

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: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/29/2024 1:53 pm
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PART I - COST REPORT STATUS

Provider use only

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

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.

Date: 5/29/2024 Time: 1:53 pm

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH BLOOMINGTON HOSPITAL (15-0051) 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	Michael Craig	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	Michael Craig		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	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	348,201	1,930	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	3.00
4.00	SUBPROVIDER (OTHER)	0	0	0	0	4.00
5.00	SWING BED - SNF	0	0	0	0	5.00
6.00	SWING BED - NF	0	0	0	0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
200.00	TOTAL	0	348,201	1,930	0	200.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 1:53 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box: 1149		3.00 Zip Code: 47402		4.00 County: MONROE		1.00
1.00	Street: 601 WEST SECOND STREET	State: IN		Zip Code: 47402		County: MONROE		2.00
2.00	City: BLOOMINGTON							

	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		

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2023	12/31/2023	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N	N			22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
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: 15-0051			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 1:53 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,133	703	30	92	14,063	42	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	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)					N	63.00

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

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			1.00				
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					68.00	
			1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00	
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments			
			1.00	2.00			
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N		0	88.00
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge		
			1.00	2.00	3.00		
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00		0	89.00
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 1:53 pm	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 1:53 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	419,310	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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		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	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: INDIANA UNIVERSITY HEALTH 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: 46202-3082	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 1:53 pm			
1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
1.00									
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
1.00									
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						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	1,683	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 1:53 pm		
		Y/N	Date					
		1.00	2.00					
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE								
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.								
COMPLETED BY ALL HOSPITALS								
Provider Organization and Operation								
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00	
		Y/N	Date					
		1.00	2.00					
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00	
		Y/N	Type					
		1.00	2.00					
Financial Data and Reports								
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00	
		Y/N	Legal Oper.					
		1.00	2.00					
Approved Educational Activities								
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N					9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00	
		Y/N						
		1.00						
Bad Debts								
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00	
Bed Complement								
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00	
		Part A		Part B				
		Y/N	Date	Y/N	Date			
		1.00	2.00	3.00	4.00			
PS&R Data								
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2024	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: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 1:53 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-556-3910		RUTTER@IUHEALTH.ORG	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	56,940	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)		156	56,940	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	16	5,840	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	18	6,570	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		190	69,350	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		190				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)		12	4,380			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,853	1,455	46,608			1.00
2.00	HMO and other (see instructions)	13,020	13,526				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	14,853	1,455	46,608			7.00
8.00	INTENSIVE CARE UNIT	1,439	169	4,747			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	372	3,576			12.00
13.00	NURSERY		1,499	2,944			13.00
14.00	Total (see instructions)	16,292	3,495	57,875	0.00	1,663.41	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			84			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)				0.00	1,663.41	27.00
28.00	Observation Bed Days		94	2,464			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)	2	42	1,550			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,033	287	10,635	1.00
2.00	HMO and other (see instructions)			2,092	2,351		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,033	287	10,635	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	124,810,224	-563,417	124,246,807	3,459,967.30	35.91
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,638,384	2,051,305	10,689,689	293,585.51	36.41
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		11,423,586	0	11,423,586	100,495.00	113.67
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		1,661,285	0	1,661,285	21,643.19	76.76
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		37,359,469	0	37,359,469	986,008.45	37.89
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,754,017	0	28,754,017		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,683,911	0	2,683,911		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		10,633,403	0	10,633,403		
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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5,946,353	-943,946	5,002,407	103,546.01	48.31	27.00
28.00	Administrative & General under contract (see inst.)	2,973,443	0	2,973,443	26,878.15	110.63	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,656,953	-81,759	2,575,194	80,942.00	31.82	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,145,615	-11,021	2,134,594	105,310.11	20.27	32.00
33.00	Housekeeping under contract (see instructions)	365,996	0	365,996	7,165.00	51.08	33.00
34.00	Dietary	3,213,897	-1,278,708	1,935,189	88,953.47	21.76	34.00
35.00	Dietary under contract (see instructions)	325,962	0	325,962	6,865.60	47.48	35.00
36.00	Cafeteria	0	1,271,763	1,271,763	64,512.54	19.71	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	9,825,310	-210,175	9,615,135	236,130.94	40.72	38.00
39.00	Central Services and Supply	27,657	0	27,657	1,302.86	21.23	39.00
40.00	Pharmacy	6,265,377	-667,166	5,598,211	112,781.70	49.64	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	810,159	-1,596	808,563	36,409.15	22.21	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2024 1:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	128,475,625	-563,417	127,912,208	3,500,876.05	36.54	1.00
2.00	Excluded area salaries (see instructions)	8,638,384	2,051,305	10,689,689	293,585.51	36.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	119,837,241	-2,614,722	117,222,519	3,207,290.54	36.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	50,444,340	0	50,444,340	1,108,146.64	45.52	4.00
5.00	Subtotal wage-related costs (see inst.)	39,387,420	0	39,387,420	0.00	33.60	5.00
6.00	Total (sum of lines 3 thru 5)	209,669,001	-2,614,722	207,054,279	4,315,437.18	47.98	6.00
7.00	Total overhead cost (see instructions)	34,556,722	-1,922,608	32,634,114	870,797.53	37.48	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,697,338	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,098,212	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	367,587	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	563,417	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	603,316	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	9,102,656	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,402	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,437,928	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/29/2024 1:53 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	11,423,586	31,437,928	1.00
2.00	Hospital	11,423,586	28,754,017	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	2,683,911	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 1:53 pm
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				1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)			0.193209	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			58,613,553	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			373,696,538	6.00
7.00	Medicaid cost (line 1 times line 6)			72,201,534	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			13,587,981	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			6,703	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			57,319	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			11,075	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			4,372	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			13,592,353	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	22,673,491	2,659,548	25,333,039	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,380,723	1,149,297	5,530,020	21.00
22.00	Payments received from patients for amounts previously written off as charity care	15,206	830	16,036	22.00
23.00	Cost of charity care (see instructions)	4,365,517	1,148,467	5,513,984	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)			1,871,923	25.01
26.00	Bad debt amount (see instructions)			14,458,184	26.00
27.00	Medicare reimbursable bad debts (see instructions)			407,522	27.00
27.01	Medicare allowable bad debts (see instructions)			626,957	27.01
28.00	Non-Medicare bad debt amount (see instructions)			13,831,227	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			2,891,753	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			8,405,737	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			21,998,090	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 1:53 pm
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				1.00	
PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)			0.193209	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid				5.00
6.00	Medicaid charges				6.00
7.00	Medicaid cost (line 1 times line 6)				7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)				8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP				9.00
10.00	Stand-alone CHIP charges				10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)				12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				14.00
15.00	State or local indigent care program cost (line 1 times line 14)				15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)				16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care				17.00
18.00	Government grants, appropriations or transfers for support of hospital operations				18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	22,673,491	2,659,548	25,333,039	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,380,723	1,149,297	5,530,020	21.00
22.00	Payments received from patients for amounts previously written off as charity care	15,206	830	16,036	22.00
23.00	Cost of charity care (see instructions)	4,365,517	1,148,467	5,513,984	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)			1,871,923	25.01
26.00	Bad debt amount (see instructions)			14,458,184	26.00
27.00	Medicare reimbursable bad debts (see instructions)			407,522	27.00
27.01	Medicare allowable bad debts (see instructions)			626,957	27.01
28.00	Non-Medicare bad debt amount (see instructions)			13,831,227	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			2,891,753	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			8,405,737	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,405,737	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A

