00
13.00	01300	NURSING ADMINISTRATION	-300,101	5,266,808	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,913,614	14.00
15.00	01500	PHARMACY	-441,855	8,216,986	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	-13,875	2,038,717	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,864,011	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-71,116	3,917,897	22.00
23.00	02300	PARAMED ED PRGM	0	250,631	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-9,266,840	48,877,730	30.00
31.00	03100	INTENSIVE CARE UNIT	-15,000	10,965,409	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,446,909	2,721,957	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,312,710	41.00
43.00	04300	NURSERY	0	618,280	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-9,444,161	12,511,583	50.00
51.00	05100	RECOVERY ROOM	0	2,612,243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,051	4,819,212	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-513,752	13,398,743	54.00
57.00	05700	CT SCAN	0	1,684,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-306	2,855,093	59.00
60.00	06000	LABORATORY	-6,440	17,077,926	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,471,401	63.00
65.00	06500	RESPIRATORY THERAPY	-647	5,124,193	65.00
65.01	06501	SLEEP LAB	-8,400	670,295	65.01
66.00	06600	PHYSICAL THERAPY	-770,740	6,542,066	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,170,177	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,668	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-85,120	2,319,706	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,546,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,115,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	52,199,006	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-404,783	22,946,782	73.01
74.00	07400	RENAL DIALYSIS	0	1,637,054	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-94,786	1,156,292	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-13,644	1,628,566	76.98
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	09001	SUBSTANCE ABUSE CLINIC	-438,526	546,940	90.01
90.02	09002	PAIN CLINIC	-308,048	397,880	90.02
90.03	09003	ONCOLOGY CLINIC	-35,959	3,557,858	90.03
91.00	09100	EMERGENCY	-598,361	13,771,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,165,070	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-46,752,206	466,367,622	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	738,398	190.00
191.00	19100	RESEARCH	0	815,664	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	194.02
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	1,029	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	1,368,508	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRALTC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	-203,027	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	1,033,038	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-833,472	368,865	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	80,160	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	484	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	770,026	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118 through 199)	-47,585,678	471,340,767	200.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6

Date/Time Prepared:  
5/24/2024 9:21 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - NON-BILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,233,912	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	89	2.00
3.00	COMMUNICATIONS	5.01	0	63	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	472	4.00
5.00	OPERATION OF PLANT	5.06	0	1,720	5.00
6.00	HOUSEKEEPING	7.00	0	10	6.00
7.00	DIETARY	9.00	0	2,078	7.00
8.00	PATIENT TRANSPORTATION	10.00	0	334	8.00
9.00	OCCUPATIONAL THERAPY	18.00	0	112	9.00
10.00	ELECTROCARDIOLOGY	67.00	0	178	10.00
11.00	CARDIAC REHABILITATION	69.00	0	51,908	11.00
12.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76.97	0	4,355	12.00
13.00	RESEARCH	190.00	0	591	13.00
14.00	WELLNESS CENTER	191.00	0	10	14.00
15.00	RENTAL PROPERTY	194.05	0	194	15.00
16.00	CANCER CENTER BOUTIQUE	194.08	0	841	16.00
17.00		194.23	0	480	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	11,297,347	
<b>B - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,546,638	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	0		0	13,546,638	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>C - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,115,864	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		0	11,115,864	
<b>D - BILLABLE DRUGS</b>					
1.00	PHARMACY	15.00	0	1,697,582	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	52,199,006	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
	0		0	53,896,588	
<b>E - INTERN &amp; RESIDENT SALARIES</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	81,166	0	1.00
	0		81,166	0	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	837,109	365,571	1.00
	0		837,109	365,571	
<b>G - PHARMACY ADMIN COSTS</b>					
1.00	PAVILLION PHARMACY	194.02	43,109	19,906	1.00
	0		43,109	19,906	
<b>H - AUTO &amp; BUILDING INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	522,564	1.00
2.00		0.00	0	0	2.00
	0		0	522,564	
<b>I - REHAB ADMIN COSTS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	72,161	8,570	1.00
2.00	SPEECH PATHOLOGY	68.00	45,903	5,316	2.00
3.00	PEDIATRIC THERAPIES	194.13	65,364	7,216	3.00
4.00	THERAPIES TO OTHER ENTITIES	194.22	85,391	9,310	4.00
	0		268,819	30,412	
<b>J - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,314,072	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

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
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	
0			0	1,314,072					
<b>L - IRF AND PACU MEDSURG</b>									
1.00	ADULTS & PEDIATRICS	30.00	817,577	84,546				1.00	
2.00		0.00	0	0				2.00	
3.00		0.00	0	0				3.00	
4.00		0.00	0	0				4.00	
5.00		0.00	0	0				5.00	
0			817,577	84,546					
<b>Q - NURSERY</b>									
1.00	NURSERY	43.00	502,076	116,204				1.00	
2.00		0.00	0	0				2.00	
0			502,076	116,204					
<b>S - EMPLOYEE BENEFITS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,838,777				1.00	
2.00		0.00	0	0				2.00	
3.00		0.00	0	0				3.00	
4.00		0.00	0	0				4.00	
5.00		0.00	0	0				5.00	
6.00		0.00	0	0				6.00	
7.00		0.00	0	0				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
10.00		0.00	0	0				10.00	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	
41.00		0.00	0	0				41.00	
42.00		0.00	0	0				42.00	

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
			0	25,838,777	
<b>T - CORPORATE TELEPHONE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	778	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
			0	778	
<b>U - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,239,447	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
			0	23,239,447	
<b>V - LEASE EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	465,315	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	465,315	
<b>W - PTO USED AS STD</b>					
1.00	COMMUNICATIONS	5.01	0	1,296	1.00
2.00	ADMINISTRATIVE	5.04	0	12,876	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,332	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1,414	4.00
5.00	OPERATION OF PLANT	7.00	0	1,170	5.00
6.00	HOUSEKEEPING	9.00	0	29,178	6.00
7.00	DIETARY	10.00	0	26,377	7.00
8.00	NURSING ADMINISTRATION	13.00	0	14,116	8.00
9.00	PHARMACY	15.00	0	28,861	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	101	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	331	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	139,010	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	28,707	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	29,005	14.00
15.00	SUBPROVIDER - IRF	41.00	0	5,787	15.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6

Date/Time Prepared:  
5/24/2024 9:21 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00	OPERATING ROOM	50.00	0	46,663	16.00
17.00	RECOVERY ROOM	51.00	0	5,407	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,426	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,548	19.00
20.00	CT SCAN	57.00	0	2,997	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	3,996	21.00
22.00	RESPIRATORY THERAPY	65.00	0	4,960	22.00
23.00	PHYSICAL THERAPY	66.00	0	28,109	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	2,267	24.00
25.00	SPEECH PATHOLOGY	68.00	0	10,836	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	290	26.00
27.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,732	27.00
28.00	SUBSTANCE ABUSE CLINIC	90.01	0	2,716	28.00
29.00	ONCOLOGY CLINIC	90.03	0	298	29.00
30.00	EMERGENCY	91.00	0	66,746	30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	8,090	31.00
32.00	RESEARCH	191.00	0	1,215	32.00
33.00	PAVILLION PHARMACY	194.02	0	233	33.00
	0		0	605,090	
<b>X - WASTE DISPOSAL</b>					
1.00	OPERATION OF PLANT	7.00	0	686,725	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
	0		0	686,725	
<b>Y - UTILITIES</b>					
1.00	OPERATION OF PLANT	7.00	0	5,654,141	1.00
2.00	PHYSICAL THERAPY	66.00	0	306	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
	0		0	5,654,447	
<b>Z - BLACKFORD</b>					
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	550,400	162,705	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		550,400	162,705	
<b>AA - INTEREST EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	74	1.00
	0		0	74	
<b>AB - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM	23.00	139,338	10,659	1.00
	0		139,338	10,659	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>AC - PROPERTY TAX</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	234,875	1.00
2.00	0	0.00	0	0	2.00
	0		0	234,875	
<b>AD - JAY HOSPITAL</b>					
1.00	JAY COUNTY HOSPITAL	194.16	788,110	244,928	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
	0		788,110	244,928	
<b>AE - MALPRACTICE INSURANCE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	550	1.00
	0		0	550	
<b>AH - CONTRACTED I&amp;R</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,782,845	1.00
	TOTALS		0	4,782,845	
<b>AI - PHYSICIANS</b>					
1.00	ADULTS & PEDIATRICS	30.00	776,779	1,352,313	1.00
	TOTALS		776,779	1,352,313	
<b>AJ - PAVILLION PHARMACY-RETAIL</b>					
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	1,095,928	9,312,914	1.00
	TOTALS		1,095,928	9,312,914	
500.00	Grand Total: Increases		5,900,411	164,902,154	500.00



RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - NON-BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,293	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	74,454	14	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	1,794	0	3.00	
4.00	PHARMACY	15.00	0	91,750	0	4.00	
5.00	I&R SERVICES-OTHER PRGM COSTS APRVD	22.00	0	18,156	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	1,443,745	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	466,573	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	95,320	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	31,377	0	9.00	
10.00	OPERATING ROOM	50.00	0	5,790,325	0	10.00	
11.00	RECOVERY ROOM	51.00	0	72,047	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	166,379	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	729,566	0	13.00	
14.00	CT SCAN	57.00	0	32,810	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	772,578	0	15.00	
16.00	LABORATORY	60.00	0	78	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	504,950	0	17.00	
18.00	SLEEP LAB	65.01	0	43,798	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	16,840	0	19.00	
20.00	SPEECH PATHOLOGY	68.00	0	29	0	20.00	
21.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	196	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	5,963	0	22.00	
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	205,227	0	23.00	
24.00	SUBSTANCE ABUSE CLINIC	90.01	0	959	0	24.00	
25.00	PAIN CLINIC	90.02	0	18,628	0	25.00	
26.00	ONCOLOGY CLINIC	90.03	0	98,837	0	26.00	
27.00	EMERGENCY	91.00	0	592,948	0	27.00	
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	12,778	0	28.00	
29.00	PAVILLION PHARMACY	194.02	0	1,821	0	29.00	
30.00	PEDIATRIC THERAPIES	194.13	0	6,128	0	30.00	
	<b>0</b>		<b>0</b>	<b>11,297,347</b>			
<b>B - BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	82	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	5	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	1	0	3.00	
4.00	DIETARY	10.00	0	25	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	371	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,632	0	6.00	
7.00	PHARMACY	15.00	0	6,738	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	315,245	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	96,741	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,348	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	0	13,543	0	11.00	
12.00	OPERATING ROOM	50.00	0	4,362,493	0	12.00	
13.00	RECOVERY ROOM	51.00	0	5,581	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	113,959	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,937,986	0	15.00	
16.00	CT SCAN	57.00	0	9,478	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	6,276,512	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	19	0	18.00	
19.00	SLEEP LAB	65.01	0	157	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	14,529	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	243	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	762	0	22.00	
23.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	27	0	23.00	
24.00	RENAL DIALYSIS	74.00	0	13,231	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	98	0	25.00	
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	191,142	0	26.00	
27.00	SUBSTANCE ABUSE CLINIC	90.01	0	72	0	27.00	
28.00	PAIN CLINIC	90.02	0	76	0	28.00	
29.00	ONCOLOGY CLINIC	90.03	0	11,276	0	29.00	
30.00	EMERGENCY	91.00	0	153,869	0	30.00	
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,042	0	31.00	
32.00	PAVILLION PHARMACY	194.02	0	285	0	32.00	
33.00	PEDIATRIC THERAPIES	194.13	0	65	0	33.00	
34.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	5	0	34.00	
	<b>0</b>		<b>0</b>	<b>13,546,638</b>			

RECLASSIFICATIONS

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Period:  
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To 12/31/2023

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>C - IMPLANTABLE DEVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	68	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	424	0		2.00
3.00	OPERATING ROOM	50.00	0	6,302,786	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,746	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	4,729,201	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	12	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	303	0		7.00
8.00	HYPERBARIC OXYGEN THERAPY	76.98	0	27,000	0		8.00
9.00	PAIN CLINIC	90.02	0	2,280	0		9.00
10.00	EMERGENCY	91.00	0	44	0		10.00
	O		0	11,115,864			
<b>D - BILLABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	49,508,154	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	94,533	0		2.00
3.00	ADMINISTRATIVE	5.04	0	14	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	186	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,780	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,466	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	29,814	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	475,448	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	272,914	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	19,612	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	4,620	0		11.00
12.00	OPERATING ROOM	50.00	0	377,157	0		12.00
13.00	RECOVERY ROOM	51.00	0	108,546	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66,073	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,398,066	0		15.00
16.00	CT SCAN	57.00	0	416,102	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	164,311	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	15,928	0		18.00
19.00	SLEEP LAB	65.01	0	75	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	78	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	221,938	0		21.00
22.00	RENAL DIALYSIS	74.00	0	8,439	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	5	0		23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	66,433	0		24.00
25.00	PAIN CLINIC	90.02	0	3,355	0		25.00
26.00	ONCOLOGY CLINIC	90.03	0	108,131	0		26.00
27.00	EMERGENCY	91.00	0	514,865	0		27.00
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	13,009	0		28.00
29.00	PAVILLION PHARMACY	194.02	0	3,506	0		29.00
30.00	PEDIATRIC THERAPIES	194.13	0	30	0		30.00
	O		0	53,896,588			
<b>E - INTERN &amp; RESIDENT SALARIES</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	81,166	0	0		1.00
	O		81,166	0			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	837,109	365,571	0		1.00
	O		837,109	365,571			
<b>G - PHARMACY ADMIN COSTS</b>							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	43,109	19,906	0		1.00
	O		43,109	19,906			
<b>H - AUTO &amp; BUILDING INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	521,280	12		1.00
2.00	RENTAL PROPERTY	194.08	0	1,284	0		2.00
	O		0	522,564			
<b>I - REHAB ADMIN COSTS</b>							
1.00	PHYSICAL THERAPY	66.00	268,819	30,412	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	O		268,819	30,412			
<b>J - LAUNDRY</b>							
1.00	ADMINISTRATIVE	5.04	0	400	0		1.00
2.00	HOUSEKEEPING	9.00	0	141	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	596,880	0		3.00
4.00	PHARMACY	15.00	0	6,869	0		4.00

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			
5.00	I&R SERVICES-OTHER PRGM	22.00	0	28	0	5.00	
	COSTS APPRVD						
6.00	ADULTS & PEDIATRICS	30.00	0	327,457	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	75,483	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11,536	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	21,663	0	9.00	
10.00	OPERATING ROOM	50.00	0	77,880	0	10.00	
11.00	RECOVERY ROOM	51.00	0	21,719	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	29,331	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,998	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	8,153	0	14.00	
15.00	LABORATORY	60.00	0	15	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	113	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	21,043	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	6,766	0	18.00	
19.00	RENAL DIALYSIS	74.00	0	1,369	0	19.00	
20.00	CARDIAC REHABILITATION	76.97	0	196	0	20.00	
21.00	PAIN CLINIC	90.02	0	1,234	0	21.00	
22.00	ONCOLOGY CLINIC	90.03	0	12,593	0	22.00	
23.00	EMERGENCY	91.00	0	30,221	0	23.00	
24.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	3,189	0	24.00	
25.00	WELLNESS CENTER	194.05	0	5,546	0	25.00	
26.00	PEDIATRIC THERAPIES	194.13	0	1,249	0	26.00	
	<b>O - IRF AND PACU MEDSURG</b>						
1.00	NURSING ADMINISTRATION	13.00	789,271	79,359	0	1.00	
2.00	SUBPROVIDER - IRF	41.00	13,600	2,262	0	2.00	
3.00	RECOVERY ROOM	51.00	1,416	168	0	3.00	
4.00	CARDIAC CATHETERIZATION	59.00	2,289	394	0	4.00	
5.00	OBSERVATION BEDS (DISTINCT PART)	92.01	11,001	2,363	0	5.00	
	<b>O</b>		<b>817,577</b>	<b>84,546</b>			
	<b>Q - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	475,559	95,639	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	26,517	20,565	0	2.00	
	<b>O</b>		<b>502,076</b>	<b>116,204</b>			
	<b>S - EMPLOYEE BENEFITS</b>						
1.00	COMMUNICATIONS	5.01	0	207,008	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	620,185	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	892,969	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	713,214	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	265,331	0	5.00	
6.00	HOUSEKEEPING	9.00	0	966,643	0	6.00	
7.00	DIETARY	10.00	0	619,782	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	959,972	0	8.00	
9.00	PHARMACY	15.00	0	1,081,393	0	9.00	
10.00	PATIENT TRANSPORTATION	18.00	0	344,831	0	10.00	
11.00	I&R SERVICES-OTHER PRGM	22.00	0	124,729	0	11.00	
	COSTS APPRVD						
12.00	PARAMEDICAL PRGM	23.00	0	11,620	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	5,409,055	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,409,945	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	505,962	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	304,091	0	16.00	
17.00	OPERATING ROOM	50.00	0	1,345,192	0	17.00	
18.00	RECOVERY ROOM	51.00	0	435,363	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	563,000	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,624,558	0	20.00	
21.00	CT SCAN	57.00	0	216,407	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	472,188	0	22.00	
23.00	LABORATORY	60.00	0	59	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	683,903	0	24.00	
25.00	SLEEP LAB	65.01	0	133,339	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	995,801	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	115,073	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	123,491	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	340,456	0	29.00	
30.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	365,932	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	245,085	0	31.00	
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	159,766	0	32.00	
33.00	SUBSTANCE ABUSE CLINIC	90.01	0	95,216	0	33.00	