Date/Time Prepared:
5/29/2024 1:53 pm

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	11,892,447	11,892,447	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	21,024,899	21,024,899	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,520,662	21,811,529	23,332,191	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,946,353	103,953,421	109,899,774	101,493,559	5.00
7.00	00700	OPERATION OF PLANT	2,656,953	27,094,887	29,751,840	17,162,650	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	190,951	190,951	190,944	8.00
9.00	00900	HOUSEKEEPING	2,145,615	3,068,490	5,214,105	4,658,959	9.00
10.00	01000	DIETARY	3,213,897	1,685,551	4,899,448	2,436,102	10.00
11.00	01100	CAFETERIA	0	0	1,742,842	1,742,842	11.00
13.00	01300	NURSING ADMINISTRATION	9,825,310	4,437,686	14,262,996	11,322,245	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,657	6,552,558	6,580,215	15,033,690	14.00
15.00	01500	PHARMACY	6,265,377	40,322,780	46,588,157	7,975,050	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	810,159	1,564,046	2,374,205	1,758,232	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	136,212	45,341	181,553	400,692	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,996,201	32,635,360	53,631,561	45,491,122	30.00
31.00	03100	INTENSIVE CARE UNIT	4,068,873	3,311,299	7,380,172	5,888,795	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,333,007	2,278,328	4,611,335	4,006,175	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	968,810	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,901,369	37,785,542	44,686,911	22,340,638	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,032,171	2,257,933	7,290,104	5,998,698	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,776,105	2,679,244	5,455,349	4,265,186	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,306,069	2,706,382	6,012,451	5,701,350	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,402,113	4,483,850	6,885,963	4,217,301	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	680,864	2,982,754	3,663,618	2,600,266	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	719,473	1,964,016	2,683,489	1,288,846	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,139,410	16,274,396	18,413,806	2,298,902	59.00
60.00	06000	LABORATORY	1,466	19,213,863	19,215,329	19,231,720	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,395,214	1,874,638	5,269,852	3,927,213	65.00
66.00	06600	PHYSICAL THERAPY	6,987,038	2,621,216	9,608,254	7,520,887	66.00
69.00	06900	ELECTROCARDIOLOGY	1,204,290	965,434	2,169,724	1,639,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	442,466	1,796,695	2,239,161	1,881,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,818,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,056,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,316,022	73.00
73.01	07302	OP PHARMACY	556,755	5,458,990	6,015,745	5,911,914	73.01
74.00	07400	RENAL DIALYSIS	0	1,762,171	1,762,171	1,689,957	74.00
76.97	07697	CARDIAC REHABILITATION	510,679	176,706	687,385	574,285	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,122,766	354,353	1,477,119	1,220,603	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	4,667,283	2,794,409	7,461,692	6,035,476	90.01
90.02	09002	WOUND CARE CENTER	647,254	482,723	1,129,977	768,826	90.02
90.03	09003	PAIN CLINIC	598,837	794,041	1,392,878	932,826	90.03
90.04	09004	OB CLINIC	2,513,217	874,939	3,388,156	2,776,112	90.04
90.05	09005	OP PSYCH CLINIC	810,111	433,287	1,243,398	1,059,723	90.05
90.06	09006	MULTI SPECIALTY CLINIC	2,192,648	1,159,677	3,352,325	2,660,886	90.06
91.00	09100	EMERGENCY	6,279,349	15,064,423	21,343,772	18,839,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	1,995,491	5,062,977	7,058,468	5,617,190	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	116,308,052	360,686,019	476,994,071	-1,024,550	475,969,521	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-1,450	-270	-1,720	95,360	93,640	190.00
190.01	19001 PROMPTCARE	2,495,588	1,410,733	3,906,321	-820,947	3,085,374	190.01
190.02	19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003 OLCOTT	0	0	0	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	0	0	0	0	190.05
190.06	19006 MARKETING	0	0	0	0	0	190.06
190.07	19007 HME STORE	0	0	0	0	0	190.07
190.08	19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	6,003,587	4,807,828	10,811,415	-7,714,104	3,097,311	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 RESEARCH	0	0	0	0	0	191.01
191.02	19102 OTHER SPONSORED ACTIVITIES	0	0	0	6,259,247	6,259,247	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	694	86,123	86,817	-38,600	48,217	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	1,074,580	1,074,580	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	2,039,615	2,039,615	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	3,753	1,093	4,846	129,399	134,245	194.03
194.04	07954 HOME CARE	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	1,775	1,775	0	1,775	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	124,810,224	366,993,301	491,803,525	0	491,803,525	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,339,093	13,231,540	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,641,559	22,666,458	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-146,616	23,185,575	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,321,203	88,172,356	5.00
7.00	00700	OPERATION OF PLANT	-78,860	17,083,790	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	190,944	8.00
9.00	00900	HOUSEKEEPING	-38,000	4,620,959	9.00
10.00	01000	DIETARY	-41,482	2,394,620	10.00
11.00	01100	CAFETERIA	0	1,742,842	11.00
13.00	01300	NURSING ADMINISTRATION	-96,861	11,225,384	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,033,690	14.00
15.00	01500	PHARMACY	-244	7,974,806	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	1,758,232	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	49,783	450,475	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,146,994	38,344,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,888,795	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-517,524	3,488,651	35.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	968,810	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,544,647	17,795,991	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	5,998,698	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,265,186	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-527,147	5,174,203	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-554,289	3,663,012	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	2,600,266	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,288,846	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,298,902	59.00
60.00	06000	LABORATORY	-551,794	18,679,926	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,712	3,925,501	65.00
66.00	06600	PHYSICAL THERAPY	0	7,520,887	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,639,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,360,861	520,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,818,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,056,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,316,022	73.00
73.01	07302	OP PHARMACY	-350,619	5,561,295	73.01
74.00	07400	RENAL DIALYSIS	0	1,689,957	74.00
76.97	07697	CARDIAC REHABILITATION	0	574,285	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-17,880	1,202,723	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	-459,614	5,575,862	90.01
90.02	09002	WOUND CARE CENTER	-2,314	766,512	90.02
90.03	09003	PAIN CLINIC	-2,314	930,512	90.03
90.04	09004	OB CLINIC	0	2,776,112	90.04
90.05	09005	OP PSYCH CLINIC	0	1,059,723	90.05
90.06	09006	MULTI SPECIALTY CLINIC	-43,071	2,617,815	90.06
91.00	09100	EMERGENCY	-1,462,923	17,376,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	-152	5,617,038	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,236,686	447,732,835	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	93,640	190.00
190.01	19001	PROMPTCARE	-26,850	3,058,524	190.01
190.02	19002	RENTAL PROPERTIES	0	0	190.02
190.03	19003	OLCOTT	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	0	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	3,097,311	190.11
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	RESEARCH	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	6,259,247	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	48,217	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	1,074,580	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	2,039,615	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	134,245	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	1,775	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,263,536	463,539,989	200.00

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
5/29/2024 1:53 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,915,821	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,993	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	21,917,814	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,514,055	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,899,351	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	31,413,406	
C - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,818,204	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	67	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,273	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	67	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
0			0	10,819,616	
D - NONBILLABLE MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,756,301	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	850	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	8,020	3.00
4.00	OPERATION OF PLANT	7.00	0	52,403	4.00
5.00	HOUSEKEEPING	9.00	0	1,819	5.00
6.00	DIETARY	10.00	0	741	6.00
7.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	17	7.00
8.00	PHYSICAL THERAPY	66.00	0	21,822	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	60,174	9.00
10.00	CARDIAC REHABILITATION	76.97	0	1,183	10.00
11.00	CLINIC	90.00	0	970	11.00
12.00	OP PSYCH CLINIC	90.05	0	531	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
0			0	11,904,831	

RECLASSIFICATIONS

Provider CCN: 15-0051

Period:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
E - IMPLANTS SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,056,457	1.00
2.00	MULTI SPECIALTY CLINIC	90.06	0	664	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	0		0	17,057,121	
F - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,506,047	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,022	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
	0		0	1,510,069	
G - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	40,316,022	1.00
2.00	OP PHARMACY	73.01	0	1,504	2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,853	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
	0		0	40,319,379	
H - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	1,655,375	1.00
2.00	OP PHARMACY	73.01	0	2,628	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
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
0		0	1,658,003		
J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	74	1.00
0			0	74	
K - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	226,600	17,335	1.00
2.00		0.00	0	0	2.00
0			226,600	17,335	
L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	68,284	111,183	1.00
0			68,284	111,183	
M - SOFTWARE LICENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		129,223	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			0	129,223	
N - CAFETERIA					
1.00	CAFETERIA	11.00	1,271,763	471,079	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,450	93,910	2.00
0			1,273,213	564,989	
O - SHORT TERM DISABILITY/FLMA					
1.00	ADMINISTRATIVE & GENERAL	5.00		1,424	1.00
2.00	OPERATION OF PLANT	7.00		7,837	2.00
3.00	HOUSEKEEPING	9.00		11,021	3.00
4.00	DIETARY	10.00		5,495	4.00
5.00	NURSING ADMINISTRATION	13.00		57,958	5.00
6.00	PHARMACY	15.00		91,556	6.00
7.00	CENTRAL STERILIZATION	18.01		1,596	7.00
8.00	ADULTS & PEDIATRICS	30.00		89,083	8.00
9.00	INTENSIVE CARE UNIT	31.00		7,727	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00		11,427	10.00
11.00	OPERATING ROOM	50.00		27,849	11.00
12.00	RECOVERY ROOM	51.00		39,618	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		43,946	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00		9,816	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00		925	15.00
16.00	CT SCAN	57.00		1,995	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		443	17.00
18.00	CARDIAC CATHETERIZATION	59.00		1,043	18.00
19.00	RESPIRATORY THERAPY	65.00		17,504	19.00
20.00	PHYSICAL THERAPY	66.00		23,308	20.00
21.00	ELECTROCARDIOLOGY	69.00		586	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00		1,806	22.00
23.00	CARDIAC REHABILITATION	76.97		2,344	23.00

RECLASSIFICATIONS

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Period:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	CLINIC	90.00		1,355	24.00
25.00	OP ONCOLOGY INFUSION CENTER	90.01		16,212	25.00
26.00	WOUND CARE CENTER	90.02		4,125	26.00
27.00	PAIN CLINIC	90.03		7,219	27.00
28.00	OB CLINIC	90.04		20,340	28.00
29.00	OP PSYCH CLINIC	90.05		502	29.00
30.00	MULTI SPECIALTY CLINIC	90.06		11,414	30.00
31.00	EMERGENCY	91.00		14,207	31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01		9,785	32.00
33.00	PROMPTCARE	190.01		2,682	33.00
34.00	COMMUNITY HEALTH SERVICES	190.11		19,269	34.00
			0	563,417	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	304,820	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
			0	304,820	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	253,504	0	1.00
			253,504	0	
S - NURSERY					
1.00	NURSERY	43.00	722,788	246,022	1.00
2.00		0.00	0	0	2.00
			722,788	246,022	
T - BEDFORD ALLOCATION					
1.00	IU HEALTH BEDFORD HOSPITAL	194.01	1,374,313	665,302	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
			1,374,313	665,302	
U - PAOLI ALLOCATION					
1.00	IU HEALTH PAOLI HOSPITAL	194.00	724,397	350,183	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
			724,397	350,183	
V - LIBERTY BUILDING DEPRECIATION					
1.00	IU HEALTH SIP	194.03		129,549	1.00
2.00		0.00	0	0	2.00
				129,549	
AC - GRANT					
1.00	OTHER SPONSORED ACTIVITIES	191.02	4,361,133	1,898,114	1.00
			4,361,133	1,898,114	
AD - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	47,200	1.00
2.00	OPERATING ROOM	50.00	0	1,940,897	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	627,020	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,000	4.00
5.00	LABORATORY	60.00	0	285,651	5.00