RECLASSIFICATIONS

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Worksheet A-6  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
34.00	PAIN CLINIC	90.02	0	92,232	0		34.00
35.00	ONCOLOGY CLINIC	90.03	0	580,371	0		35.00
36.00	EMERGENCY	91.00	0	1,654,942	0		36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	212,062	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	47,973	0		38.00
39.00	RESEARCH	191.00	0	159,579	0		39.00
40.00	PAVILLION PHARMACY	194.02	0	179,048	0		40.00
41.00	PEDIATRIC THERAPIES	194.13	0	268,135	0		41.00
42.00	THERAPIES TO OTHER ENTITIES	194.22	0	283,288	0		42.00
43.00	CANCER CENTER BOUTIQUE	194.23	0	9,572	0		43.00
44.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	16	0		44.00
			0	25,838,777			
<b>T - CORPORATE TELEPHONE</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	131	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	127	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	338	0		3.00
4.00	OPERATING ROOM	50.00	0	182	0		4.00
			0	778			
<b>U - DEPRECIATION</b>							
1.00	ADMINISTRATIVE	5.04	0	32,716	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,072,622	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	5,874,495	0		3.00
4.00	OPERATION OF PLANT	7.00	0	88,301	0		4.00
5.00	HOUSEKEEPING	9.00	0	12,396	0		5.00
6.00	DIETARY	10.00	0	88,153	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,964,036	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,941	0		8.00
9.00	PHARMACY	15.00	0	660,534	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	15,082	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	268,485	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,625,726	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	108,895	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	399,040	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	21,643	0		15.00
16.00	OPERATING ROOM	50.00	0	2,767,590	0		16.00
17.00	RECOVERY ROOM	51.00	0	201,378	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,808,548	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,536,949	0		19.00
20.00	CT SCAN	57.00	0	94,690	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	347,925	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	175,101	0		22.00
23.00	SLEEP LAB	65.01	0	965	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	120,970	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	600	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	386,084	0		26.00
27.00	RENAL DIALYSIS	74.00	0	7,664	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	38,050	0		28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	15,410	0		29.00
30.00	PAIN CLINIC	90.02	0	34,523	0		30.00
31.00	ONCOLOGY CLINIC	90.03	0	663,488	0		31.00
32.00	EMERGENCY	91.00	0	503,016	0		32.00
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	25,655	0		33.00
34.00	WELLNESS CENTER	194.05	0	21,225	0		34.00
35.00	RENTAL PROPERTY	194.08	0	1,094,421	0		35.00
36.00	THERAPIES TO OTHER ENTITIES	194.22	0	2,349	0		36.00
37.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	137,781	0		37.00
			0	23,239,447			
<b>V - LEASE EXPENSE</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	220,223	10		1.00
2.00	ONCOLOGY CLINIC	90.03	0	172,616	0		2.00
3.00	RENTAL PROPERTY	194.08	0	72,476	0		3.00
			0	465,315			
<b>W - PTO USED AS STD</b>							
1.00	COMMUNICATIONS	5.01	1,296	0	0		1.00
2.00	ADMINISTRATIVE	5.04	12,876	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	14,332	0	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	1,414	0	0		4.00
5.00	OPERATION OF PLANT	7.00	1,170	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2024 9:21 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	HOUSEKEEPING	9.00	29,178	0	0		6.00
7.00	DIETARY	10.00	26,377	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	14,116	0	0		8.00
9.00	PHARMACY	15.00	28,861	0	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	101	0	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APRVD	22.00	331	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	139,010	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	28,707	0	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	29,005	0	0		14.00
15.00	SUBPROVIDER - IRF	41.00	5,787	0	0		15.00
16.00	OPERATING ROOM	50.00	46,663	0	0		16.00
17.00	RECOVERY ROOM	51.00	5,407	0	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	36,426	0	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	47,548	0	0		19.00
20.00	CT SCAN	57.00	2,997	0	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	3,996	0	0		21.00
22.00	RESPIRATORY THERAPY	65.00	4,960	0	0		22.00
23.00	PHYSICAL THERAPY	66.00	28,109	0	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	2,267	0	0		24.00
25.00	SPEECH PATHOLOGY	68.00	10,836	0	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	290	0	0		26.00
27.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	3,732	0	0		27.00
28.00	SUBSTANCE ABUSE CLINIC	90.01	2,716	0	0		28.00
29.00	ONCOLOGY CLINIC	90.03	298	0	0		29.00
30.00	EMERGENCY	91.00	66,746	0	0		30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	8,090	0	0		31.00
32.00	RESEARCH	191.00	1,215	0	0		32.00
33.00	PAVILLION PHARMACY	194.02	233	0	0		33.00
			605,090	0			
<b>X - WASTE DISPOSAL</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	75,703	14		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,317	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	23,565	0		3.00
4.00	HOUSEKEEPING	9.00	0	498,234	0		4.00
5.00	DIETARY	10.00	0	1,500	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,862	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,375	0		7.00
8.00	OPERATING ROOM	50.00	0	835	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,857	0		9.00
10.00	SLEEP LAB	65.01	0	916	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	117	0		11.00
12.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	4,800	0		12.00
13.00	SUBSTANCE ABUSE CLINIC	90.01	0	1,852	0		13.00
14.00	PAIN CLINIC	90.02	0	18,719	0		14.00
15.00	ONCOLOGY CLINIC	90.03	0	36	0		15.00
16.00	RENTAL PROPERTY	194.08	0	46,041	0		16.00
17.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	3,996	0		17.00
			0	686,725			
<b>Y - UTILITIES</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	313,842	14		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,309	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	4,807,391	0		3.00
4.00	SLEEP LAB	65.01	0	3,215	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,408	0		5.00
6.00	ONCOLOGY CLINIC	90.03	0	3,912	0		6.00
7.00	RENTAL PROPERTY	194.08	0	444,682	0		7.00
8.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	75,688	0		8.00
			0	5,654,447			
<b>Z - BLACKFORD</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	271,537	79,021	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	6,415	7,354	0		2.00
3.00	OPERATION OF PLANT	7.00	17,538	6,010	0		3.00
4.00	DIETARY	10.00	4,533	337	0		4.00
5.00	NURSING ADMINISTRATION	13.00	87,757	30,091	0		5.00
6.00	PHARMACY	15.00	61,327	17,268	0		6.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
7.00	RADIOLOGY-DIAGNOSTIC	54.00	49,964	6,571	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	4,368	475	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	24,466	13,090	0	9.00	
10.00	PHYSICAL THERAPY	66.00	12,859	1,402	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	5,862	715	0	11.00	
12.00	CARDIAC REHABILITATION	76.97	3,774	371	0	12.00	
	O		550,400	162,705			
AA - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	74	13	1.00	
	O		0	74			
AB - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	139,338	10,659	0	1.00	
	O		139,338	10,659			
AC - PROPERTY TAX							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	233,273	13	1.00	
2.00	RENTAL PROPERTY	194.08	0	1,602	0	2.00	
	O		0	234,875			
AD - JAY HOSPITAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	378,526	113,661	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	12,414	14,231	0	2.00	
3.00	OPERATION OF PLANT	7.00	17,538	6,010	0	3.00	
4.00	DIETARY	10.00	6,682	497	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	161,010	57,107	0	5.00	
6.00	PHARMACY	15.00	97,556	27,468	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	56,243	7,309	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	2,922	318	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	28,657	15,332	0	9.00	
10.00	PHYSICAL THERAPY	66.00	18,953	2,067	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	7,609	928	0	11.00	
	O		788,110	244,928			
AE - MALPRACTICE INSURANCE							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	550	0	1.00	
	O		0	550			
AH - CONTRACTED I&R							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4,782,845	0	1.00	
	TOTALS		0	4,782,845			
AI - PHYSICIANS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	776,779	1,352,313	0	1.00	
	TOTALS		776,779	1,352,313			
AJ - PAVILLION PHARMACY-RETAIL							
1.00	PAVILLION PHARMACY	194.02	1,095,928	9,312,914	0	1.00	
	TOTALS		1,095,928	9,312,914			
500.00	Grand Total: Decreases		6,505,501	164,297,064		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,072,523	0	0	0	1.00
2.00	Land Improvements	3,429,715	0	0	0	2.00
3.00	Buildings and Fixtures	281,611,985	6,014	0	6,014	3.00
4.00	Building Improvements	111,584,733	24,705,005	0	24,705,005	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	129,945,040	26,720,874	0	26,720,874	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	532,643,996	51,431,893	0	51,431,893	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	532,643,996	51,431,893	0	51,431,893	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	6,072,523	0			1.00
2.00	Land Improvements	3,429,715	3,135,667			2.00
3.00	Buildings and Fixtures	281,617,999	110,585,019			3.00
4.00	Building Improvements	136,289,738	1,196,984			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	153,761,858	84,589,427			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	581,171,833	199,507,097			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	581,171,833	199,507,097			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	338,697	6,006	0	0	3,186	1.00
3.00	Total (sum of lines 1-2)	338,697	6,006	0	0	3,186	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,308,576	1,656,465				1.00
3.00	Total (sum of lines 1-2)	1,308,576	1,656,465				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	581,171,833	0	581,171,833	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	581,171,833	0	581,171,833	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	46,721,395	471,321	1.00
3.00	Total (sum of lines 1-2)	0	0	0	46,721,395	471,321	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-19,880,705	522,564	238,135	1,217,191	29,289,901	1.00
3.00	Total (sum of lines 1-2)	-19,880,705	522,564	238,135	1,217,191	29,289,901	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

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

Worksheet A-8

Date/Time Prepared:  
5/24/2024 9:21 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-19,880,705	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00			2.00
3.00 Investment income - other (chapter 2)		0		0.00			3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00			4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00			5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00			6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00			7.00
8.00 Television and radio service (chapter 21)		0		0.00			8.00
9.00 Parking lot (chapter 21)		0		0.00			9.00
10.00 Provider-based physician adjustment	A-8-2	-21,651,533					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00			11.00
12.00 Related organization transactions (chapter 10)	A-8-1	55,523,693					12.00
13.00 Laundry and linen service		0		0.00			13.00
14.00 Cafeteria-employees and guests	B	0	CAFETERIA	11.00			14.00
15.00 Rental of quarters to employee and others		0		0.00			15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00			16.00
17.00 Sale of drugs to other than patients		0		0.00			17.00
18.00 Sale of medical records and abstracts		0		0.00			18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00			19.00
20.00 Vending machines		0		0.00			20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00			21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00			22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00			26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00			27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00			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			32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 MI SCCELLANEOUS INCOME	B	-25,078	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
34.00 MI SCCELLANEOUS INCOME	B	-33,562	COMMUNICATIONS		5.01	0 34.00
35.00 MI SCCELLANEOUS INCOME	B	-553,993	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 35.00
36.00 MI SCCELLANEOUS INCOME	B	-261,290	MAINTENANCE & REPAIRS		6.00	0 36.00
37.00 MI SCCELLANEOUS INCOME	B	-4,436	OPERATION OF PLANT		7.00	0 37.00
38.00 MI SCCELLANEOUS INCOME	B	-146,836	HOUSEKEEPING		9.00	0 38.00
39.00 MI SCCELLANEOUS INCOME	B	-211,351	DIETARY		10.00	0 39.00
40.00 MI SCCELLANEOUS INCOME	B	-25,313	NURSING ADMINISTRATION		13.00	0 40.00
41.00 MI SCCELLANEOUS INCOME	B	-441,855	PHARMACY		15.00	0 41.00
42.00 MI SCCELLANEOUS INCOME	B	-13,875	PATIENT TRANSPORTATION		18.00	0 42.00
43.00 MI SCCELLANEOUS INCOME	B	-71,116	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 43.00
44.00 MI SCCELLANEOUS INCOME	B	-26,316	ADULTS & PEDIATRICS		30.00	0 44.00
45.00 MI SCCELLANEOUS INCOME	B	-15,466	NEONATAL INTENSIVE CARE UNIT		35.00	0 45.00
46.00 MI SCCELLANEOUS INCOME	B	-39,202	OPERATING ROOM		50.00	0 46.00
46.01 MI SCCELLANEOUS INCOME	B	-513,752	RADIOLOGY-DIAGNOSTIC		54.00	0 46.01
46.02 MI SCCELLANEOUS INCOME	B	-6,440	LABORATORY		60.00	0 46.02
46.03 MI SCCELLANEOUS INCOME	B	-8,400	SLEEP LAB		65.01	0 46.03
46.04 MI SCCELLANEOUS INCOME	B	-224,015	PHYSICAL THERAPY		66.00	0 46.04
46.05 MI SCCELLANEOUS INCOME	B	-84,120	ELECTROCARDIOLOGY		69.00	0 46.05
46.06 MI SCCELLANEOUS INCOME	B	-404,783	HOSPITAL BASED RETAIL PHARMACIES		73.01	0 46.06
46.07 MI SCCELLANEOUS INCOME	B	-94,786	CARDIAC REHABILITATION		76.97	0 46.07
46.08 MI SCCELLANEOUS INCOME	B	-3,985	SUBSTANCE ABUSE CLINIC		90.01	0 46.08
46.09 MI SCCELLANEOUS INCOME	B	-25,731	ONCOLOGY CLINIC		90.03	0 46.09
46.10 MI SCCELLANEOUS INCOME	B	-86,373	EMERGENCY		91.00	0 46.10
46.11 MI SCCELLANEOUS INCOME	B	-833,472	THERAPIES TO OTHER ENTITIES		194.22	0 46.11
46.12 NON-ALLOWABLE MARKETING	A	-1,378,109	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 46.12
46.13 NON-ALLOWABLE MARKETING	A	-647	RESPIRATORY THERAPY		65.00	0 46.13
46.14 NON-ALLOWABLE MARKETING	A	-544,597	PHYSICAL THERAPY		66.00	0 46.14
46.15 CORPORATE TELEPHONE	A	-778	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 46.15
46.16 EMPLOYEE BENEFITS OFFSET	A	-25,838,777	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.16
46.18 HAF FEES	A	-29,939,739	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 46.18
46.19 TELEVISION DEPRECIATION	A	-21,769	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 46.19
46.20 NON-ALLOWABLE PT REIMB.	A	17	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 46.20
46.21 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	298,071	NEW CAP REL COSTS-BLDG & FIXT		1.00	14 46.21
46.22 ADDITION AND PAIN CLINIC STARTUP C	A	65,699	SUBSTANCE ABUSE CLINIC		90.01	0 46.22
46.23 CONTRIBUTION EXPENSE	A	-8,291	ADULTS & PEDIATRICS		30.00	0 46.23
46.24 CONTRIBUTION EXPENSE	A	-306	CARDIAC CATHETERIZATION		59.00	0 46.24
46.25 CONTRIBUTION EXPENSE	A	-2,128	PHYSICAL THERAPY		66.00	0 46.25
46.26 CONTRIBUTION EXPENSE	A	-10,228	ONCOLOGY CLINIC		90.03	0 46.26
46.27 RECRUITING FEES	A	-10,000	ADULTS & PEDIATRICS		30.00	0 46.27
46.28 RECRUITING FEES	A	-15,000	INTENSIVE CARE UNIT		31.00	0 46.28
46.29 RECRUITING FEES	A	-10,000	EMERGENCY		91.00	0 46.29
46.30 NON-ALLOWABLE COST	A	-5,005	ADULTS & PEDIATRICS		30.00	0 46.30
46.31 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.31
46.32 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.32
46.33 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.33
46.34 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.34
46.35 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.35
46.36 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.36
46.37 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.37
46.38 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.38

Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet A-8 Date/Time Prepared: 5/24/2024 9:21 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-47,585,678			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: 15-0089

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2024 9:21 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	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	23,165,020	0
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	23,381,905	17,906
3.00	5.02	DATA PROCESSING	HOME OFFICE	18,810,357	0
4.00	5.04	ADMITTING	HOME OFFICE	11,569,155	0
4.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	11,502,487	0
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	32,377,559	65,261,028
4.03	91.00	EMERGENCY	HOME OFFICE	0	3,856
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	579,254	579,254
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY	743,338	743,338
4.06	13.00	NURSING ADMINISTRATION	RELATED PARTY	392,186	392,186
4.07	22.00	IR SERVICES-OTHER PRGM COST	RELATED PARTY	2,807,227	2,807,227
4.08	30.00	ADULTS & PEDIATRICS	RELATED PARTY	8,451,457	8,451,457
4.09	31.00	INTENSIVE CARE UNIT	RELATED PARTY	53,200	53,200
4.10	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1,506,443	1,506,443
4.11	41.00	SUBPROVIDER - IRF	RELATED PARTY	115,402	115,402
4.12	50.00	OPERATING ROOM	RELATED PARTY	9,840,216	9,840,216
4.13	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	1,487,317	1,487,317
4.14	57.00	CT SCAN	RELATED PARTY	14,000	14,000
4.15	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	13,685	13,685
4.16	60.00	LABORATORY	RELATED PARTY	16,084,145	16,084,145
4.17	63.00	BLOOD STORING, PROCESSING, &	RELATED PARTY	13,529	13,529
4.18	65.01	SLEEP LAB	RELATED PARTY	1,757	1,757
4.19	76.98	HYPERBARIC OXYGEN THERAPY	RELATED PARTY	13,644	13,644
4.20	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	500,240	500,240
4.21	90.02	PAIN CLINIC	RELATED PARTY	308,048	308,048
4.22	90.03	ONCOLOGY CLINIC	RELATED PARTY	191,596	191,596
4.23	91.00	EMERGENCY	RELATED PARTY	1,876,207	1,876,207
4.24	0.00		RELATED PARTY	0	0
4.25	0.00		RELATED PARTY	0	0
4.26	0.00		RELATED PARTY	0	0
4.27	0.00		RELATED PARTY	0	0
5.00	0	0	0	165,799,374	110,275,681

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

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

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

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

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

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

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

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

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

Provider CCN: 15-0089

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2024 9:21 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	23,165,020	9	1.00
2.00	23,363,999	0	2.00
3.00	18,810,357	0	3.00
4.00	11,569,155	0	4.00
4.01	11,502,487	0	4.01
4.02	-32,883,469	0	4.02
4.03	-3,856	0	4.03
4.04	0	9	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
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
5.00	55,523,693		5.00