Provider CCN: 15-0051

Period:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	RESPIRATORY THERAPY	65.00	0	16,400	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	16,500	7.00
			0	2,943,668	
AE - MED OBS					
1.00	ADULTS & PEDIATRICS	30.00	903,821	173,355	1.00
			903,821	173,355	
500.00	Grand Total: Increases		9,908,053	144,697,473	500.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	746,932	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	491,885	0	2.00	
3.00	HOUSEKEEPING	9.00	0	469,461	0	3.00	
4.00	DIETARY	10.00	0	613,998	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	1,677,244	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,999	0	6.00	
7.00	PHARMACY	15.00	0	905,352	0	7.00	
8.00	CENTRAL STERILIZATION	18.01	0	139,637	0	8.00	
9.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	24,813	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	3,802,602	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	604,160	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	451,148	0	12.00	
13.00	OPERATING ROOM	50.00	0	1,205,624	0	13.00	
14.00	RECOVERY ROOM	51.00	0	913,833	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	517,514	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	547,139	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	364,588	0	17.00	
18.00	CT SCAN	57.00	0	98,047	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	93,748	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	317,602	0	20.00	
21.00	LABORATORY	60.00	0	542	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	547,275	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	1,129,143	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	187,032	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	107,526	0	25.00	
26.00	OP PHARMACY	73.01	0	90,789	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	97,062	0	27.00	
28.00	CLINIC	90.00	0	225,577	0	28.00	
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	880,814	0	29.00	
30.00	WOUND CARE CENTER	90.02	0	89,998	0	30.00	
31.00	PAIN CLINIC	90.03	0	121,409	0	31.00	
32.00	OB CLINIC	90.04	0	585,855	0	32.00	
33.00	OP PSYCH CLINIC	90.05	0	265,240	0	33.00	
34.00	MULTI SPECIALTY CLINIC	90.06	0	549,884	0	34.00	
35.00	EMERGENCY	91.00	0	1,013,742	0	35.00	
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	364,073	0	36.00	
37.00	PROMPTCARE	190.01	0	380,663	0	37.00	
38.00	COMMUNITY HEALTH SERVICES	190.11	0	1,287,714	0	38.00	
39.00	IU HEALTH S/P	194.03	0	150	0	39.00	
0			0	21,917,814			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		3,747	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00		3,023,159	9	2.00	
3.00	OPERATION OF PLANT	7.00		12,134,354	0	3.00	
4.00	HOUSEKEEPING	9.00		87,504	0	4.00	
5.00	DIETARY	10.00		11,875	0	5.00	
6.00	NURSING ADMINISTRATION	13.00		933,731	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00		2,547	0	7.00	
8.00	PHARMACY	15.00		338,655	0	8.00	
9.00	CENTRAL STERILIZATION	18.01		427,974	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00		2,743,278	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00		494,208	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00		86,709	0	12.00	
13.00	OPERATING ROOM	50.00		3,651,154	0	13.00	
14.00	RECOVERY ROOM	51.00		28,057	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00		164,434	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00		160,443	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00		1,982,123	0	17.00	
18.00	CT SCAN	57.00		577,306	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,189,512	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00		2,055,894	0	20.00	
21.00	LABORATORY	60.00		245,249	0	21.00	
22.00	RESPIRATORY THERAPY	65.00		203,655	0	22.00	
23.00	PHYSICAL THERAPY	66.00		17,485	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00		137,161	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00		143,381	0	25.00	
26.00	OP PHARMACY	73.01		15,645	0	26.00	
27.00	RENAL DIALYSIS	74.00		24,797	0	27.00	
28.00	CARDIAC REHABILITATION	76.97		17,105	0	28.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
5/29/2024 1:53 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
29.00	CLINIC	90.00		315	0	29.00
30.00	OP ONCOLOGY INFUSION CENTER	90.01		32,914	0	30.00
31.00	WOUND CARE CENTER	90.02		47,704	0	31.00
32.00	PAIN CLINIC	90.03		66,833	0	32.00
33.00	OB CLINIC	90.04		8,521	0	33.00
34.00	OP PSYCH CLINIC	90.05		3,373	0	34.00
35.00	MULTI SPECIALTY CLINIC	90.06		67,970	0	35.00
36.00	EMERGENCY	91.00		261,236	0	36.00