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

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

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

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

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

6.00	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: 15-0089

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2024 9:21 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	30.00	ADULTS & PEDIATRICS	9,801,588	9,217,228	584,360	179,000	14,652	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,431,443	1,431,443	0	169,700	0	2.00
3.00	50.00	OPERATING ROOM	9,404,959	9,404,959	0	246,400	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	1,209,500	0	1,209,500	271,900	9,855	4.00
5.00	76.98	HYPERBARIC OXYGEN THERAPY	13,644	13,644	0	211,500	0	5.00
6.00	90.01	SUBSTANCE ABUSE CLINIC	500,240	500,240	0	211,500	0	6.00
7.00	90.02	PAIN CLINIC	308,048	308,048	0	211,500	0	7.00
8.00	91.00	EMERGENCY	1,290,240	0	1,290,240	211,500	7,790	8.00
9.00	69.00	ELECTROCARDIOLOGY	1,000	1,000	0	271,900	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	2,051	2,051	0	237,100	0	10.00
11.00	13.00	NURSING ADMINISTRATION	274,788	274,788	0	237,100	0	11.00
200.00			24,237,501	21,153,401	3,084,100		32,297	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	1,260,917	63,046	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	1,288,257	64,413	0	0	0	4.00
5.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	5.00
6.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	6.00
7.00	90.02	PAIN CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	792,108	39,605	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	11.00
200.00			3,341,282	167,064	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	1,260,917	0	9,217,228		1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,431,443		2.00
3.00	50.00	OPERATING ROOM	0	0	0	9,404,959		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,288,257	0	0		4.00
5.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	13,644		5.00
6.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	500,240		6.00
7.00	90.02	PAIN CLINIC	0	0	0	308,048		7.00
8.00	91.00	EMERGENCY	0	792,108	498,132	498,132		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,000		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,051		10.00
11.00	13.00	NURSING ADMINISTRATION	0	0	0	274,788		11.00
200.00			0	3,341,282	498,132	21,651,533		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	29,289,901	29,289,901				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,026,405	66,583	24,092,988			4.00
5.01 01160	COMMUNICATIONS	735,910	29,331	119,888	885,129		5.01
5.02 00550	DATA PROCESSING	18,810,357	0	0	0	18,810,357	5.02
5.04 00570	ADMITTING	15,236,300	97,073	575,154	23,065	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,502,487	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	39,341,481	880,082	830,981	20,476	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	10,251,979	14,579,195	484,426	24,115	0	6.00
7.00 00700	OPERATION OF PLANT	8,367,319	798,688	269,865	11,975	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,314,072	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	5,005,478	198,123	641,750	44,581	0	9.00
10.00 01000	DIETARY	2,703,292	260,311	385,290	22,586	0	10.00
11.00 01100	CAFETERIA	1,202,680	137,786	149,794	11,989	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,266,808	152,468	749,511	20,798	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,913,614	332,785	0	0	0	14.00
15.00 01500	PHARMACY	8,216,986	109,083	1,116,369	29,944	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	2,038,717	11,559	338,598	15,527	0	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,864,011	0	14,524	1,041	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,917,897	624,890	81,929	4,128	0	22.00
23.00 02300	PARAMED ED PRGM	250,631	2,447	39,074	1,212	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	48,877,730	2,842,634	5,358,082	197,692	2,077,826	30.00
31.00 03100	INTENSIVE CARE UNIT	10,965,409	445,313	1,411,406	45,798	464,293	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,721,957	143,420	408,050	13,392	111,854	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	2,312,710	159,841	353,791	12,160	99,263	41.00
43.00 04300	NURSERY	618,280	80,749	89,842	3,215	26,839	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	12,511,583	550,918	1,163,675	46,067	1,833,477	50.00
51.00 05100	RECOVERY ROOM	2,612,243	130,558	386,373	13,567	252,471	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,819,212	190,299	479,374	15,297	225,402	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,398,743	1,001,608	1,589,314	51,079	2,063,289	54.00
57.00 05700	CT SCAN	1,684,430	28,076	252,125	7,197	438,075	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,855,093	224,363	438,228	13,787	980,559	59.00
60.00 06000	LABORATORY	17,077,926	289,642	264	21,311	935,981	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,471,401	0	0	0	58,372	63.00
65.00 06500	RESPIRATORY THERAPY	5,124,193	76,387	599,918	20,051	248,653	65.00
65.01 06501	SLEEP LAB	670,295	0	89,783	3,679	68,764	65.01
66.00 06600	PHYSICAL THERAPY	6,542,066	290,930	1,043,028	36,212	190,756	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,170,177	38,700	167,417	5,560	57,974	67.00
68.00 06800	SPEECH PATHOLOGY	688,668	9,257	104,817	3,273	34,049	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	2,319,706	262,516	305,241	11,701	376,183	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,546,638	0	0	0	762,121	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,115,864	0	0	0	1,190,307	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	52,199,006	0	0	0	3,121,107	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	22,946,782	55,185	553,591	14,408	167,097	73.01
74.00 07400	RENAL DIALYSIS	1,637,054	46,975	0	0	33,061	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,156,292	0	188,419	7,812	55,122	76.97
76.98 07698	HYPERBARIIC OXYGEN THERAPY	1,628,566	6,681	121,216	3,904	184,619	76.98
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 09001	SUBSTANCE ABUSE CLINIC	546,940	102,724	77,287	3,312	5,656	90.01
90.02 09002	PAIN CLINIC	397,880	361,296	59,995	2,663	26,001	90.02
90.03 09003	ONCOLOGY CLINIC	3,557,858	115,667	504,309	16,347	397,002	90.03
91.00 09100	EMERGENCY	13,771,525	543,336	1,746,444	62,526	2,257,828	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,165,070	69,786	170,175	6,229	66,356	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	11,510	0	0	0	95.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
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5/24/2024 9:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	466,367,622	26,358,775	23,459,317	869,676	18,810,357
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	738,398	0	47,868	3,073	0
191.00	19100	RESEARCH	815,664	30,104	132,896	5,262	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	0
194.02	07952	PAVILLION PHARMACY	0	0	0	0	0
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	1,029	81,667	0	0	0
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	383,334	0	0	0
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	1,368,508	1,190,780	0	0	0
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRA LTAC	0	189,494	0	0	0
194.11	07961	IU HEALTH HOSPICE	0	48,955	0	0	0
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	PEDIATRIC THERAPIES	-203,027	68,563	11,696	0	0
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	35,803	0	0	0
194.16	07966	JAY COUNTY HOSPITAL	1,033,038	79,977	141,026	3,762	0
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	368,865	0	198,590	0	0
194.23	07973	CANCER CENTER BOUTIQUE	80,160	13,716	3,024	210	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	398,145	0	0	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH	484	0	81	0	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	770,026	55,555	98,490	3,146	0
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	355,033	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					0
202.00		TOTAL (sum lines 118 through 201)	471,340,767	29,289,901	24,092,988	885,129	18,810,357

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
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5/24/2024 9:21 am

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.04	00570 ADMINITTING	15,931,592					5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		11,502,487				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			41,073,020	41,073,020		5.06
6.00	00600 MAINTENANCE & REPAIRS			25,339,715	2,418,220	27,757,935	6.00
7.00	00700 OPERATION OF PLANT			9,447,847	901,627	1,625,644	7.00
8.00	00800 LAUNDRY & LINEN SERVICE			1,314,072	125,405	0	8.00
9.00	00900 HOUSEKEEPING			5,889,932	562,088	403,257	9.00
10.00	01000 DIETARY			3,371,479	321,747	529,834	10.00
11.00	01100 CAFETERIA			1,502,249	143,363	280,448	11.00
13.00	01300 NURSING ADMINISTRATION			6,189,585	590,684	310,331	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			12,246,399	1,168,698	677,349	14.00
15.00	01500 PHARMACY			9,472,382	903,968	222,026	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			0	0	0	16.00
18.00	01080 PATIENT TRANSPORTATION			2,404,401	229,457	23,526	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			4,879,576	465,668	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			4,628,844	441,740	1,271,897	22.00
23.00	02300 PARAMED ED PRGM			293,364	27,996	4,981	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	1,759,877	1,270,433	62,384,274	5,953,448	5,785,873	30.00
31.00	03100 INTENSIVE CARE UNIT	393,247	283,880	14,009,346	1,336,940	906,387	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	94,738	68,390	3,561,801	339,910	291,917	35.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	84,074	60,692	3,082,531	294,172	325,338	41.00
43.00	04300 NURSERY	22,732	16,410	858,067	81,887	164,357	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,552,918	1,121,032	18,779,670	1,792,181	1,121,335	50.00
51.00	05100 RECOVERY ROOM	213,838	154,367	3,763,417	359,150	265,736	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	190,911	137,816	6,058,311	578,157	387,333	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,747,565	1,261,545	21,113,143	2,014,869	2,038,665	54.00
57.00	05700 CT SCAN	371,041	267,850	3,048,794	290,953	57,145	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	830,514	599,538	5,942,082	567,065	456,667	59.00
60.00	06000 LABORATORY	792,757	572,281	19,690,162	1,879,072	589,535	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	49,440	35,690	1,614,903	154,113	0	63.00
65.00	06500 RESPIRATORY THERAPY	210,604	152,033	6,431,839	613,803	155,477	65.00
65.01	06501 SLEEP LAB	58,242	42,044	932,807	89,020	0	65.01
66.00	06600 PHYSICAL THERAPY	161,567	116,633	8,381,192	799,834	592,156	66.00
67.00	06700 OCCUPATIONAL THERAPY	49,103	35,447	1,524,378	145,474	78,771	67.00
68.00	06800 SPEECH PATHOLOGY	28,839	20,819	889,722	84,908	18,841	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	318,620	230,008	3,823,975	364,930	534,323	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	645,501	465,979	15,420,239	1,471,584	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,008,167	727,783	14,042,121	1,340,068	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,643,107	1,909,698	59,872,918	5,713,792	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	141,528	102,167	23,980,758	2,288,532	112,324	73.01
74.00	07400 RENAL DIALYSIS	28,002	20,214	1,765,306	168,467	95,613	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	46,687	33,703	1,488,035	142,006	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	156,368	112,880	2,214,234	211,309	13,598	76.98
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	09001 SUBSTANCE ABUSE CLINIC	4,791	3,458	744,168	71,017	209,083	90.01
90.02	09002 PAIN CLINIC	22,023	15,898	885,756	84,529	735,378	90.02
90.03	09003 ONCOLOGY CLINIC	336,253	242,736	5,170,172	493,400	235,427	90.03
91.00	09100 EMERGENCY	1,912,336	1,380,491	21,674,486	2,068,440	1,105,902	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	56,202	40,572	1,574,390	150,247	142,043	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	11,510	1,098	23,428	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	15,931,592	11,502,487	462,787,372	40,245,036	21,791,945	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.04	5.05	5A.05	5.06	6.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	789,339	75,328	0	190.00
191.00	19100	RESEARCH	0	0	983,926	93,898	61,273	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	82,696	7,892	166,224	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	383,334	36,582	780,236	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	2,559,288	244,238	2,423,704	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	189,494	18,084	385,694	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	48,955	4,672	99,643	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	-122,768	0	139,552	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	35,803	3,417	72,873	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	1,257,803	120,035	162,784	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	567,455	54,153	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	97,110	9,267	27,917	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	398,145	37,996	810,381	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	565	54	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	927,217	88,486	113,077	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	355,033	33,882	722,632	194.35
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)	15,931,592	11,502,487	471,340,767	41,073,020	27,757,935	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	11,975,118				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,439,477			8.00
9.00	00900	HOUSEKEEPING	184,793	441	7,040,511		9.00
10.00	01000	DIETARY	242,796	0	177,274	4,643,130	10.00
11.00	01100	CAFETERIA	128,515	0	93,833	0	2,148,408
13.00	01300	NURSING ADMINISTRATION	142,209	0	103,832	0	61,518
14.00	01400	CENTRAL SERVICES & SUPPLY	310,395	0	226,630	0	0
15.00	01500	PHARMACY	101,743	856	74,286	0	88,570
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	10,781	0	7,872	0	45,925
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	3,078
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	582,846	332	423,867	0	12,211
23.00	02300	PARAMED ED PRGM	2,282	21	1,666	0	3,584
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,651,381	714,224	1,940,407	3,656,731	584,743
31.00	03100	INTENSIVE CARE UNIT	415,352	113,665	303,262	187,071	135,463
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	133,771	12,151	97,671	17,760	39,610
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	149,086	40,682	108,853	556,486	35,968
43.00	04300	NURSERY	75,316	14,372	54,991	0	9,509
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	513,851	130,573	375,180	0	136,258
51.00	05100	RECOVERY ROOM	121,774	60,572	88,911	0	40,130
52.00	05200	DELIVERY ROOM & LABOR ROOM	177,495	77,649	129,595	0	45,246
54.00	05400	RADIOLOGY-DIAGNOSTIC	934,218	64,670	669,135	0	151,085
57.00	05700	CT SCAN	26,187	0	19,120	0	21,286
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	209,267	20,196	152,793	0	40,781
60.00	06000	LABORATORY	270,154	59	195,363	0	63,035
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	71,247	75	52,020	0	59,307
65.01	06501	SLEEP LAB	0	0	0	0	10,882
66.00	06600	PHYSICAL THERAPY	271,355	3,529	64,924	0	107,110
67.00	06700	OCCUPATIONAL THERAPY	36,097	0	26,355	0	16,445
68.00	06800	SPEECH PATHOLOGY	8,634	0	6,304	0	9,682
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	244,853	13,915	178,776	0	34,610
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	51,472	0	27,846	0	42,616
74.00	07400	RENAL DIALYSIS	43,814	3,947	31,990	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	249	0	0	23,107
76.98	07698	HYPERBARIIC OXYGEN THERAPY	6,231	0	0	0	11,546
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	09001	SUBSTANCE ABUSE CLINIC	95,812	0	69,956	0	9,798
90.02	09002	PAIN CLINIC	336,987	0	246,046	0	7,876
90.03	09003	ONCOLOGY CLINIC	107,884	34,778	78,770	0	48,353
91.00	09100	EMERGENCY	506,779	113,956	370,017	0	184,943
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	65,091	9,647	47,525	0	18,425
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	10,736	0	7,839	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,241,204	1,430,559	6,452,909	4,418,048	2,102,700
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	9,090

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

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5/24/2024 9:21 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
191.00	19100 RESEARCH	28,078	0	20,501	0	15,564	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	76,172	8,918	55,616	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	357,543	0	100,959	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,110,662	0	275,547	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	176,744	0	0	225,082	0	194.10
194.11	07961 IU HEALTH HOSPICE	45,661	0	33,339	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	63,950	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	33,394	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	74,596	0	54,465	0	11,127	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	12,793	0	9,341	0	621	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	371,357	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	51,818	0	37,834	0	9,306	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	331,146	0	0	0	0	194.35
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)	11,975,118	1,439,477	7,040,511	4,643,130	2,148,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	7,398,159					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	14,629,471				14.00
15.00 01500 PHARMACY	0	40,638	10,904,469			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
18.00 01080 PATIENT TRANSPORTATION	77,600	0	0	0	2,799,562	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	7,573	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	3,286,553	571,718	49,222	0	309,238	30.00
31.00 03100 INTENSIVE CARE UNIT	875,980	188,342	32,805	0	69,100	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	257,492	38,436	2,524	0	16,647	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	230,266	12,110	418	0	14,773	41.00
43.00 04300 NURSERY	57,208	0	0	0	3,994	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	284,718	2,445,779	16,551	0	272,872	50.00
51.00 05100 RECOVERY ROOM	284,939	27,902	12,744	0	37,575	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	257,602	71,652	6,852	0	33,546	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	198,741	394,348	34,965	0	307,074	54.00
57.00 05700 CT SCAN	0	26,702	4,139	0	65,198	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	147,485	638,190	9,654	0	145,934	59.00
60.00 06000 LABORATORY	0	0	0	0	139,300	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	8,687	63.00
65.00 06500 RESPIRATORY THERAPY	220	197,156	0	0	37,006	65.00
65.01 06501 SLEEP LAB	0	17,446	11	0	10,234	65.01
66.00 06600 PHYSICAL THERAPY	0	9,176	0	0	28,390	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	82	0	0	8,628	67.00
68.00 06800 SPEECH PATHOLOGY	0	20	0	0	5,067	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	42,217	5,831	561	0	55,986	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,246,973	0	0	113,425	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,305,474	0	0	177,150	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	7,752,895	0	464,569	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	382	1,555,706	0	24,869	73.01
74.00 07400 RENAL DIALYSIS	0	2,839	148	0	4,920	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	6,944	576	0	0	8,204	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	65,586	84,116	0	0	27,476	76.98
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 09001 SUBSTANCE ABUSE CLINIC	11,133	567	0	0	842	90.01
90.02 09002 PAIN CLINIC	19,731	7,536	108	0	3,870	90.02
90.03 09003 ONCOLOGY CLINIC	197,969	40,968	12,707	0	59,085	90.03
91.00 09100 EMERGENCY	993,704	238,030	67,042	0	336,027	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	101,410	4,892	1,213	0	9,876	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

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5/24/2024 9:21 am

Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL		
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE PATIENT TRANSPORTATION		
	13.00	14.00	15.00	16.00	18.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	190.00
191.00	19100	RESEARCH	0	21	0	0	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	441	1,116	1,344,204	0	194.02
194.03	07953	VENDING	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	184	0	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	2,694	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	220	0	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	194.35
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)	7,398,159	14,629,471	10,904,469	0	2,799,562

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 01160 COMMUNICATIONS							5.01
5.02 00550 DATA PROCESSING							5.02
5.04 00570 ADMI TTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
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
18.00 01080 PATIENT TRANSPORTATION							18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,348,322						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		7,369,310					22.00
23.00 02300 PARAMED PRGM			333,894				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	3,250,151	4,478,295		0	95,616,258	-7,728,446	30.00
31.00 03100 INTENSIVE CARE UNIT	636,452	876,951		0	20,087,116	-1,513,403	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	38,187	52,617		0	4,900,494	-90,804	35.00
40.00 04000 SUBPROVIDER - IPF	0	0		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0		0	4,850,683	0	41.00
43.00 04300 NURSERY	0	0		0	1,319,701	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	163,356	225,084		0	26,257,408	-388,440	50.00
51.00 05100 RECOVERY ROOM	0	0		0	5,062,850	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	7,823,438	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	184,571	254,316		0	28,359,800	-438,887	54.00
57.00 05700 CT SCAN	0	0		0	3,559,524	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		0	8,330,114	0	59.00
60.00 06000 LABORATORY	0	0		0	22,826,680	0	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0	1,777,703	0	63.00
65.00 06500 RESPIRATORY THERAPY	222,758	306,933		0	8,147,841	-529,691	65.00
65.01 06501 SLEEP LAB	0	0		0	1,060,400	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0		0	10,257,666	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		0	1,836,230	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0	1,023,178	0	68.00
68.01 06801 AUDIOLOGY	0	0		0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	237,609	327,395		0	5,864,981	-565,004	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	22,252,221	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	19,864,813	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		333,894	74,138,068	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0	28,084,505	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0	2,117,044	0	74.00
76.00 03160 CARDIOPULMONARY	0	0		0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0		0	1,669,121	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	4,243	5,846		0	2,644,185	-10,089	76.98
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 09001 SUBSTANCE ABUSE CLINIC	0	0		0	1,212,376	0	90.01
90.02 09002 PAIN CLINIC	105,015	144,697		0	2,577,529	-249,712	90.02
90.03 09003 ONCOLOGY CLINIC	79,557	109,619		0	6,668,689	-189,176	90.03
91.00 09100 EMERGENCY	365,960	504,247		0	28,529,533	-870,207	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	2,124,759	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0		0	54,611	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0		0	0	0	102.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00					23.00	24.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,287,859	7,286,000	333,894	450,899,519	-12,573,859	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	873,759	0	190.00
191.00	19100	RESEARCH	60,463	83,310	0	1,347,034	-143,773	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	1,345,761	0	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	397,518	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	1,658,654	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	6,613,623	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	995,098	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	232,270	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	0	83,428	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	145,487	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	1,680,810	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	621,828	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	157,049	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	1,617,879	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	619	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,227,738	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	1,442,693	0	194.35
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)	5,348,322	7,369,310	333,894	471,340,767	-12,717,632	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
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
18.00	01080 PATIENT TRANSPORTATION		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		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	87,887,812	30.00
31.00	03100 INTENSIVE CARE UNIT	18,573,713	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,809,690	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	4,850,683	41.00
43.00	04300 NURSERY	1,319,701	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	25,868,968	50.00
51.00	05100 RECOVERY ROOM	5,062,850	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,823,438	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,920,913	54.00
57.00	05700 CT SCAN	3,559,524	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,330,114	59.00
60.00	06000 LABORATORY	22,826,680	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,777,703	63.00
65.00	06500 RESPIRATORY THERAPY	7,618,150	65.00
65.01	06501 SLEEP LAB	1,060,400	65.01
66.00	06600 PHYSICAL THERAPY	10,257,666	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,836,230	67.00
68.00	06800 SPEECH PATHOLOGY	1,023,178	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	5,299,977	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,252,221	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,864,813	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,138,068	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	28,084,505	73.01
74.00	07400 RENAL DIALYSIS	2,117,044	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,669,121	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,634,096	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1,212,376	90.01
90.02	09002 PAIN CLINIC	2,327,817	90.02
90.03	09003 ONCOLOGY CLINIC	6,479,513	90.03
91.00	09100 EMERGENCY	27,659,326	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,124,759	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	54,611	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	438,325,660	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	873,759	190.00
191.00	19100 RESEARCH	1,203,261	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		Total	
		26.00	
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	0	194.01
194.02	07952 PAVILLION PHARMACY	1,345,761	194.02
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	397,518	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	1,658,654	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	6,613,623	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRAL TAC	995,098	194.10
194.11	07961 IU HEALTH HOSPICE	232,270	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 PEDIATRIC THERAPIES	83,428	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	145,487	194.15
194.16	07966 JAY COUNTY HOSPITAL	1,680,810	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	621,828	194.22
194.23	07973 CANCER CENTER BOUTIQUE	157,049	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	1,617,879	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	619	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	1,227,738	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	1,442,693	194.35
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	458,623,135	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
		0	1.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	66,583	66,583	66,583		4.00
5.01 01160	COMMUNICATIONS	0	29,331	29,331	332	29,663	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04 00570	ADMINISTRATIVE	0	97,073	97,073	1,591	773	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	880,082	880,082	2,299	686	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	14,579,195	14,579,195	1,340	808	6.00
7.00 00700	OPERATION OF PLANT	0	798,688	798,688	747	401	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	198,123	198,123	1,775	1,494	9.00
10.00 01000	DIETARY	0	260,311	260,311	1,066	757	10.00
11.00 01100	CAFETERIA	0	137,786	137,786	414	402	11.00
13.00 01300	NURSING ADMINISTRATION	0	152,468	152,468	2,073	697	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	332,785	332,785	0	0	14.00
15.00 01500	PHARMACY	0	109,083	109,083	3,088	1,004	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	0	11,559	11,559	937	520	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	40	35	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	624,890	624,890	227	138	22.00
23.00 02300	PARAMED PRGM	0	2,447	2,447	108	41	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	2,842,634	2,842,634	14,760	6,624	30.00
31.00 03100	INTENSIVE CARE UNIT	0	445,313	445,313	3,904	1,535	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	143,420	143,420	1,129	449	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	159,841	159,841	979	408	41.00
43.00 04300	NURSERY	0	80,749	80,749	249	108	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	550,918	550,918	3,219	1,544	50.00
51.00 05100	RECOVERY ROOM	0	130,558	130,558	1,069	455	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	190,299	190,299	1,326	513	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,001,608	1,001,608	4,396	1,712	54.00
57.00 05700	CT SCAN	0	28,076	28,076	697	241	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	224,363	224,363	1,212	462	59.00
60.00 06000	LABORATORY	0	289,642	289,642	1	714	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	76,387	76,387	1,660	672	65.00
65.01 06501	SLEEP LAB	0	0	0	248	123	65.01
66.00 06600	PHYSICAL THERAPY	0	290,930	290,930	2,885	1,214	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	38,700	38,700	463	186	67.00
68.00 06800	SPEECH PATHOLOGY	0	9,257	9,257	290	110	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	262,516	262,516	844	392	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	55,185	55,185	1,531	483	73.01
74.00 07400	RENAL DIALYSIS	0	46,975	46,975	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	521	262	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	6,681	6,681	335	131	76.98
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 09001	SUBSTANCE ABUSE CLINIC	0	102,724	102,724	214	111	90.01
90.02 09002	PAIN CLINIC	0	361,296	361,296	166	89	90.02
90.03 09003	ONCOLOGY CLINIC	0	115,667	115,667	1,395	548	90.03
91.00 09100	EMERGENCY	0	543,336	543,336	4,831	2,095	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	69,786	69,786	471	209	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	11,510	11,510	0	0	95.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	26,358,775	26,358,775	64,832	29,146
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	132	103
191.00	19100	RESEARCH	0	30,104	30,104	368	176
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	0
194.02	07952	PAVILLION PHARMACY	0	0	0	0	0
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	0	81,667	81,667	0	0
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	383,334	383,334	0	0
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	0	1,190,780	1,190,780	0	0
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRALTC	0	189,494	189,494	0	0
194.11	07961	IU HEALTH HOSPICE	0	48,955	48,955	0	0
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	PEDIATRIC THERAPIES	0	68,563	68,563	32	0
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	35,803	35,803	0	0
194.16	07966	JAY COUNTY HOSPITAL	0	79,977	79,977	390	126
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	549	0
194.23	07973	CANCER CENTER BOUTIQUE	0	13,716	13,716	8	7
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	398,145	398,145	0	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	55,555	55,555	272	105
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	355,033	355,033	0	0
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	29,289,901	29,289,901	66,583	29,663

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description			DATA PROCESSING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.04	5.05	5.06	6.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.04	00570	ADMITTING	0	99,437				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	883,067		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	51,997	14,633,340	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	19,387	857,002	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,696	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	12,086	212,588	9.00
10.00	01000	DIETARY	0	0	0	6,918	279,316	10.00
11.00	01100	CAFETERIA	0	0	0	3,083	147,846	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	12,701	163,600	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	25,130	357,083	14.00
15.00	01500	PHARMACY	0	0	0	19,437	117,047	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	0	0	4,934	12,403	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,013	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,498	670,515	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	602	2,626	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	10,889	0	127,918	3,050,174	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,433	0	28,747	477,826	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	586	0	7,309	153,892	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	520	0	6,325	171,511	41.00
43.00	04300	NURSERY	0	141	0	1,761	86,645	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	9,608	0	38,536	591,142	50.00
51.00	05100	RECOVERY ROOM	0	1,323	0	7,723	140,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,181	0	12,432	204,193	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,812	0	43,324	1,074,737	54.00
57.00	05700	CT SCAN	0	2,296	0	6,256	30,125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,139	0	12,193	240,744	59.00
60.00	06000	LABORATORY	0	4,905	0	40,404	310,789	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	306	0	3,314	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,303	0	13,198	81,964	65.00
65.01	06501	SLEEP LAB	0	360	0	1,914	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,000	0	17,198	312,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	304	0	3,128	41,526	67.00
68.00	06800	SPEECH PATHOLOGY	0	178	0	1,826	9,932	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,971	0	7,847	281,683	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,994	0	31,642	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,238	0	28,814	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,219	0	122,859	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	876	0	49,209	59,214	73.01
74.00	07400	RENAL DIALYSIS	0	173	0	3,622	50,405	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	289	0	3,053	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	967	0	4,544	7,169	76.98
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	09001	SUBSTANCE ABUSE CLINIC	0	30	0	1,527	110,224	90.01
90.02	09002	PAIN CLINIC	0	136	0	1,818	387,674	90.02
90.03	09003	ONCOLOGY CLINIC	0	2,080	0	10,609	124,112	90.03
91.00	09100	EMERGENCY	0	11,832	0	44,476	583,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	348	0	3,231	74,882	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	24	12,351	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	99,437	0	865,263	11,488,207	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		DATA PROCESSING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.02	5.04	5.05	5.06	6.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,620	0	190.00
191.00	19100	RESEARCH	0	0	0	2,019	32,302	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	170	87,630	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	787	411,322	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	5,252	1,277,721	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	389	203,329	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	100	52,529	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	0	0	73,569	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	73	38,417	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	2,581	85,816	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	1,164	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	199	14,717	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	817	427,214	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	1	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,903	59,612	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	729	380,955	194.35
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	99,437	0	883,067	14,633,340	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,676,225				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,696			8.00
9.00	00900	HOUSEKEEPING	25,866	1	451,933		9.00
10.00	01000	DIETARY	33,986	0	11,379	593,733	10.00
11.00	01100	CAFETERIA	17,989	0	6,023	0	313,543
13.00	01300	NURSING ADMINISTRATION	19,906	0	6,665	0	8,978
14.00	01400	CENTRAL SERVICES & SUPPLY	43,448	0	14,547	0	0
15.00	01500	PHARMACY	14,242	2	4,768	0	12,926
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	1,509	0	505	0	6,702
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	449
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	81,584	1	27,208	0	1,782
23.00	02300	PARAMED ED PRGM	319	0	107	0	523
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	371,130	1,338	124,559	467,599	85,339
31.00	03100	INTENSIVE CARE UNIT	58,139	213	19,466	23,921	19,770
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,725	23	6,270	2,271	5,781
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	20,868	76	6,987	71,160	5,249
43.00	04300	NURSERY	10,542	27	3,530	0	1,388
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	71,927	245	24,083	0	19,886
51.00	05100	RECOVERY ROOM	17,045	113	5,707	0	5,857
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,845	145	8,319	0	6,603
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,768	121	42,952	0	22,050
57.00	05700	CT SCAN	3,665	0	1,227	0	3,107
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	29,292	38	9,808	0	5,952
60.00	06000	LABORATORY	37,815	0	12,540	0	9,199
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,973	0	3,339	0	8,655
65.01	06501	SLEEP LAB	0	0	0	0	1,588
66.00	06600	PHYSICAL THERAPY	37,983	7	4,167	0	15,632
67.00	06700	OCCUPATIONAL THERAPY	5,053	0	1,692	0	2,400
68.00	06800	SPEECH PATHOLOGY	1,209	0	405	0	1,413
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	34,274	26	11,476	0	5,051
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	7,205	0	1,787	0	6,219
74.00	07400	RENAL DIALYSIS	6,133	7	2,053	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3,372
76.98	07698	HYPERBARIC OXYGEN THERAPY	872	0	0	0	1,685
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	13,411	0	4,490	0	1,430
90.02	09002	PAIN CLINIC	47,170	0	15,794	0	1,149
90.03	09003	ONCOLOGY CLINIC	15,101	65	5,056	0	7,057
91.00	09100	EMERGENCY	70,937	213	23,751	0	26,991
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	9,111	18	3,051	0	2,689
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,503	0	503	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,293,545	2,679	414,214	564,951	306,872
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,327



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
191.00	19100 RESEARCH	3,930	0	1,316	0	2,271	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	10,662	17	3,570	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	50,047	0	6,481	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	155,466	0	17,687	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	24,740	0	0	28,782	0	194.10
194.11	07961 IU HEALTH HOSPICE	6,391	0	2,140	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	8,951	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	4,674	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	10,442	0	3,496	0	1,624	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	1,791	0	600	0	91	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	51,981	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	7,253	0	2,429	0	1,358	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	46,352	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,676,225	2,696	451,933	593,733	313,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 9:21 am
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION	367,088				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	772,993			14.00
15.00 01500	PHARMACY	0	2,147	283,744		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	3,850	0	0	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	0	400	0	0	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	163,076	30,209	1,281	0	30.00
31.00 03100	INTENSIVE CARE UNIT	43,465	9,952	854	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,776	2,031	66	0	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	11,426	640	11	0	41.00
43.00 04300	NURSERY	2,839	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	14,127	129,233	431	0	50.00
51.00 05100	RECOVERY ROOM	14,138	1,474	332	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,782	3,786	178	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,861	20,837	910	0	54.00
57.00 05700	CT SCAN	0	1,411	108	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,318	33,721	251	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	11	10,418	0	0	65.00
65.01 06501	SLEEP LAB	0	922	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	485	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	1	0	0	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	2,095	308	15	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	277,232	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	227,497	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	201,729	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	20	40,483	0	73.01
74.00 07400	RENAL DIALYSIS	0	150	4	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	345	30	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	3,254	4,445	0	0	76.98
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 09001	SUBSTANCE ABUSE CLINIC	552	30	0	0	90.01
90.02 09002	PAIN CLINIC	979	398	3	0	90.02
90.03 09003	ONCOLOGY CLINIC	9,823	2,165	331	0	90.03
91.00 09100	EMERGENCY	49,306	12,577	1,745	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	5,032	258	32	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:  
From 01/01/2023  
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118.00	Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL	118.00
		ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE	
		13.00	14.00	15.00	16.00	PATIENT TRANSPORTATION	
	SUBTOTALS (SUM OF LINES 1 through 117)	367,055	772,781	248,764	16.00	0	42,919
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	1	0	0	0	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	22	59	34,980	0	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	10	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	142	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	11	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	0	0	0	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	367,088	772,993	283,744	16.00	0	42,919

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160	COMMUNICATIONS						5.01
5.02 00550	DATA PROCESSING						5.02
5.04 00570	ADMITTING						5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
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
18.00 01080	PATIENT TRANSPORTATION						18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,537					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,416,243				22.00
23.00 02300	PARAMED PRGM			6,773			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS				7,302,158	0	30.00
31.00 03100	INTENSIVE CARE UNIT				1,136,572	0	31.00
32.00 03200	CORONARY CARE UNIT				0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT				354,977	0	35.00
40.00 04000	SUBPROVIDER - IPF				0	0	40.00
41.00 04100	SUBPROVIDER - IRF				456,222	0	41.00
43.00 04300	NURSERY				188,039	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM				1,458,982	0	50.00
51.00 05100	RECOVERY ROOM				326,446	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				467,104	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,368,683	0	54.00
57.00 05700	CT SCAN				78,185	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				572,677	0	59.00
60.00 06000	LABORATORY				708,094	0	60.00
60.01 06001	BLOOD LABORATORY				0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.				3,750	0	63.00
65.00 06500	RESPIRATORY THERAPY				208,134	0	65.00
65.01 06501	SLEEP LAB				5,308	0	65.01
66.00 06600	PHYSICAL THERAPY				684,097	0	66.00
67.00 06700	OCCUPATIONAL THERAPY				93,585	0	67.00
68.00 06800	SPEECH PATHOLOGY				24,697	0	68.00
68.01 06801	AUDIOLOGY				0	0	68.01
69.00 06900	ELECTROCARDIOLOGY				609,336	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				314,565	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				265,200	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				349,782	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES				222,584	0	73.01
74.00 07400	RENAL DIALYSIS				109,596	0	74.00
76.00 03160	CARDIOPULMONARY				0	0	76.00
76.97 07697	CARDIAC REHABILITATION				7,995	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				30,494	0	76.98
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 09001	SUBSTANCE ABUSE CLINIC				234,756	0	90.01
90.02 09002	PAIN CLINIC				816,730	0	90.02
90.03 09003	ONCOLOGY CLINIC				294,893	0	90.03
91.00 09100	EMERGENCY				1,380,125	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				169,266	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES				25,891	0	95.00
102.00 10200	OPIOID TREATMENT PROGRAM				0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:  
From 01/01/2023  
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	21,268,923	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				3,182	190.00
191.00	19100	RESEARCH				72,487	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS				0	194.00
194.01	07951	BSU PHARMACY				0	194.01
194.02	07952	PAVILLION PHARMACY				35,061	194.02
194.03	07953	VENDING				0	194.03
194.04	07954	CARELINE				0	194.04
194.05	07955	WELLNESS CENTER				183,716	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS				851,971	194.06
194.07	07957	PERINATAL CLINIC				0	194.07
194.08	07958	RENTAL PROPERTY				2,646,916	194.08
194.09	07959	ADVERTISING				0	194.09
194.10	07960	INTEGRAL TAC				446,734	194.10
194.11	07961	IU HEALTH HOSPICE				110,115	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS				0	194.12
194.13	07963	PEDIATRIC THERAPIES				151,257	194.13
194.14	07964	NEW CASTLE ONCOLOGY				0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS				78,967	194.15
194.16	07966	JAY COUNTY HOSPITAL				184,452	194.16
194.17	07967	CARDINAL HEALTH CHOICE				0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES				0	194.18
194.19	07969	HEALTH CARE CONNECTIONS				0	194.19
194.20	07970	MEALS ON WHEELS				0	194.20
194.21	07971	ST MARY'S SCHOOL				0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES				1,724	194.22
194.23	07973	CANCER CENTER BOUTIQUE				31,129	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY				878,157	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH				1	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL				128,487	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES				0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP				0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI				0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE				0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS				0	194.31
194.32	07982	RENAL DIALYSIS				0	194.32
194.33	07983	LAB CORP				0	194.33
194.34	07984	H.O. MATERIALS MGMT				0	194.34
194.35	07985	LEASED SPACE				783,069	194.35
200.00		Cross Foot Adjustments	10,537	1,416,243	6,773	1,433,553	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,537	1,416,243	6,773	29,289,901	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/24/2024 9:21 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
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
18.00	01080 PATIENT TRANSPORTATION		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		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	7,302,158	30.00
31.00	03100 INTENSIVE CARE UNIT	1,136,572	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	354,977	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	456,222	41.00
43.00	04300 NURSERY	188,039	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	1,458,982	50.00
51.00	05100 RECOVERY ROOM	326,446	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,104	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,368,683	54.00
57.00	05700 CT SCAN	78,185	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	572,677	59.00
60.00	06000 LABORATORY	708,094	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,750	63.00
65.00	06500 RESPIRATORY THERAPY	208,134	65.00
65.01	06501 SLEEP LAB	5,308	65.01
66.00	06600 PHYSICAL THERAPY	684,097	66.00
67.00	06700 OCCUPATIONAL THERAPY	93,585	67.00
68.00	06800 SPEECH PATHOLOGY	24,697	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	609,336	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	314,565	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	265,200	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	349,782	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	222,584	73.01
74.00	07400 RENAL DIALYSIS	109,596	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,995	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,494	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	234,756	90.01
90.02	09002 PAIN CLINIC	816,730	90.02
90.03	09003 ONCOLOGY CLINIC	294,893	90.03
91.00	09100 EMERGENCY	1,380,125	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	169,266	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	25,891	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	21,268,923	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,182	190.00
191.00	19100 RESEARCH	72,487	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