37.00	PROMPTCARE	190.01		19,327	0	37.00
38.00	COMMUNITY HEALTH SERVICES	190.11		534	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00		3,537	0	39.00
	0		0	31,413,406		
C - BILLABLE MEDICAL SUPPLIES						
1.00	OPERATION OF PLANT	7.00		25	0	1.00
2.00	NURSING ADMINISTRATION	13.00		1,469	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		3,034,029	0	3.00
4.00	PHARMACY	15.00		56	0	4.00
5.00	CENTRAL STERILIZATION	18.01		6,925	0	5.00
6.00	ADULTS & PEDIATRICS	30.00		226,289	0	6.00
7.00	INTENSIVE CARE UNIT	31.00		63,561	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00		7,983	0	8.00
9.00	OPERATING ROOM	50.00		1,585,919	0	9.00
10.00	RECOVERY ROOM	51.00		10,704	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00		223,654	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00		1,555	0	12.00
13.00	CT SCAN	57.00		4,228	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		676	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00		5,375,244	0	15.00
16.00	RESPIRATORY THERAPY	65.00		533	0	16.00
17.00	PHYSICAL THERAPY	66.00		2,048	0	17.00
18.00	ELECTROCARDIOLOGY	69.00		3,405	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00		1,282	0	19.00
20.00	RENAL DIALYSIS	74.00		4,242	0	20.00
21.00	CARDIAC REHABILITATION	76.97		52	0	21.00
22.00	CLINIC	90.00		561	0	22.00
23.00	OP ONCOLOGY INFUSION CENTER	90.01		75,692	0	23.00
24.00	WOUND CARE CENTER	90.02		93,287	0	24.00
25.00	PAIN CLINIC	90.03		12,635	0	25.00
26.00	OP PSYCH CLINIC	90.05		91	0	26.00
27.00	MULTI SPECIALTY CLINIC	90.06		7,486	0	27.00
28.00	EMERGENCY	91.00		72,905	0	28.00
29.00	PROMPTCARE	190.01		3,080	0	29.00
	0		0	10,819,616		
D - NONBILLABLE MEDICAL SUPPLIES						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	7	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	81,653	0	2.00
3.00	PHARMACY	15.00	0	170,887	0	3.00
4.00	CENTRAL STERILIZATION	18.01	0	38,031	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	985,966	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	187,274	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	45,017	0	7.00
8.00	OPERATING ROOM	50.00	0	7,584,135	0	8.00
9.00	RECOVERY ROOM	51.00	0	196,440	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	161,944	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	433	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,882	0	12.00
13.00	CT SCAN	57.00	0	35,483	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,650	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	939,260	0	15.00
16.00	LABORATORY	60.00	0	4	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	559,984	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,952	0	18.00
19.00	OP PHARMACY	73.01	0	1,098	0	19.00
20.00	RENAL DIALYSIS	74.00	0	7,827	0	20.00
21.00	OP ONCOLOGY INFUSION CENTER	90.01	0	160,539	0	21.00
22.00	WOUND CARE CENTER	90.02	0	10,911	0	22.00
23.00	PAIN CLINIC	90.03	0	36,184	0	23.00
24.00	OB CLINIC	90.04	0	9,925	0	24.00
25.00	MULTI SPECIALTY CLINIC	90.06	0	33,205	0	25.00
26.00	EMERGENCY	91.00	0	562,168	0	26.00
27.00	PROMPTCARE	190.01	0	12,363	0	27.00
28.00	COMMUNITY HEALTH SERVICES	190.11	0	1,027	0	28.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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	
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,582	0	29.00
	0		0	11,904,831		
E - IMPLANTS SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	212,772	0	1.00
2.00	PHARMACY	15.00	0	362	0	2.00
3.00	CENTRAL STERILIZATION	18.01	0	1,444	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	220	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	29	0	5.00
6.00	OPERATING ROOM	50.00	0	9,725,492	0	6.00
7.00	RECOVERY ROOM	51.00	0	656	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,221	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	7,097,519	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	140	0	10.00
11.00	OP ONCOLOGY INFUSION CENTER	90.01	0	3,090	0	11.00
12.00	EMERGENCY	91.00	0	159	0	12.00
13.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	17	0	13.00
	0		0	17,057,121		
F - LEASE EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,855	10	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49,238	0	2.00
3.00	OPERATION OF PLANT	7.00	0	238,585	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	15,172	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,995	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,151	0	6.00
7.00	LABORATORY	60.00	0	20,989	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	650,473	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	54,488	0	9.00