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Cost Center Description		Total	
		26.00	
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	0	194.01
194.02	07952 PAVILLION PHARMACY	35,061	194.02
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	183,716	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	851,971	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	2,646,916	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRAL TAC	446,734	194.10
194.11	07961 IU HEALTH HOSPICE	110,115	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 PEDIATRIC THERAPIES	151,257	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	78,967	194.15
194.16	07966 JAY COUNTY HOSPITAL	184,452	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	1,724	194.22
194.23	07973 CANCER CENTER BOUTIQUE	31,129	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	878,157	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	1	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	128,487	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	783,069	194.35
200.00	Cross Foot Adjustments	1,433,553	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	29,289,901	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATIONS (FTE' S)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,819,433				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,136	134,641,460			4.00
5.01	01160	COMMUNI CATIONS	1,822	669,980	181,170		5.01
5.02	00550	DATA PROCESSING	0	0	2,464,468,227		5.02
5.04	00570	ADMI TTING	6,030	3,214,192	4,721	2,464,468,227	5.04
5.05	00580	CASHI ERING/ACCOUNTS RECEI VABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMI NI STRATI VE AND GENERAL	54,669	4,643,859	4,191	0	5.06
6.00	00600	MAI NTENANCE & REPAIRS	905,632	2,707,166	4,936	0	6.00
7.00	00700	OPERATI ON OF PLANT	49,613	1,508,112	2,451	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	12,307	3,586,355	9,125	0	9.00
10.00	01000	DI ETARY	16,170	2,153,153	4,623	0	10.00
11.00	01100	CAFETERIA	8,559	837,109	2,454	0	11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	9,471	4,188,568	4,257	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,672	0	0	0	14.00
15.00	01500	PHARMACY	6,776	6,238,721	6,129	0	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATI ENT TRANSPORTATI ON	718	1,892,223	3,178	0	18.00
21.00	02100	I&R SERVI CES-SALARY & FRINGES APPRVD	0	81,166	213	0	21.00
22.00	02200	I&R SERVI CES-OTHER PRGM COSTS APPRVD	38,817	457,853	845	0	22.00
23.00	02300	PARAMED ED PRGM	152	218,362	248	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDI ATRI CS	176,579	29,943,265	40,464	272,216,133	30.00
31.00	03100	INTENSI VE CARE UNI T	27,662	7,887,508	9,374	60,827,055	31.00
32.00	03200	CORONARY CARE UNI T	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSI VE CARE UNI T	8,909	2,280,348	2,741	14,653,983	35.00
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVI DER - I RF	9,929	1,977,125	2,489	13,004,438	41.00
43.00	04300	NURSERY	5,016	502,076	658	3,516,138	43.00
<b>ANCI LLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATI NG ROOM	34,222	6,503,083	9,429	240,203,943	50.00
51.00	05100	RECOVERY ROOM	8,110	2,159,207	2,777	33,076,241	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	11,821	2,678,933	3,131	29,529,990	52.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	62,218	8,881,726	10,455	270,311,674	54.00
57.00	05700	CT SCAN	1,744	1,408,976	1,473	57,392,281	57.00
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI )	0	0	0	0	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	13,937	2,448,996	2,822	128,463,185	59.00
60.00	06000	LABORATORY	17,992	1,476	4,362	122,622,894	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	0	7,647,350	63.00
65.00	06500	RESPI RATORY THERAPY	4,745	3,352,581	4,104	32,576,084	65.00
65.01	06501	SLEEP LAB	0	501,746	753	9,008,836	65.01
66.00	06600	PHYSI CAL THERAPY	18,072	5,828,858	7,412	24,990,967	66.00
67.00	06700	OCCUPATI ONAL THERAPY	2,404	935,593	1,138	7,595,158	67.00
68.00	06800	SPEECH PATHOLOGY	575	585,757	670	4,460,826	68.00
68.01	06801	AUDI OLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDI OLOGY	16,307	1,705,809	2,395	49,283,823	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	99,845,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	155,942,276	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	409,017,958	73.00
73.01	07301	HOSPI TAL BASED RETAI L PHARMACI ES	3,428	3,093,691	2,949	21,891,431	73.01
74.00	07400	RENAL DI ALYSI S	2,918	0	0	4,331,344	74.00
76.00	03160	CARDI OPULMONARY	0	0	0	0	76.00
76.97	07697	CARDI AC REHABI LI TATI ON	0	1,052,961	1,599	7,221,569	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	415	677,406	799	24,186,899	76.98
77.00	07700	ALLOGENEI C HSCT ACQUI SI TI ON	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	CLI NI C	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLI NI C	6,381	431,913	678	741,027	90.01
90.02	09002	PAI N CLI NI C	22,443	335,276	545	3,406,435	90.02
90.03	09003	ONCOLOGY CLI NI C	7,185	2,818,281	3,346	52,011,215	90.03
91.00	09100	EMERGENCY	33,751	9,759,835	12,798	295,798,266	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)					92.00
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	4,335	951,005	1,275	8,693,279	92.01
<b>OTHER REI MBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVI CES	715	0	0	0	95.00
102.00	10200	OPI OI D TREATMENT PROGRAM	0	0	0	0	102.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.04	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,637,357	131,100,250	178,007	2,464,468,227	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	267,508	629	0	190.00
191.00	19100	RESEARCH	1,870	742,678	1,077	0	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	0	194.02
194.03	07953	VENDING	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	5,073	0	0	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	23,812	0	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	73,969	0	0	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	194.09
194.10	07960	INTEGRA LTAC	11,771	0	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	3,041	0	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	4,259	65,364	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	2,224	0	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	4,968	788,110	770	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	1,109,800	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	852	16,900	43	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	24,732	0	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	450	0	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	3,451	550,400	644	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	194.34
194.35	07985	LEASED SPACE	22,054	0	0	0	194.35
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)	29,289,901	24,092,988	885,129	18,810,357	15,931,592
203.00		Unit cost multiplier (Wkst. B, Part I)	16.098367	0.178942	4.885627	0.007633	0.006465
204.00		Cost to be allocated (per Wkst. B, Part II)		66,583	29,663	0	99,437
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000495	0.163730	0.000000	0.000040
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.04	00570						5.04
5.05	00580	2,464,468,227					5.05
5.06	00590	0	-41,073,020	430,390,515			5.06
6.00	00600	0	0	25,339,715	847,144		6.00
7.00	00700	0	0	9,447,847	49,613	797,531	7.00
8.00	00800	0	0	1,314,072	0	0	8.00
9.00	00900	0	0	5,889,932	12,307	12,307	9.00
10.00	01000	0	0	3,371,479	16,170	16,170	10.00
11.00	01100	0	0	1,502,249	8,559	8,559	11.00
13.00	01300	0	0	6,189,585	9,471	9,471	13.00
14.00	01400	0	0	12,246,399	20,672	20,672	14.00
15.00	01500	0	0	9,472,382	6,776	6,776	15.00
16.00	01600	0	0	0	0	0	16.00
18.00	01080	0	0	2,404,401	718	718	18.00
21.00	02100	0	0	4,879,576	0	0	21.00
22.00	02200	0	0	4,628,844	38,817	38,817	22.00
23.00	02300	0	0	293,364	152	152	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	272,216,133	0	62,384,274	176,579	176,579	30.00
31.00	03100	60,827,055	0	14,009,346	27,662	27,662	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	14,653,983	0	3,561,801	8,909	8,909	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	13,004,438	0	3,082,531	9,929	9,929	41.00
43.00	04300	3,516,138	0	858,067	5,016	5,016	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	240,203,943	0	18,779,670	34,222	34,222	50.00
51.00	05100	33,076,241	0	3,763,417	8,110	8,110	51.00
52.00	05200	29,529,990	0	6,058,311	11,821	11,821	52.00
54.00	05400	270,311,674	0	21,113,143	62,218	62,218	54.00
57.00	05700	57,392,281	0	3,048,794	1,744	1,744	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	128,463,185	0	5,942,082	13,937	13,937	59.00
60.00	06000	122,622,894	0	19,690,162	17,992	17,992	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	7,647,350	0	1,614,903	0	0	63.00
65.00	06500	32,576,084	0	6,431,839	4,745	4,745	65.00
65.01	06501	9,008,836	0	932,807	0	0	65.01
66.00	06600	24,990,967	0	8,381,192	18,072	18,072	66.00
67.00	06700	7,595,158	0	1,524,378	2,404	2,404	67.00
68.00	06800	4,460,826	0	889,722	575	575	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	49,283,823	0	3,823,975	16,307	16,307	69.00
71.00	07100	99,845,529	0	15,420,239	0	0	71.00
72.00	07200	155,942,276	0	14,042,121	0	0	72.00
73.00	07300	409,017,958	0	59,872,918	0	0	73.00
73.01	07301	21,891,431	0	23,980,758	3,428	3,428	73.01
74.00	07400	4,331,344	0	1,765,306	2,918	2,918	74.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	7,221,569	0	1,488,035	0	0	76.97
76.98	07698	24,186,899	0	2,214,234	415	415	76.98
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	741,027	0	744,168	6,381	6,381	90.01
90.02	09002	3,406,435	0	885,756	22,443	22,443	90.02
90.03	09003	52,011,215	0	5,170,172	7,185	7,185	90.03
91.00	09100	295,798,266	0	21,674,486	33,751	33,751	91.00
92.00	09200						92.00
92.01	09201	8,693,279	0	1,574,390	4,335	4,335	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	11,510	715	715	95.00
102.00	10200	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,464,468,227	-41,073,020	421,714,352	665,068	615,455	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	789,339	0	0	190.00
191.00	19100 RESEARCH	0	0	983,926	1,870	1,870	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03	07953 VENDI NG	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	0	82,696	5,073	5,073	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	383,334	23,812	23,812	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	0	2,559,288	73,969	73,969	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	0	0	189,494	11,771	11,771	194.10
194.11	07961 IU HEALTH HOSPI CE	0	0	48,955	3,041	3,041	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	122,768	0	4,259	4,259	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETI NG/PUBLIC RELATIONS	0	0	35,803	2,224	2,224	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	1,257,803	4,968	4,968	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	567,455	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	0	97,110	852	852	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	398,145	24,732	24,732	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	565	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	927,217	3,451	3,451	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	355,033	22,054	22,054	194.35
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)	11,502,487		41,073,020	27,757,935	11,975,118	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004667		0.095432	32.766490	15.015238	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		883,067	14,633,340	1,676,225	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		0.002052	17.273734	2.101768	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: 15-0089

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,254,701				8.00	
9.00	00900	HOUSEKEEPING	384	642,199			9.00	
10.00	01000	DIETARY	0	16,170	234,774		10.00	
11.00	01100	CAFETERIA	0	8,559	0	148,669	11.00	
13.00	01300	NURSING ADMINISTRATION	0	9,471	0	4,257	67,117	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,672	0	0	0	14.00
15.00	01500	PHARMACY	746	6,776	0	6,129	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	718	0	3,178	704	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	213	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	289	38,663	0	845	0	22.00
23.00	02300	PARAMED ED PRGM	18	152	0	248	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	622,545	176,994	184,898	40,464	29,816	30.00
31.00	03100	INTENSIVE CARE UNIT	99,075	27,662	9,459	9,374	7,947	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,591	8,909	898	2,741	2,336	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	35,460	9,929	28,138	2,489	2,089	41.00
43.00	04300	NURSERY	12,527	5,016	0	658	519	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	113,812	34,222	0	9,429	2,583	50.00
51.00	05100	RECOVERY ROOM	52,797	8,110	0	2,777	2,585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,682	11,821	0	3,131	2,337	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,369	61,035	0	10,455	1,803	54.00
57.00	05700	CT SCAN	0	1,744	0	1,473	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,604	13,937	0	2,822	1,338	59.00
60.00	06000	LABORATORY	51	17,820	0	4,362	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	65	4,745	0	4,104	2	65.00
65.01	06501	SLEEP LAB	0	0	0	753	0	65.01
66.00	06600	PHYSICAL THERAPY	3,076	5,922	0	7,412	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,404	0	1,138	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	575	0	670	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	12,129	16,307	0	2,395	383	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	2,540	0	2,949	0	73.01
74.00	07400	RENAL DIALYSIS	3,440	2,918	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	217	0	0	1,599	63	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	799	595	76.98
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	09001	SUBSTANCE ABUSE CLINIC	0	6,381	0	678	101	90.01
90.02	09002	PAIN CLINIC	0	22,443	0	545	179	90.02
90.03	09003	ONCOLOGY CLINIC	30,314	7,185	0	3,346	1,796	90.03
91.00	09100	EMERGENCY	99,328	33,751	0	12,798	9,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,409	4,335	0	1,275	920	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	715	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:  
From 01/01/2023  
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Worksheet B-1

Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,246,928	588,601	223,393	145,506	67,111	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	629	0	190.00
191.00	19100 RESEARCH	0	1,870	0	1,077	0	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	0	0	4	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	7,773	5,073	0	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	9,209	0	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	25,134	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRALTC	0	0	11,381	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	3,041	0	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	4,968	0	770	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	2	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	852	0	43	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	3,451	0	644	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	1,439,477	7,040,511	4,643,130	2,148,408	7,398,159	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.147267	10.963130	19.777020	14.450948	110.227796	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,696	451,933	593,733	313,543	367,088	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002149	0.703727	2.528956	2.109001	5.469374	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: 15-0089

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

Worksheet B-1  
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5/24/2024 9:21 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	18.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
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	37,770,355					14.00
15.00 01500 PHARMACY	104,918	73,418,169				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	2,464,468,227			16.00
18.00 01080 PATIENT TRANSPORTATION	0	0	0	2,464,468,227		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,042	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	19,553	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,476,061	331,406	272,216,133	272,216,133	3,064	30.00
31.00 03100 INTENSIVE CARE UNIT	486,261	220,870	60,827,055	60,827,055	600	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	99,235	16,991	14,653,983	14,653,983	36	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	31,266	2,817	13,004,438	13,004,438	0	41.00
43.00 04300 NURSERY	0	0	3,516,138	3,516,138	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	6,314,507	111,435	240,203,943	240,203,943	154	50.00
51.00 05100 RECOVERY ROOM	72,037	85,806	33,076,241	33,076,241	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	184,991	46,137	29,529,990	29,529,990	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,018,127	235,415	270,311,674	270,311,674	174	54.00
57.00 05700 CT SCAN	68,940	27,870	57,392,281	57,392,281	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,647,677	64,996	128,463,185	128,463,185	0	59.00
60.00 06000 LABORATORY	0	0	122,622,894	122,622,894	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	7,647,350	7,647,350	0	63.00
65.00 06500 RESPIRATORY THERAPY	509,016	0	32,576,084	32,576,084	210	65.00
65.01 06501 SLEEP LAB	45,043	75	9,008,836	9,008,836	0	65.01
66.00 06600 PHYSICAL THERAPY	23,690	0	24,990,967	24,990,967	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	212	0	7,595,158	7,595,158	0	67.00
68.00 06800 SPEECH PATHOLOGY	51	0	4,460,826	4,460,826	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	15,055	3,779	49,283,823	49,283,823	224	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,546,638	0	99,845,529	99,845,529	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,115,864	0	155,942,276	155,942,276	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	52,199,006	409,017,958	409,017,958	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	987	10,474,373	21,891,431	21,891,431	0	73.01
74.00 07400 RENAL DIALYSIS	7,331	996	4,331,344	4,331,344	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1,488	3	7,221,569	7,221,569	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	217,171	0	24,186,899	24,186,899	4	76.98
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 09001 SUBSTANCE ABUSE CLINIC	1,463	0	741,027	741,027	0	90.01
90.02 09002 PAIN CLINIC	19,457	726	3,406,435	3,406,435	99	90.02
90.03 09003 ONCOLOGY CLINIC	105,770	85,556	52,011,215	52,011,215	75	90.03
91.00 09100 EMERGENCY	614,545	451,385	295,798,266	295,798,266	345	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	12,630	8,170	8,693,279	8,693,279	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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5/24/2024 9:21 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	18.00	21.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	37,759,984	64,367,812	2,464,468,227	2,464,468,227	4,985	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	0	0	0	0	190.00
191.00 19100 RESEARCH	55	0	0	0	57	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	2,881	9,050,357	0	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	475	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	6,955	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	0	0	194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
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)	14,629,471	10,904,469	0	2,799,562	5,348,322	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.387327	0.148525	0.000000	0.001136	1,060.754066	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	772,993	283,744	0	42,919	10,537	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.020466	0.003865	0.000000	0.000017	2.089845	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: 15-0089