10.00	CLINIC	90.00	0	1,872	0	10.00
11.00	WOUND CARE CENTER	90.02	0	109,242	0	11.00
12.00	PAIN CLINIC	90.03	0	48,532	0	12.00
13.00	OP PSYCH CLINIC	90.05	0	94,957	0	13.00
14.00	EMERGENCY	91.00	0	58,571	0	14.00
15.00	PROMPTCARE	190.01	0	42,008	0	15.00
16.00	COMMUNITY HEALTH SERVICES	190.11	0	112,941	0	16.00
	0		0	1,510,069		
G - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		30,615	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		71,534	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		33,093	0	3.00
4.00	PHARMACY	15.00		38,142,962	0	4.00
5.00	CENTRAL STERILIZATION	18.01		1,962	0	5.00
6.00	ADULTS & PEDIATRICS	30.00		117,244	0	6.00
7.00	INTENSIVE CARE UNIT	31.00		23,520	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00		1,867	0	8.00
9.00	OPERATING ROOM	50.00		320,169	0	9.00
10.00	RECOVERY ROOM	51.00		26,953	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00		22,814	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		97,704	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		100,853	0	13.00
14.00	CT SCAN	57.00		311,947	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		91,353	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00		199,715	0	16.00
17.00	RESPIRATORY THERAPY	65.00		13,867	0	17.00
18.00	PHYSICAL THERAPY	66.00		119	0	18.00
19.00	ELECTROCARDIOLOGY	69.00		268,889	0	19.00
20.00	RENAL DIALYSIS	74.00		25,020	0	20.00
21.00	CARDIAC REHABILITATION	76.97		29	0	21.00
22.00	CLINIC	90.00		1,504	0	22.00
23.00	OP ONCOLOGY INFUSION CENTER	90.01		25,475	0	23.00
24.00	WOUND CARE CENTER	90.02		10,009	0	24.00
25.00	PAIN CLINIC	90.03		167,706	0	25.00
26.00	OB CLINIC	90.04		7,743	0	26.00
27.00	MULTI SPECIALTY CLINIC	90.06		28,188	0	27.00
28.00	EMERGENCY	91.00		78,588	0	28.00
29.00	PROMPTCARE	190.01		80,886	0	29.00
30.00	COMMUNITY HEALTH SERVICES	190.11		16,085	0	30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00		966	0	31.00
	0		0	40,319,379		
H - NON-BILLABLE DRUGS						
1.00	DIETARY	10.00	0	12	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	1,621	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,408	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
5/29/2024 1:53 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
4.00	ADULTS & PEDIATRICS	30.00	0	284,477	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	118,625	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	12,436	0		6.00
7.00	OPERATING ROOM	50.00	0	182,258	0		7.00
8.00	RECOVERY ROOM	51.00	0	114,763	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,020	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,376	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,079	0		11.00
12.00	CT SCAN	57.00	0	36,341	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,679	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	79,910	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	55	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	9,915	0		16.00
17.00	RENAL DIALYSIS	74.00	0	10,328	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	35	0		18.00
19.00	CLINIC	90.00	0	2,870	0		19.00
20.00	OP ONCOLOGY INFUSION CENTER	90.01	0	242,540	0		20.00
21.00	PAIN CLINIC	90.03	0	279	0		21.00
22.00	EMERGENCY	91.00	0	457,317	0		22.00
23.00	PROMPTCARE	190.01	0	16	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	643	0		24.00
	O		0	1,658,003			
J - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	74	11		1.00
	O		0	74			
K - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	203,574	15,574	0		1.00
2.00	CLINIC	90.00	23,026	1,761	0		2.00
	O		226,600	17,335			
L - PSYCH ADMIN							
1.00	ADULTS & PEDIATRICS	30.00	68,284	111,183	0		1.00
	O		68,284	111,183			
M - SOFTWARE LICENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00		118	14		1.00
2.00	NURSING ADMINISTRATION	13.00		35	0		2.00
3.00	OPERATING ROOM	50.00		26,005	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00		11,967	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00		49,716	0		5.00
6.00	RESPIRATORY THERAPY	65.00		2,098	0		6.00
7.00	OP PHARMACY	73.01		431	0		7.00
8.00	OP ONCOLOGY INFUSION CENTER	90.01		3,360	0		8.00
9.00	PAIN CLINIC	90.03		233	0		9.00
10.00	MULTI SPECIALTY CLINIC	90.06		5,370	0		10.00
11.00	PROMPTCARE	190.01		29,100	0		11.00
12.00	COMMUNITY HEALTH SERVICES	190.11		790	0		12.00
	O		0	129,223			
N - CAFETERIA							
1.00	DIETARY	10.00	1,273,213	564,989	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,273,213	564,989			