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 01160 COMMUNICATIONS			5.01
5.02 00550 DATA PROCESSING			5.02
5.04 00570 ADMI TTING			5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
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
18.00 01080 PATIENT TRANSPORTATION			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,042		22.00
23.00 02300 PARAMED ED PRGM		100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000 ADULTS & PEDIATRICS	3,064	0	30.00
31.00 03100 INTENSIVE CARE UNIT	600	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	36	0	35.00
40.00 04000 SUBPROVIDER - I PF	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	41.00
43.00 04300 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	154	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	174	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	210	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
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
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	224	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	4	0	76.98
77.00 07700 ALLOGENEI C 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 09001 SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02 09002 PAIN CLINIC	99	0	90.02
90.03 09003 ONCOLOGY CLINIC	75	0	90.03
91.00 09100 EMERGENCY	345	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	102.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00	23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00 11300 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4,985	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	57	0	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	194.02
194.03 07953 VENDING	0	0	194.03
194.04 07954 CARELINE	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	194.08
194.09 07959 ADVERTISING	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	194.32
194.33 07983 LAB CORP	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	194.34
194.35 07985 LEASED SPACE	0	0	194.35
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)	7,369,310	333,894	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,461.584689	3,338.940000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,416,243	6,773	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	280.889131	67.730000	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: 15-0089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 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	87,887,812	87,887,812	0	87,887,812	30.00	
31.00	03100 INTENSIVE CARE UNIT	18,573,713	18,573,713	0	18,573,713	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,809,690	4,809,690	0	4,809,690	35.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF	4,850,683	4,850,683	0	4,850,683	41.00	
43.00	04300 NURSERY	1,319,701	1,319,701	0	1,319,701	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	25,868,968	25,868,968	0	25,868,968	50.00	
51.00	05100 RECOVERY ROOM	5,062,850	5,062,850	0	5,062,850	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,823,438	7,823,438	0	7,823,438	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,920,913	27,920,913	0	27,920,913	54.00	
57.00	05700 CT SCAN	3,559,524	3,559,524	0	3,559,524	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	8,330,114	8,330,114	0	8,330,114	59.00	
60.00	06000 LABORATORY	22,826,680	22,826,680	0	22,826,680	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,777,703	1,777,703	0	1,777,703	63.00	
65.00	06500 RESPIRATORY THERAPY	7,618,150	7,618,150	0	7,618,150	65.00	
65.01	06501 SLEEP LAB	1,060,400	1,060,400	0	1,060,400	65.01	
66.00	06600 PHYSICAL THERAPY	10,257,666	10,257,666	0	10,257,666	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,836,230	1,836,230	0	1,836,230	67.00	
68.00	06800 SPEECH PATHOLOGY	1,023,178	1,023,178	0	1,023,178	68.00	
68.01	06801 AUDIOLOGY	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	5,299,977	5,299,977	0	5,299,977	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,252,221	22,252,221	0	22,252,221	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,864,813	19,864,813	0	19,864,813	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	74,138,068	74,138,068	0	74,138,068	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	28,084,505	28,084,505	0	28,084,505	73.01	
74.00	07400 RENAL DIALYSIS	2,117,044	2,117,044	0	2,117,044	74.00	
76.00	03160 CARDIOPULMONARY	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	1,669,121	1,669,121	0	1,669,121	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,634,096	2,634,096	0	2,634,096	76.98	
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	09001 SUBSTANCE ABUSE CLINIC	1,212,376	1,212,376	0	1,212,376	90.01	
90.02	09002 PAIN CLINIC	2,327,817	2,327,817	0	2,327,817	90.02	
90.03	09003 ONCOLOGY CLINIC	6,479,513	6,479,513	0	6,479,513	90.03	
91.00	09100 EMERGENCY	27,659,326	27,659,326	498,132	28,157,458	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,976,588	12,976,588	0	12,976,588	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,124,759	2,124,759	0	2,124,759	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	54,611	54,611	0	54,611	95.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	451,302,248	451,302,248	498,132	451,800,380	200.00	
201.00	Less Observation Beds	12,976,588	12,976,588		12,976,588	201.00	
202.00	Total (see instructions)	438,325,660	438,325,660	498,132	438,823,792	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 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	206,825,298		206,825,298		30.00
31.00	03100	INTENSIVE CARE UNIT	60,827,055		60,827,055		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,653,983		14,653,983		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	13,004,438		13,004,438		41.00
43.00	04300	NURSERY	3,516,138		3,516,138		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	104,528,028	135,675,915	240,203,943	0.107696	50.00
51.00	05100	RECOVERY ROOM	8,951,727	24,124,514	33,076,241	0.153066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,755,891	3,774,099	29,529,990	0.264932	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,401,917	222,909,757	270,311,674	0.103292	54.00
57.00	05700	CT SCAN	21,341,038	36,051,243	57,392,281	0.062021	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,498,409	72,964,776	128,463,185	0.064844	59.00
60.00	06000	LABORATORY	56,039,688	66,583,206	122,622,894	0.186153	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,778,413	1,868,937	7,647,350	0.232460	63.00
65.00	06500	RESPIRATORY THERAPY	27,837,473	4,738,611	32,576,084	0.233857	65.00
65.01	06501	SLEEP LAB	13,164	8,995,672	9,008,836	0.117707	65.01
66.00	06600	PHYSICAL THERAPY	10,016,966	14,974,001	24,990,967	0.410455	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,209,802	385,356	7,595,158	0.241763	67.00
68.00	06800	SPEECH PATHOLOGY	4,035,941	424,885	4,460,826	0.229370	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	19,957,594	29,326,229	49,283,823	0.107540	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,045,696	55,799,833	99,845,529	0.222866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	83,878,997	72,063,279	155,942,276	0.127386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,865,795	300,152,163	409,017,958	0.181259	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	21,891,431	21,891,431	1.282899	73.01
74.00	07400	RENAL DIALYSIS	3,824,863	506,481	4,331,344	0.488773	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,393,689	5,827,880	7,221,569	0.231130	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	86,327	24,100,572	24,186,899	0.108906	76.98
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	09001	SUBSTANCE ABUSE CLINIC	133	740,894	741,027	1.636075	90.01
90.02	09002	PAIN CLINIC	6,202	3,400,233	3,406,435	0.683359	90.02
90.03	09003	ONCOLOGY CLINIC	1,471,178	50,540,037	52,011,215	0.124579	90.03
91.00	09100	EMERGENCY	78,369,921	217,428,345	295,798,266	0.093507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,473,900	63,916,935	65,390,835	0.198447	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	69,677	8,623,602	8,693,279	0.244414	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0.000000	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,016,679,341	1,447,788,886	2,464,468,227		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,016,679,341	1,447,788,886	2,464,468,227		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.107696			50.00
51.00	05100 RECOVERY ROOM	0.153066			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.264932			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103292			54.00
57.00	05700 CT SCAN	0.062021			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064844			59.00
60.00	06000 LABORATORY	0.186153			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.232460			63.00
65.00	06500 RESPIRATORY THERAPY	0.233857			65.00
65.01	06501 SLEEP LAB	0.117707			65.01
66.00	06600 PHYSICAL THERAPY	0.410455			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.241763			67.00
68.00	06800 SPEECH PATHOLOGY	0.229370			68.00
68.01	06801 AUDIOLOGY	0.000000			68.01
69.00	06900 ELECTROCARDIOLOGY	0.107540			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.127386			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.181259			73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.282899			73.01
74.00	07400 RENAL DIALYSIS	0.488773			74.00
76.00	03160 CARDIOPULMONARY	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.231130			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.108906			76.98
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	09001 SUBSTANCE ABUSE CLINIC	1.636075			90.01
90.02	09002 PAIN CLINIC	0.683359			90.02
90.03	09003 ONCOLOGY CLINIC	0.124579			90.03
91.00	09100 EMERGENCY	0.095191			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198447			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.244414			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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: 15-0089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 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	87,887,812	87,887,812	0	87,887,812	30.00	
31.00	03100 INTENSIVE CARE UNIT	18,573,713	18,573,713	0	18,573,713	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,809,690	4,809,690	0	4,809,690	35.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF	4,850,683	4,850,683	0	4,850,683	41.00	
43.00	04300 NURSERY	1,319,701	1,319,701	0	1,319,701	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	25,868,968	25,868,968	0	25,868,968	50.00	
51.00	05100 RECOVERY ROOM	5,062,850	5,062,850	0	5,062,850	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,823,438	7,823,438	0	7,823,438	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,920,913	27,920,913	0	27,920,913	54.00	
57.00	05700 CT SCAN	3,559,524	3,559,524	0	3,559,524	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	8,330,114	8,330,114	0	8,330,114	59.00	
60.00	06000 LABORATORY	22,826,680	22,826,680	0	22,826,680	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,777,703	1,777,703	0	1,777,703	63.00	
65.00	06500 RESPIRATORY THERAPY	7,618,150	7,618,150	0	7,618,150	65.00	
65.01	06501 SLEEP LAB	1,060,400	1,060,400	0	1,060,400	65.01	
66.00	06600 PHYSICAL THERAPY	10,257,666	10,257,666	0	10,257,666	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,836,230	1,836,230	0	1,836,230	67.00	
68.00	06800 SPEECH PATHOLOGY	1,023,178	1,023,178	0	1,023,178	68.00	
68.01	06801 AUDIOLOGY	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	5,299,977	5,299,977	0	5,299,977	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,252,221	22,252,221	0	22,252,221	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,864,813	19,864,813	0	19,864,813	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	74,138,068	74,138,068	0	74,138,068	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	28,084,505	28,084,505	0	28,084,505	73.01	
74.00	07400 RENAL DIALYSIS	2,117,044	2,117,044	0	2,117,044	74.00	
76.00	03160 CARDIOPULMONARY	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	1,669,121	1,669,121	0	1,669,121	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,634,096	2,634,096	0	2,634,096	76.98	
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	09001 SUBSTANCE ABUSE CLINIC	1,212,376	1,212,376	0	1,212,376	90.01	
90.02	09002 PAIN CLINIC	2,327,817	2,327,817	0	2,327,817	90.02	
90.03	09003 ONCOLOGY CLINIC	6,479,513	6,479,513	0	6,479,513	90.03	
91.00	09100 EMERGENCY	27,659,326	27,659,326	498,132	28,157,458	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,976,588	12,976,588	0	12,976,588	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,124,759	2,124,759	0	2,124,759	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	54,611	54,611	0	54,611	95.00	
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	451,302,248	451,302,248	498,132	451,800,380	200.00	
201.00	Less Observation Beds	12,976,588	12,976,588		12,976,588	201.00	
202.00	Total (see instructions)	438,325,660	438,325,660	498,132	438,823,792	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2024 9:21 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	206,825,298		206,825,298		30.00
31.00	03100	INTENSIVE CARE UNIT	60,827,055		60,827,055		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,653,983		14,653,983		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	13,004,438		13,004,438		41.00
43.00	04300	NURSERY	3,516,138		3,516,138		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	104,528,028	135,675,915	240,203,943	0.107696	50.00
51.00	05100	RECOVERY ROOM	8,951,727	24,124,514	33,076,241	0.153066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,755,891	3,774,099	29,529,990	0.264932	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,401,917	222,909,757	270,311,674	0.103292	54.00
57.00	05700	CT SCAN	21,341,038	36,051,243	57,392,281	0.062021	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,498,409	72,964,776	128,463,185	0.064844	59.00
60.00	06000	LABORATORY	56,039,688	66,583,206	122,622,894	0.186153	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,778,413	1,868,937	7,647,350	0.232460	63.00
65.00	06500	RESPIRATORY THERAPY	27,837,473	4,738,611	32,576,084	0.233857	65.00
65.01	06501	SLEEP LAB	13,164	8,995,672	9,008,836	0.117707	65.01
66.00	06600	PHYSICAL THERAPY	10,016,966	14,974,001	24,990,967	0.410455	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,209,802	385,356	7,595,158	0.241763	67.00
68.00	06800	SPEECH PATHOLOGY	4,035,941	424,885	4,460,826	0.229370	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	19,957,594	29,326,229	49,283,823	0.107540	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,045,696	55,799,833	99,845,529	0.222866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	83,878,997	72,063,279	155,942,276	0.127386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,865,795	300,152,163	409,017,958	0.181259	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	21,891,431	21,891,431	1.282899	73.01
74.00	07400	RENAL DIALYSIS	3,824,863	506,481	4,331,344	0.488773	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,393,689	5,827,880	7,221,569	0.231130	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	86,327	24,100,572	24,186,899	0.108906	76.98
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	09001	SUBSTANCE ABUSE CLINIC	133	740,894	741,027	1.636075	90.01
90.02	09002	PAIN CLINIC	6,202	3,400,233	3,406,435	0.683359	90.02
90.03	09003	ONCOLOGY CLINIC	1,471,178	50,540,037	52,011,215	0.124579	90.03
91.00	09100	EMERGENCY	78,369,921	217,428,345	295,798,266	0.093507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,473,900	63,916,935	65,390,835	0.198447	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	69,677	8,623,602	8,693,279	0.244414	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0.000000	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,016,679,341	1,447,788,886	2,464,468,227		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,016,679,341	1,447,788,886	2,464,468,227		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/24/2024 9:21 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107696		50.00
51.00	05100	RECOVERY ROOM	0.153066		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264932		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103292		54.00
57.00	05700	CT SCAN	0.062021		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064844		59.00
60.00	06000	LABORATORY	0.186153		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232460		63.00
65.00	06500	RESPIRATORY THERAPY	0.233857		65.00
65.01	06501	SLEEP LAB	0.117707		65.01
66.00	06600	PHYSICAL THERAPY	0.410455		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241763		67.00
68.00	06800	SPEECH PATHOLOGY	0.229370		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.107540		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.127386		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181259		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.282899		73.01
74.00	07400	RENAL DIALYSIS	0.488773		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.231130		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.108906		76.98
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	09001	SUBSTANCE ABUSE CLINIC	1.636075		90.01
90.02	09002	PAIN CLINIC	0.683359		90.02
90.03	09003	ONCOLOGY CLINIC	0.124579		90.03
91.00	09100	EMERGENCY	0.095191		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198447		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.244414		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0089

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

Worksheet C Part II Date/Time Prepared: 5/24/2024 9:21 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	25,868,968	1,458,982	24,409,986	0	0	50.00
51.00	05100	RECOVERY ROOM	5,062,850	326,446	4,736,404	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,823,438	467,104	7,356,334	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,920,913	2,368,683	25,552,230	0	0	54.00
57.00	05700	CT SCAN	3,559,524	78,185	3,481,339	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,330,114	572,677	7,757,437	0	0	59.00
60.00	06000	LABORATORY	22,826,680	708,094	22,118,586	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,777,703	3,750	1,773,953	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,618,150	208,134	7,410,016	0	0	65.00
65.01	06501	SLEEP LAB	1,060,400	5,308	1,055,092	0	0	65.01
66.00	06600	PHYSICAL THERAPY	10,257,666	684,097	9,573,569	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,836,230	93,585	1,742,645	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,023,178	24,697	998,481	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,299,977	609,336	4,690,641	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,252,221	314,565	21,937,656	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,864,813	265,200	19,599,613	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,138,068	349,782	73,788,286	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	28,084,505	222,584	27,861,921	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,117,044	109,596	2,007,448	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,669,121	7,995	1,661,126	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,634,096	30,494	2,603,602	0	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	1,212,376	234,756	977,620	0	0	90.01
90.02	09002	PAIN CLINIC	2,327,817	816,730	1,511,087	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	6,479,513	294,893	6,184,620	0	0	90.03
91.00	09100	EMERGENCY	27,659,326	1,380,125	26,279,201	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,976,588	1,078,160	11,898,428	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,124,759	169,266	1,955,493	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	54,611	25,891	28,720	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	333,860,649	12,909,115	320,951,534	0	0	200.00
201.00		Less Observation Beds	12,976,588	1,078,160	11,898,428	0	0	201.00
202.00		Total (line 200 minus line 201)	320,884,061	11,830,955	309,053,106	0	0	202.00