O - SHORT TERM DISABILITY/FLMA							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,424	0	0		1.00
2.00	OPERATION OF PLANT	7.00	7,837	0	0		2.00
3.00	HOUSEKEEPING	9.00	11,021	0	0		3.00
4.00	DIETARY	10.00	5,495	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	57,958	0	0		5.00
6.00	PHARMACY	15.00	91,556	0	0		6.00
7.00	CENTRAL STERILIZATION	18.01	1,596	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	89,083	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	7,727	0	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	11,427	0	0		10.00
11.00	OPERATING ROOM	50.00	27,849	0	0		11.00
12.00	RECOVERY ROOM	51.00	39,618	0	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	43,946	0	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	9,816	0	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	925	0	0		15.00
16.00	CT SCAN	57.00	1,995	0	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	443	0	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	1,043	0	0		18.00
19.00	RESPIRATORY THERAPY	65.00	17,504	0	0		19.00
20.00	PHYSICAL THERAPY	66.00	23,308	0	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	586	0	0		21.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
5/29/2024 1:53 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	ELECTROENCEPHALOGRAPHY	70.00	1,806	0	0		22.00
23.00	CARDIAC REHABILITATION	76.97	2,344	0	0		23.00
24.00	CLINIC	90.00	1,355	0	0		24.00
25.00	OP ONCOLOGY INFUSION CENTER	90.01	16,212	0	0		25.00
26.00	WOUND CARE CENTER	90.02	4,125	0	0		26.00
27.00	PAIN CLINIC	90.03	7,219	0	0		27.00
28.00	OB CLINIC	90.04	20,340	0	0		28.00
29.00	OP PSYCH CLINIC	90.05	502	0	0		29.00
30.00	MULTI SPECIALTY CLINIC	90.06	11,414	0	0		30.00
31.00	EMERGENCY	91.00	14,207	0	0		31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	9,785	0	0		32.00
33.00	PROMPTCARE	190.01	2,682	0	0		33.00
34.00	COMMUNITY HEALTH SERVICES	190.11	19,269	0	0		34.00
			563,417	0	0		
P - UTILITIES EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		3,631	0		1.00
2.00	NURSING ADMINISTRATION	13.00		107	0		2.00
3.00	ADULTS & PEDIATRICS	30.00		12	0		3.00
4.00	OPERATING ROOM	50.00		6,414	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00		12	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		15,502	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00		182,464	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		25	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00		44	0		9.00
10.00	LABORATORY	60.00		2,476	0		10.00
11.00	RESPIRATORY THERAPY	65.00		12	0		11.00
12.00	PHYSICAL THERAPY	66.00		27,521	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00		2,845	0		13.00
14.00	OP ONCOLOGY INFUSION CENTER	90.01		1,792	0		14.00
15.00	PAIN CLINIC	90.03		6,241	0		15.00
16.00	OP PSYCH CLINIC	90.05		12	0		16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01		12	0		17.00
18.00	COMMUNITY HEALTH SERVICES	190.11		35,766	0		18.00
19.00	PHYSICIANS' PRIVATE OFFICES	192.00		19,932	0		19.00
			0	304,820	0		
R - OCCUPATIONAL HEALTH ADMIN							
1.00	PROMPTCARE	190.01	253,504	0	0		1.00
			253,504	0	0		
S - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	694,729	230,531	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	28,059	15,491	0		2.00
			722,788	246,022	0		
T - BEDFORD ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,829	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	790,569	450,974	0		2.00
3.00	OPERATION OF PLANT	7.00	36,961	3,821	0		3.00
4.00	NURSING ADMINISTRATION	13.00	105,271	53,929	0		4.00
5.00	PHARMACY	15.00	278,180	87,848	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	45,641	17,612	0		6.00
7.00	RESPIRATORY THERAPY	65.00	12,692	3,088	0		7.00
8.00	PHYSICAL THERAPY	66.00	104,999	36,201	0		8.00
			1,374,313	665,302	0		
U - PAOLI ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,087	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	405,457	235,321	0		2.00
3.00	OPERATION OF PLANT	7.00	36,961	3,821	0		3.00
4.00	NURSING ADMINISTRATION	13.00	46,946	25,426	0		4.00
5.00	PHARMACY	15.00	93,856	31,176	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	23,486	9,063	0		6.00
7.00	RESPIRATORY THERAPY	65.00	12,692	3,088	0		7.00
8.00	PHYSICAL THERAPY	66.00	104,999	36,201	0		8.00
			724,397	350,183	0		
V - LIBERTY BUILDING DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		127,729	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		1,820	9		2.00
			0	129,549	0		
AC - GRANT							
1.00	COMMUNITY HEALTH SERVICES	190.11	4,361,133	1,898,114	0		1.00
			4,361,133	1,898,114	0		