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

Provider CCN: 15-0089

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

Worksheet C Part II Date/Time Prepared: 5/24/2024 9:21 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)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	25,868,968	240,203,943	0.107696		50.00
51.00	05100 RECOVERY ROOM	5,062,850	33,076,241	0.153066		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,823,438	29,529,990	0.264932		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,920,913	270,311,674	0.103292		54.00
57.00	05700 CT SCAN	3,559,524	57,392,281	0.062021		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	8,330,114	128,463,185	0.064844		59.00
60.00	06000 LABORATORY	22,826,680	122,622,894	0.186153		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,777,703	7,647,350	0.232460		63.00
65.00	06500 RESPIRATORY THERAPY	7,618,150	32,576,084	0.233857		65.00
65.01	06501 SLEEP LAB	1,060,400	9,008,836	0.117707		65.01
66.00	06600 PHYSICAL THERAPY	10,257,666	24,990,967	0.410455		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,836,230	7,595,158	0.241763		67.00
68.00	06800 SPEECH PATHOLOGY	1,023,178	4,460,826	0.229370		68.00
68.01	06801 AUDIOLOGY	0	0	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	5,299,977	49,283,823	0.107540		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,252,221	99,845,529	0.222866		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,864,813	155,942,276	0.127386		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,138,068	409,017,958	0.181259		73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	28,084,505	21,891,431	1.282899		73.01
74.00	07400 RENAL DIALYSIS	2,117,044	4,331,344	0.488773		74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	1,669,121	7,221,569	0.231130		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,634,096	24,186,899	0.108906		76.98
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1,212,376	741,027	1.636075		90.01
90.02	09002 PAIN CLINIC	2,327,817	3,406,435	0.683359		90.02
90.03	09003 ONCOLOGY CLINIC	6,479,513	52,011,215	0.124579		90.03
91.00	09100 EMERGENCY	27,659,326	295,798,266	0.093507		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,976,588	65,390,835	0.198447		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,124,759	8,693,279	0.244414		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	54,611	0	0.000000		95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	333,860,649	2,165,641,315			200.00
201.00	Less Observation Beds	12,976,588	0			201.00
202.00	Total (line 200 minus line 201)	320,884,061	2,165,641,315			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/24/2024 9:21 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	7,302,158	0	7,302,158	70,925	102.96	30.00
31.00	INTENSIVE CARE UNIT	1,136,572		1,136,572	8,360	135.95	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	354,977		354,977	2,923	121.44	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	456,222	0	456,222	4,846	94.14	41.00
43.00	NURSERY	188,039		188,039	2,228	84.40	43.00
200.00	Total (lines 30 through 199)	9,437,968		9,437,968	89,282		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	18,938	1,949,856				
31.00	INTENSIVE CARE UNIT	2,280	309,966				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,917	180,466				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	23,135	2,440,288				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,458,982	240,203,943	0.006074	33,439,485	203,111	50.00
51.00	05100 RECOVERY ROOM	326,446	33,076,241	0.009870	2,915,250	28,774	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,104	29,529,990	0.015818	189,279	2,994	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,368,683	270,311,674	0.008763	13,927,322	122,045	54.00
57.00	05700 CT SCAN	78,185	57,392,281	0.001362	7,106,246	9,679	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	572,677	128,463,185	0.004458	17,628,869	78,589	59.00
60.00	06000 LABORATORY	708,094	122,622,894	0.005775	15,340,033	88,589	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,750	7,647,350	0.000490	1,671,549	819	63.00
65.00	06500 RESPIRATORY THERAPY	208,134	32,576,084	0.006389	7,661,681	48,950	65.00
65.01	06501 SLEEP LAB	5,308	9,008,836	0.000589	6,118	4	65.01
66.00	06600 PHYSICAL THERAPY	684,097	24,990,967	0.027374	2,096,537	57,391	66.00
67.00	06700 OCCUPATIONAL THERAPY	93,585	7,595,158	0.012322	695,506	8,570	67.00
68.00	06800 SPEECH PATHOLOGY	24,697	4,460,826	0.005536	864,654	4,787	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	609,336	49,283,823	0.012364	6,916,121	85,511	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	314,565	99,845,529	0.003151	12,313,976	38,801	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	265,200	155,942,276	0.001701	32,808,195	55,807	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	349,782	409,017,958	0.000855	29,606,581	25,314	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	222,584	21,891,431	0.010168	0	0	73.01
74.00	07400 RENAL DIALYSIS	109,596	4,331,344	0.025303	1,155,591	29,240	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,995	7,221,569	0.001107	455,448	504	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,494	24,186,899	0.001261	75,293	95	76.98
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	09001 SUBSTANCE ABUSE CLINIC	234,756	741,027	0.316798	0	0	90.01
90.02	09002 PAIN CLINIC	816,730	3,406,435	0.239761	6,184	1,483	90.02
90.03	09003 ONCOLOGY CLINIC	294,893	52,011,215	0.005670	519,543	2,946	90.03
91.00	09100 EMERGENCY	1,380,125	295,798,266	0.004666	26,406,441	123,212	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,078,160	65,390,835	0.016488	418,761	6,905	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	169,266	8,693,279	0.019471	31,622	616	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	12,883,224	2,165,641,315		214,256,285	1,024,736	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/24/2024 9:21 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
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	70,925	0.00	18,938 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,360	0.00	2,280 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0 32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,923	0.00	0 35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,846	0.00	1,917 41.00	
43.00	04300	NURSERY	0	0	2,228	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	89,282		23,135 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 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	Allied Health			
		1.00	2A	2.00	3A	3.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
65.01	06501	SLEEP LAB	0	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
68.01	06801	AUDIOLOGY	0	0	0	0	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	333,894	73.00	
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	0	0	0	90.00	
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	0	90.01	
90.02	09002	PAIN CLINIC	0	0	0	0	0	0	90.02	
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	333,894	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 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	240,203,943	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	33,076,241	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	29,529,990	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	270,311,674	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	57,392,281	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	128,463,185	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	122,622,894	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,647,350	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	32,576,084	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	9,008,836	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	24,990,967	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,595,158	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,460,826	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	49,283,823	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99,845,529	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	155,942,276	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	333,894	333,894	409,017,958	0.000816	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	21,891,431	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,331,344	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	7,221,569	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	24,186,899	0.000000	76.98
77.00 07700 ALLOGENEI C 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 09001 SUBSTANCE ABUSE CLINIC	0	0	0	741,027	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	3,406,435	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	52,011,215	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	295,798,266	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	65,390,835	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,693,279	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	333,894	333,894	2,165,641,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	33,439,485	0	22,182,366	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,915,250	0	4,535,673	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	189,279	0	1,536	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,927,322	0	53,682,560	0	54.00
57.00	05700 CT SCAN	0.000000	7,106,246	0	6,791,776	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	17,628,869	0	21,599,103	0	59.00
60.00	06000 LABORATORY	0.000000	15,340,033	0	6,120,289	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	1,671,549	0	401,328	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	7,661,681	0	753,306	0	65.00
65.01	06501 SLEEP LAB	0.000000	6,118	0	1,549,258	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	2,096,537	0	62,965	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	695,506	0	74	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	864,654	0	5,266	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,916,121	0	7,732,271	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	12,313,976	0	16,954,866	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	32,808,195	0	17,677,004	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000816	29,606,581	24,159	101,531,297	82,850	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,155,591	0	40,857	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	455,448	0	1,945,094	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	75,293	0	6,289,340	0	76.98
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	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	10,720	0	90.01
90.02	09002 PAIN CLINIC	0.000000	6,184	0	743,076	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	519,543	0	20,135,085	0	90.03
91.00	09100 EMERGENCY	0.000000	26,406,441	0	24,263,829	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	418,761	0	6,477,138	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	31,622	0	1,044,422	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		214,256,285	24,159	322,530,499	82,850	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	5.00			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.107696	22,182,366	0	0	2,388,952	50.00
51.00	05100	RECOVERY ROOM	0.153066	4,535,673	0	0	694,257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264932	1,536	0	0	407	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103292	53,682,560	0	0	5,544,979	54.00
57.00	05700	CT SCAN	0.062021	6,791,776	0	0	421,233	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064844	21,599,103	0	0	1,400,572	59.00
60.00	06000	LABORATORY	0.186153	6,120,289	0	0	1,139,310	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232460	401,328	0	0	93,293	63.00
65.00	06500	RESPIRATORY THERAPY	0.233857	753,306	0	0	176,166	65.00
65.01	06501	SLEEP LAB	0.117707	1,549,258	0	0	182,359	65.01
66.00	06600	PHYSICAL THERAPY	0.410455	62,965	0	0	25,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241763	74	0	0	18	67.00
68.00	06800	SPEECH PATHOLOGY	0.229370	5,266	0	0	1,208	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.107540	7,732,271	0	0	831,528	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	16,954,866	0	0	3,778,663	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.127386	17,677,004	0	0	2,251,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181259	101,531,297	507	71,309	18,403,461	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.488773	40,857	0	0	19,970	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.231130	1,945,094	0	0	449,570	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.108906	6,289,340	0	0	684,947	76.98
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	09001	SUBSTANCE ABUSE CLINIC	1.636075	10,720	0	0	17,539	90.01
90.02	09002	PAIN CLINIC	0.683359	743,076	0	0	507,788	90.02
90.03	09003	ONCOLOGY CLINIC	0.124579	20,135,085	0	0	2,508,409	90.03
91.00	09100	EMERGENCY	0.093507	24,263,829	0	1,535	2,268,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	6,477,138	0	0	1,285,369	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.244414	1,044,422	0	0	255,271	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		322,530,499	507	72,844	45,331,754	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		322,530,499	507	72,844	45,331,754	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 am
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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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	92	12,925		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
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 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	144		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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	92	13,069		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	92	13,069		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/24/2024 9:21 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,458,982	240,203,943	0.006074	78,389	476	50.00
51.00	05100	RECOVERY ROOM	326,446	33,076,241	0.009870	11,760	116	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	467,104	29,529,990	0.015818	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,368,683	270,311,674	0.008763	199,474	1,748	54.00
57.00	05700	CT SCAN	78,185	57,392,281	0.001362	66,005	90	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	572,677	128,463,185	0.004458	1,576	7	59.00
60.00	06000	LABORATORY	708,094	122,622,894	0.005775	324,952	1,877	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,750	7,647,350	0.000490	5,860	3	63.00
65.00	06500	RESPIRATORY THERAPY	208,134	32,576,084	0.006389	57,628	368	65.00
65.01	06501	SLEEP LAB	5,308	9,008,836	0.000589	0	0	65.01
66.00	06600	PHYSICAL THERAPY	684,097	24,990,967	0.027374	1,595,201	43,667	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,585	7,595,158	0.012322	1,874,706	23,100	67.00
68.00	06800	SPEECH PATHOLOGY	24,697	4,460,826	0.005536	523,594	2,899	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	609,336	49,283,823	0.012364	49,217	609	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	314,565	99,845,529	0.003151	58,644	185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	265,200	155,942,276	0.001701	11,087	19	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	349,782	409,017,958	0.000855	764,850	654	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	222,584	21,891,431	0.010168	0	0	73.01
74.00	07400	RENAL DIALYSIS	109,596	4,331,344	0.025303	72,098	1,824	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,995	7,221,569	0.001107	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,494	24,186,899	0.001261	0	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	234,756	741,027	0.316798	0	0	90.01
90.02	09002	PAIN CLINIC	816,730	3,406,435	0.239761	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	294,893	52,011,215	0.005670	0	0	90.03
91.00	09100	EMERGENCY	1,380,125	295,798,266	0.004666	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	65,390,835	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	169,266	8,693,279	0.019471	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	11,805,064	2,165,641,315		5,695,041	77,642	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 am
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Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
<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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
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
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	333,894	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	90.03
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	333,894	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	240,203,943	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	33,076,241	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	29,529,990	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	270,311,674	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	57,392,281	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	128,463,185	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	122,622,894	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,647,350	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	32,576,084	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	9,008,836	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	24,990,967	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,595,158	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,460,826	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	49,283,823	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99,845,529	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	155,942,276	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	333,894	333,894	409,017,958	0.000816	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	21,891,431	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,331,344	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	7,221,569	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	24,186,899	0.000000	76.98
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 09001 SUBSTANCE ABUSE CLINIC	0	0	0	741,027	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	3,406,435	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	52,011,215	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	295,798,266	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	65,390,835	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,693,279	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	333,894	333,894	2,165,641,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	78,389	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	11,760	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	199,474	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	66,005	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,576	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	324,952	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	5,860	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	57,628	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,595,201	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,874,706	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	523,594	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	49,217	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	58,644	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	11,087	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000816	764,850	624	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	72,098	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700 ALLOGENEI C 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	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	412	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		5,695,041	624	412	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.107696	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.153066	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264932	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103292	0	0	0	0	54.00
57.00	05700	CT SCAN	0.062021	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064844	0	0	0	0	59.00
60.00	06000	LABORATORY	0.186153	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232460	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.233857	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.117707	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.410455	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241763	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.229370	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.107540	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.127386	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181259	0	0	2,224	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.488773	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.231130	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.108906	0	0	0	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	1.636075	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0.683359	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.124579	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.093507	412	0	0	39	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.244414	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		412	0	2,224	39	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		412	0	2,224	39	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 am
Title XVIII		Subprovider - IRF	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	403		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
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 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	403		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	403		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/24/2024 9:21 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)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	7,302,158	0	7,302,158	70,925	102.96	30.00	
31.00	INTENSIVE CARE UNIT	1,136,572		1,136,572	8,360	135.95	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	354,977		354,977	2,923	121.44	35.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	456,222	0	456,222	4,846	94.14	41.00	
43.00	NURSERY	188,039		188,039	2,228	84.40	43.00	
200.00	Total (lines 30 through 199)	9,437,968		9,437,968	89,282		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	2,497	257,091					30.00
31.00	INTENSIVE CARE UNIT	380	51,661					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	370	44,933					35.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	107	10,073					41.00
43.00	NURSERY	1,539	129,892					43.00
200.00	Total (lines 30 through 199)	4,893	493,650					200.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/24/2024 9:21 am

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	1,458,982	240,203,943	0.006074	1,382,677	8,398	50.00
51.00	05100 RECOVERY ROOM	326,446	33,076,241	0.009870	176,400	1,741	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	467,104	29,529,990	0.015818	536,916	8,493	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,368,683	270,311,674	0.008763	1,224,751	10,732	54.00
57.00	05700 CT SCAN	78,185	57,392,281	0.001362	622,819	848	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	572,677	128,463,185	0.004458	323,292	1,441	59.00
60.00	06000 LABORATORY	708,094	122,622,894	0.005775	1,799,469	10,392	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,750	7,647,350	0.000490	154,038	75	63.00
65.00	06500 RESPIRATORY THERAPY	208,134	32,576,084	0.006389	1,184,921	7,570	65.00
65.01	06501 SLEEP LAB	5,308	9,008,836	0.000589	0	0	65.01
66.00	06600 PHYSICAL THERAPY	684,097	24,990,967	0.027374	127,833	3,499	66.00
67.00	06700 OCCUPATIONAL THERAPY	93,585	7,595,158	0.012322	78,883	972	67.00
68.00	06800 SPEECH PATHOLOGY	24,697	4,460,826	0.005536	118,764	657	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	609,336	49,283,823	0.012364	495,429	6,125	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	314,565	99,845,529	0.003151	578,266	1,822	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	265,200	155,942,276	0.001701	266,217	453	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	349,782	409,017,958	0.000855	3,487,519	2,982	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	222,584	21,891,431	0.010168	0	0	73.01
74.00	07400 RENAL DIALYSIS	109,596	4,331,344	0.025303	154,906	3,920	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,995	7,221,569	0.001107	20,209	22	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,494	24,186,899	0.001261	0	0	76.98
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	09001 SUBSTANCE ABUSE CLINIC	234,756	741,027	0.316798	0	0	90.01
90.02	09002 PAIN CLINIC	816,730	3,406,435	0.239761	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	294,893	52,011,215	0.005670	49,487	281	90.03
91.00	09100 EMERGENCY	1,380,125	295,798,266	0.004666	2,216,229	10,341	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,078,160	65,390,835	0.016488	33,276	549	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	169,266	8,693,279	0.019471	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	12,883,224	2,165,641,315		15,032,301	81,313	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/24/2024 9:21 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
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	70,925	0.00	2,497 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,360	0.00	380 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0 32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,923	0.00	370 35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,846	0.00	107 41.00	
43.00	04300	NURSERY	0	0	2,228	0.00	1,539 43.00	
200.00		Total (lines 30 through 199)	0	0	89,282		4,893 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/24/2024 9:21 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
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
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	333,894	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	90.03
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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	333,894	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0089

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2024 9:21 am

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	240,203,943	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	33,076,241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	29,529,990	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	270,311,674	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	57,392,281	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	128,463,185	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	122,622,894	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,647,350	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,576,084	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	9,008,836	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	24,990,967	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,595,158	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,460,826	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,283,823	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99,845,529	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	155,942,276	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	333,894	333,894	409,017,958	0.000816	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	21,891,431	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,331,344	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7,221,569	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	24,186,899	0.000000	76.98
77.00	07700	ALLOGENEI C 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	09001	SUBSTANCE ABUSE CLINIC	0	0	0	741,027	0.000000	90.01
90.02	09002	PAIN CLINIC	0	0	0	3,406,435	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	52,011,215	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	295,798,266	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	65,390,835	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,693,279	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	333,894	333,894	2,165,641,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0089

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2024 9:21 am

Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000000	1,382,677	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	176,400	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	536,916	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,224,751	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	622,819	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	323,292	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,799,469	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	154,038	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,184,921	0	0	0	65.00
65.01	06501	SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	127,833	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	78,883	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	118,764	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	495,429	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	578,266	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	266,217	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000816	3,487,519	2,846	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	154,906	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	20,209	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700	ALLOGENEI C 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	09001	SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.000000	49,487	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	2,216,229	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	33,276	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		15,032,301	2,846	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 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	0.107696	0	1,278,243	0	0
51.00 05100 RECOVERY ROOM	0.153066	0	226,800	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.264932	0	115,595	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.103292	0	3,107,025	0	0
57.00 05700 CT SCAN	0.062021	0	539,287	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.064844	0	205,209	0	0
60.00 06000 LABORATORY	0.186153	0	1,189,546	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.232460	0	311,034	0	0
65.00 06500 RESPIRATORY THERAPY	0.233857	0	68,637	0	0
65.01 06501 SLEEP LAB	0.117707	0	107,679	0	0
66.00 06600 PHYSICAL THERAPY	0.410455	0	312,916	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.241763	0	4,640	0	0
68.00 06800 SPEECH PATHOLOGY	0.229370	0	11,245	0	0
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.107540	0	279,485	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	0	423,190	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.127386	0	579,581	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.181259	0	3,105,735	0	0
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.488773	0	5,108	0	0
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.231130	0	4,848	0	0
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.108906	0	422,126	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 09001 SUBSTANCE ABUSE CLINIC	1.636075	0	1,277	0	0
90.02 09002 PAIN CLINIC	0.683359	0	25,410	0	0
90.03 09003 ONCOLOGY CLINIC	0.124579	0	1,153,624	0	0
91.00 09100 EMERGENCY	0.093507	0	5,254,204	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	0	1,486,131	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.244414	0	57,865	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	20,276,440	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)	0	20,276,440	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 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	137,662	0	50.00
51.00 05100	RECOVERY ROOM	34,715	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	30,625	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	320,931	0	54.00
57.00 05700	CT SCAN	33,447	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	13,307	0	59.00
60.00 06000	LABORATORY	221,438	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	72,303	0	63.00
65.00 06500	RESPIRATORY THERAPY	16,051	0	65.00
65.01 06501	SLEEP LAB	12,675	0	65.01
66.00 06600	PHYSICAL THERAPY	128,438	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,122	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,579	0	68.00
68.01 06801	AUDIOLOGY	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	30,056	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	94,315	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	73,831	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	562,942	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400	RENAL DIALYSIS	2,497	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,121	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	45,972	0	76.98
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 09001	SUBSTANCE ABUSE CLINIC	2,089	0	90.01
90.02 09002	PAIN CLINIC	17,364	0	90.02
90.03 09003	ONCOLOGY CLINIC	143,717	0	90.03
91.00 09100	EMERGENCY	491,305	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	294,918	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	14,143	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500	AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	2,799,563	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	2,799,563	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2023	Worksheet D				
		Component CCN: 15-T089	To 12/31/2023	Part V				
		Title XIX	Subprovider - IRF	Date/Time Prepared: 5/24/2024 9:21 am				
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges	Costs				
			PPS Reimbursed Services (see inst.)	PPS Services (see inst.)				
			Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)				
		1.00	2.00	3.00				
			4.00	5.00				
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.107696	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.153066	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264932	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103292	0	0	0	0	54.00
57.00	05700	CT SCAN	0.062021	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064844	0	0	0	0	59.00
60.00	06000	LABORATORY	0.186153	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232460	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.233857	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.117707	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.410455	0	153,687	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241763	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.229370	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.107540	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.127386	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181259	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.488773	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.231130	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.108906	0	0	0	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	1.636075	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0.683359	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.124579	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.093507	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.244414	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	153,687	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	153,687	0	0	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/24/2024 9:21 am
	Title XIX	Subprovider - IRF	Cost

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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	63,082	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
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 09001 SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
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
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	63,082	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 - line 201)	63,082	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 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)		70,925	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,925	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)		60,453	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		18,938	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)		87,887,812	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)		87,887,812	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)		87,887,812	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)		1,239.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,467,401	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)		23,467,401	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	18,573,713	8,360	2,221.74	2,280	5,065,567	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,809,690	2,923	1,645.46	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				29,769,359		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)				58,302,327		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)				2,259,822		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,048,895		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,308,717		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				54,993,610		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)				10,472		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,239.17		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				12,976,588		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,302,158	87,887,812	0.083085	12,976,588	1,078,160	90.00
91.00	Nursing Program cost	0	87,887,812	0.000000	12,976,588	0	91.00
92.00	Allied health cost	0	87,887,812	0.000000	12,976,588	0	92.00
93.00	All other Medical Education	0	87,887,812	0.000000	12,976,588	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,846 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,846 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)			4,846 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)			1,917 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)			4,850,683 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)			4,850,683 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)			4,850,683 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)			1,000.97 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,918,859 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)			1,918,859 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-T089		Date/Time Prepared: 5/24/2024 9:21 am	
				Title XVIII	Subprovider - IRF	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	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,532,113	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)					3,450,972	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					180,466	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,266	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					258,732	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,192,240	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	456,222	4,850,683	0.094053	0	0	90.00
91.00	Nursing Program cost	0	4,850,683	0.000000	0	0	91.00
92.00	Allied health cost	0	4,850,683	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,850,683	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 am
		Title XIX	Hospital	PPS
Cost Center Description		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		70,925	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,925	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)		60,453	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)		2,497	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)		2,228	15.00
16.00	Nursery days (title V or XIX only)		1,539	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)		87,887,812	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)		87,887,812	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)		87,887,812	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)		1,239.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,094,207	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)		3,094,207	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		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)	1,319,701	2,228	592.33	1,539	911,596	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,573,713	8,360	2,221.74	380	844,261	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,809,690	2,923	1,645.46	370	608,820	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,403,253	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)					7,862,137	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)					483,577	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					84,159	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					567,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,294,401	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)					10,472	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,239.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,976,588	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/24/2024 9:21 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,302,158	87,887,812	0.083085	12,976,588	1,078,160	90.00
91.00	Nursing Program cost	0	87,887,812	0.000000	12,976,588	0	91.00
92.00	Allied health cost	0	87,887,812	0.000000	12,976,588	0	92.00
93.00	All other Medical Education	0	87,887,812	0.000000	12,976,588	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 9:21 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		64,746,106	30.00
31.00	03100	INTENSIVE CARE UNIT		17,946,126	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.107696	33,439,485	50.00
51.00	05100	RECOVERY ROOM	0.153066	2,915,250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264932	189,279	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103292	13,927,322	54.00
57.00	05700	CT SCAN	0.062021	7,106,246	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064844	17,628,869	59.00
60.00	06000	LABORATORY	0.186153	15,340,033	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232460	1,671,549	63.00
65.00	06500	RESPIRATORY THERAPY	0.233857	7,661,681	65.00
65.01	06501	SLEEP LAB	0.117707	6,118	65.01
66.00	06600	PHYSICAL THERAPY	0.410455	2,096,537	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241763	695,506	67.00
68.00	06800	SPEECH PATHOLOGY	0.229370	864,654	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.107540	6,916,121	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	12,313,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.127386	32,808,195	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181259	29,606,581	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	73.01
74.00	07400	RENAL DIALYSIS	0.488773	1,155,591	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.231130	455,448	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.108906	75,293	76.98
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	09001	SUBSTANCE ABUSE CLINIC	1.636075	0	90.01
90.02	09002	PAIN CLINIC	0.683359	6,184	90.02
90.03	09003	ONCOLOGY CLINIC	0.124579	519,543	90.03
91.00	09100	EMERGENCY	0.095191	26,406,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	418,761	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.244414	31,622	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		214,256,285	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)		214,256,285	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		5,070,429	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.107696	78,389	8,442 50.00
51.00	05100 RECOVERY ROOM	0.153066	11,760	1,800 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.264932	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103292	199,474	20,604 54.00
57.00	05700 CT SCAN	0.062021	66,005	4,094 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064844	1,576	102 59.00
60.00	06000 LABORATORY	0.186153	324,952	60,491 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.232460	5,860	1,362 63.00
65.00	06500 RESPIRATORY THERAPY	0.233857	57,628	13,477 65.00
65.01	06501 SLEEP LAB	0.117707	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.410455	1,595,201	654,758 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.241763	1,874,706	453,235 67.00
68.00	06800 SPEECH PATHOLOGY	0.229370	523,594	120,097 68.00
68.01	06801 AUDIOLOGY	0.000000	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.107540	49,217	5,293 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	58,644	13,070 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.127386	11,087	1,412 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.181259	764,850	138,636 73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.488773	72,098	35,240 74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.231130	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.108906	0	0 76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1.636075	0	0 90.01
90.02	09002 PAIN CLINIC	0.683359	0	0 90.02
90.03	09003 ONCOLOGY CLINIC	0.124579	0	0 90.03
91.00	09100 EMERGENCY	0.095191	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.244414	0	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,695,041	1,532,113 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		5,695,041	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 9:21 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		6,139,739	30.00
31.00	03100	INTENSIVE CARE UNIT		1,858,275	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,638,421	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		206,142	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.107696	1,382,677	50.00
51.00	05100	RECOVERY ROOM	0.153066	176,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.264932	536,916	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103292	1,224,751	54.00
57.00	05700	CT SCAN	0.062021	622,819	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064844	323,292	59.00
60.00	06000	LABORATORY	0.186153	1,799,469	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232460	154,038	63.00
65.00	06500	RESPIRATORY THERAPY	0.233857	1,184,921	65.00
65.01	06501	SLEEP LAB	0.117707	0	65.01
66.00	06600	PHYSICAL THERAPY	0.410455	127,833	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241763	78,883	67.00
68.00	06800	SPEECH PATHOLOGY	0.229370	118,764	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.107540	495,429	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	578,266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.127386	266,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181259	3,487,519	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	73.01
74.00	07400	RENAL DIALYSIS	0.488773	154,906	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.231130	20,209	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.108906	0	76.98
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	09001	SUBSTANCE ABUSE CLINIC	1.636075	0	90.01
90.02	09002	PAIN CLINIC	0.683359	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.124579	49,487	90.03
91.00	09100	EMERGENCY	0.095191	2,216,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	33,276	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.244414	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		15,032,301	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)		15,032,301	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/24/2024 9:21 am
		Title XIX	Subprovider - IRF	Cost
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			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		280,264	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.107696	0	50.00
51.00	05100 RECOVERY ROOM	0.153066	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.264932	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103292	0	54.00
57.00	05700 CT SCAN	0.062021	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064844	0	59.00
60.00	06000 LABORATORY	0.186153	24,493	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.232460	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.233857	0	65.00
65.01	06501 SLEEP LAB	0.117707	0	65.01
66.00	06600 PHYSICAL THERAPY	0.410455	92,413	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.241763	109,691	67.00
68.00	06800 SPEECH PATHOLOGY	0.229370	24,857	68.00
68.01	06801 AUDIOLOGY	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.107540	1,280	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.222866	31,167	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.127386	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.181259	116,742	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.282899	0	73.01
74.00	07400 RENAL DIALYSIS	0.488773	46,916	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.231130	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.108906	0	76.98
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	09001 SUBSTANCE ABUSE CLINIC	1.636075	0	90.01
90.02	09002 PAIN CLINIC	0.683359	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.124579	0	90.03
91.00	09100 EMERGENCY	0.093507	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198447	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.244414	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		447,559	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)		447,559	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 9:21 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)		34,172,265	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,931,453	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)		366,705	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		85,114	2.04
3.00	Managed Care Simulated Payments		42,502,961	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		277.89	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)		50.70	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.		12.00	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)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		59.10	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)		59.10	12.00
13.00	Total allowable FTE count for the prior year.		61.27	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.		62.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		61.02	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		61.02	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.219583	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.212304	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.212304	21.00
22.00	IME payment adjustment (see instructions)		5,047,158	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,652,969	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).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-3.60	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)		5,047,158	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,652,969	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.32	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.86	31.00
32.00	Sum of lines 30 and 31		32.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.76	33.00
34.00	Disproportionate share adjustment (see instructions)		1,816,486	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 9:21 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)	0.000358160	0.000335854	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	2,462,134	1,994,306	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,841,541	501,301	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,342,842		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)	55,762,023		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)		60,414,992	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,065,633	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).		2,578,410	52.00
53.00	Nursing and Allied Health Managed Care payment		37,193	53.00
54.00	Special add-on payments for new technologies		36,970	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)		24,159	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,157,357	59.00
60.00	Primary payer payments		3,717	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,153,640	61.00
62.00	Deductibles billed to program beneficiaries		4,757,888	62.00
63.00	Coinurance billed to program beneficiaries		171,200	63.00
64.00	Allowable bad debts (see instructions)		321,079	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		208,701	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		116,822	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,433,253	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)		-83,874	70.93
70.94	HRR adjustment amount (see instructions)		-74,775	70.94
70.95	Recovery of accelerated depreciation		0	70.95



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/24/2024 9:21 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)		62,274,604	71.00
71.01	Sequestration adjustment (see instructions)		1,245,492	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		60,695,326	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		333,786	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,177,716	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)			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	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	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: 15-0089

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2024 9:21 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	34,172,265	0	34,172,265		34,172,265	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,931,453	0		11,931,453	11,931,453	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	366,705	0	366,705		366,705	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	85,114	0		85,114	85,114	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	42,502,961	0	31,939,636	10,563,325	42,502,961	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.212304	0.212304	0.212304	0.212304		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,047,158	0	3,740,974	1,306,184	5,047,158	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,652,969	0	3,496,560	1,156,409	4,652,969	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	5,047,158	0	3,740,974	1,306,184	5,047,158	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,652,969	0	3,496,560	1,156,409	4,652,969	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1576	0.1576	0.1576	0.1576		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,816,486	0	1,346,387	470,099	1,816,486	11.00
11.01	Uncompensated care payments	36.00	2,342,842	0	1,841,541	501,301	2,342,842	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	55,762,023	0	41,467,872	14,294,151	55,762,023	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	60,414,992	0	44,964,432	15,450,560	60,414,992	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,065,633	0	2,997,860	1,067,773	4,065,633	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/24/2024 9:21 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	36,970	0	36,970	0	36,970	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	47,999,262	16,518,333	64,517,595	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	3,497,727	0	2,576,624	921,103	3,497,727	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	17,364	0	15,675	1,689	17,364	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	0.0900	0.0900	0.0900	0.0900		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	314,795	0	231,896	82,899	314,795	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0674	0.0674	0.0674	0.0674		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	235,747	0	173,665	62,082	235,747	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,065,633	0	2,997,860	1,067,773	4,065,633	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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2024 9:21 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col 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	34,172,265	34,172,265		34,172,265	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,931,453		11,931,453	11,931,453	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	366,705	366,705		366,705	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	85,114		85,114	85,114	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	42,502,961	31,939,636	10,563,325	42,502,961	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.212304	0.212304	0.212304		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,047,158	3,740,974	1,306,184	5,047,158	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,652,969	3,496,560	1,156,409	4,652,969	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	5,047,158	3,740,974	1,306,184	5,047,158	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,652,969	3,496,560	1,156,409	4,652,969	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1576	0.1576	0.1576		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,816,486	1,346,387	470,099	1,816,486	11.00
11.01	Uncompensated care payments	36.00	2,342,842	1,841,541	501,301	2,342,842	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	55,762,023	41,467,872	14,294,151	55,762,023	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	60,414,992	44,964,432	15,450,560	60,414,992	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,065,633	2,997,860	1,067,773	4,065,633	16.00
17.00	Special add-on payments for new technologies	54.00	36,970	36,970	0	36,970	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			47,999,262	16,518,333	64,517,595	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0089

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/24/2024 9:21 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	3,497,727	2,576,624	921,103	3,497,727	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	17,364	15,675	1,689	17,364	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	0.0900	0.0900	0.0900		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	314,795	231,896	82,899	314,795	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0674	0.0674	0.0674		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	235,747	173,665	62,082	235,747	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,065,633	2,997,860	1,067,773	4,065,633	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	-83,874	0	-83,874	-83,874	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	-74,775	-34,208	-40,567	-74,775	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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		13,161	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,248,904	2.00
3.00	OPPS or REH payments		43,288,781	3.00
4.00	Outlier payment (see instructions)		154,147	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		82,850	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,161	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		73,351	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)		73,351	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)		73,351	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60,190	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)		13,161	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)		43,525,778	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)		7,165,245	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)		36,373,694	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,891,393	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)		38,265,087	30.00
31.00	Primary payer payments		48,927	31.00
32.00	Subtotal (line 30 minus line 31)		38,216,160	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)		522,401	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		339,561	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		245,105	36.00
37.00	Subtotal (see instructions)		38,555,721	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-6,713	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)		38,562,434	40.00
40.01	Sequestration adjustment (see instructions)		771,249	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		37,692,379	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)		98,806	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		97,799	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: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 9:21 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		403	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39	2.00
3.00	OPPS or REH payments		168	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		403	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,224	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)		2,224	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)		2,224	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,821	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)		403	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)		168	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)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		571	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		571	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		571	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		571	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		571	40.00
40.01	Sequestration adjustment (see instructions)		11	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		601	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)		-41	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<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



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0089		Period: From 01/01/2023 To 12/31/2023		Worksheet E-1 Part I Date/Time Prepared: 5/24/2024 9:21 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		60,695,326		37,692,379	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)		60,695,326		37,692,379	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		333,786		98,806	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		61,029,112		37,791,185	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part I Date/Time Prepared: 5/24/2024 9:21 am	
		Title XVIII	Subprovider - IRF	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				601 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		3,335,353		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)				0 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)		3,335,353		601 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		45,010		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		41 6.02
7.00	Total Medicare program liability (see instructions)		3,380,363		560 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part III Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,254,913 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0320 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			179,671 3.00
4.00	Outlier Payments			41,954 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.276712 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,476,538 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,476,538 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,476,538 19.00
20.00	Deductibles			27,200 20.00
21.00	Subtotal (line 19 minus line 20)			3,449,338 21.00
22.00	Coinsurance			6,400 22.00
23.00	Subtotal (line 21 minus line 22)			3,442,938 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,904 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,788 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,448,726 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			624 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,449,350 32.00
32.01	Sequestration adjustment (see instructions)			68,987 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,335,353 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			45,010 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			142,565 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			41,954 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/24/2024 9:21 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.			57.92	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)			12.00	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)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			59.10	6.00
7.00	Enter the lesser of line 5 or line 6			59.10	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.	48.10	11.00	59.10	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.	48.10	11.00	59.10	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	48.10	11.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.95	11.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.00	10.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	50.68	10.83		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	50.68	10.83		17.00
18.00	Per resident amount	125,418.43	118,760.26		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	6,356,206	1,286,174	7,642,380	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)			4.00	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)			123,563.53	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)			7,642,380	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/24/2024 9:21 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)	23,135	23,083		26.00
27.00	Total Inpatient Days (see instructions)	77,732	77,732		27.00
28.00	Ratio of inpatient days to total inpatient days	0.297625	0.296956		28.00
29.00	Program direct GME amount	2,274,563	2,269,451	4,544,014	29.00
29.01	Percent reduction for MA DGME		3.27		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		74,211	74,211	30.00
31.00	Net Program direct GME amount			4,469,803	31.00
				1.00	
<b>DI RECT 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)			4,331,344	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)			61,753,299	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)			3,717	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			61,749,582	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			45,345,357	42.00
43.00	Primary payer payments (see instructions)			48,927	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			45,296,430	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			107,046,012	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.576851	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.423149	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			4,469,803	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			2,578,410	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,891,393	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/24/2024 9:21 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: 15-0089

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

Worksheet G

Date/Time Prepared:  
5/24/2024 9:21 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	404,958,255	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	70,846,073	0	0	0	4.00
5.00	Other receivable	4,578,822	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	13,863,964	0	0	0	7.00
8.00	Prepaid expenses	1,203,293	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)	495,450,407	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,072,523	0	0	0	12.00
13.00	Land improvements	3,429,715	0	0	0	13.00
14.00	Accumulated depreciation	-3,313,112	0	0	0	14.00
15.00	Buildings	417,478,617	0	0	0	15.00
16.00	Accumulated depreciation	-250,786,633	0	0	0	16.00
17.00	Leasehold improvements	429,120	0	0	0	17.00
18.00	Accumulated depreciation	-414,593	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	154,731,628	0	0	0	23.00
24.00	Accumulated depreciation	-115,191,646	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)	212,435,619	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	134,690,068	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	21,383,946	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	156,074,014	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	863,960,040	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	32,318,574	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,127,049	0	0	0	38.00
39.00	Payroll taxes payable	621,719	0	0	0	39.00
40.00	Notes and loans payable (short term)	156,159	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	2,986,633	0	0	0	42.00
43.00	Due to other funds	10,467,114	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	54,677,248	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	1,654,938	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,654,938	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,332,186	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	807,627,854				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)	807,627,854	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	863,960,040	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

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

Worksheet G-1

Date/Time Prepared:  
5/24/2024 9:21 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		747,501,686		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		59,807,369			2.00
3.00	Total (sum of line 1 and line 2)		807,309,055		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	DONATED PPE	127,455		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)		127,455		0	10.00
11.00	Subtotal (line 3 plus line 10)		807,436,510		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	RESTRICTED FUND BALANCE	-191,347		0		13.00
14.00	ROUNDING	3		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)		-191,344		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		807,627,854		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	DONATED PPE		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	RESTRICTED FUND BALANCE		0			13.00
14.00	ROUNDING		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: 15-0089

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2024 9:21 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	210,341,436		210,341,436	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	13,004,438		13,004,438	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)	223,345,874		223,345,874	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	60,827,055		60,827,055	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	14,653,983		14,653,983	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	75,481,038		75,481,038	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	298,826,912		298,826,912	17.00
18.00	Ancillary services	636,461,418	1,103,138,839	1,739,600,257	18.00
19.00	Outpatient services	81,391,011	344,650,046	426,041,057	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC	0	1,759,638	1,759,638	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,016,679,341	1,449,548,523	2,466,227,864	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		518,926,445		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)		518,926,445		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

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

Worksheet G-3

Date/Time Prepared:  
5/24/2024 9:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,466,227,864	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,927,319,961	2.00
3.00	Net patient revenues (line 1 minus line 2)	538,907,903	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	518,926,445	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,981,458	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	39,825,911	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	39,825,911	25.00
26.00	Total (line 5 plus line 25)	59,807,369	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)	59,807,369	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/24/2024 9:21 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,497,727	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		17,364	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		199.69	3.00
4.00	Number of interns & residents (see instructions)		61.02	4.00
5.00	Indirect medical education percentage (see instructions)		9.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		314,795	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.86	8.00
9.00	Sum of lines 7 and 8		32.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.74	10.00
11.00	Disproportionate share adjustment (see instructions)		235,747	11.00
12.00	Total prospective capital payments (see instructions)		4,065,633	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00