Provider CCN: 15-0051

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

Worksheet A-6
Date/Time Prepared:
5/29/2024 1:53 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
AD - PHYSICIAN						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,943,668	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
			0	2,943,668		
AE - MED OBS						
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	903,821	173,355	0	1.00
			903,821	173,355		
500.00	Grand Total: Decreases		10,471,470	144,134,056		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,174,895	0	0	0	216,497	1.00
2.00	Land Improvements	2,017,882	0	0	0	1,943,031	2.00
3.00	Buildings and Fixtures	523,012,355	510,492	0	510,492	119,081,995	3.00
4.00	Building Improvements	14,999,750	434,223	0	434,223	4,526,403	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	143,519,980	5,189,426	0	5,189,426	20,161,629	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	701,724,862	6,134,141	0	6,134,141	145,929,555	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	701,724,862	6,134,141	0	6,134,141	145,929,555	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,958,398	0				1.00
2.00	Land Improvements	74,851	74,851				2.00
3.00	Buildings and Fixtures	404,440,852	23,263,581				3.00
4.00	Building Improvements	10,907,570	4,766,252				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	128,547,777	13,404,244				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	561,929,448	41,508,928				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	561,929,448	41,508,928				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	433,381,670	0	433,381,670	0.771239	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	128,547,777	0	128,547,777	0.228761	0	2.00
3.00	Total (sum of lines 1-2)	561,929,447	0	561,929,447	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	26,313,285	1,273,102	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	22,539,090	-1,855	2.00
3.00	Total (sum of lines 1-2)	0	0	0	48,852,375	1,271,247	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-14,354,847	0	0	0	13,231,540	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	129,223	22,666,458	2.00
3.00	Total (sum of lines 1-2)	-14,354,847	0	0	129,223	35,897,998	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-13,866,365	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-22,911,171				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	51,065,745				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	0	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0	0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		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	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-1,568,941	ADMINISTRATIVE & GENERAL		5.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	MI SCCELLANEOUS INCOME	B	-77,688	OPERATION OF PLANT	7.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-38,000	HOUSEKEEPING	9.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-41,482	DIETARY	10.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-78,512	NURSING ADMINISTRATION	13.00	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	-244	PHARMACY	15.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-30,057	ADULTS & PEDIATRICS	30.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-551,794	LABORATORY	60.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-350,619	OP PHARMACY	73.01	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-17,880	CLINIC	90.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-26,850	PROMPTCARE	190.01	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-232,945	CAP REL COSTS-BLDG & FIXT	1.00	10 33.11
33.12	MI SCCELLANEOUS INCOME	B	-93,718	EMERGENCY	91.00	0 33.12
33.13	UNNECESSARY BORROWING	A	-484,245	CAP REL COSTS-BLDG & FIXT	1.00	11 33.13
33.14	TELEPHONE EXPENSE	A	-1,172	OPERATION OF PLANT	7.00	0 33.14
33.15	HAF FEES	A	-24,008,034	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11 33.16
33.17	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11 33.17
33.19	OTHER CARRYFORWARD ADJUSTMENTS	A	98,927	CAP REL COSTS-BLDG & FIXT	1.00	9 33.19
33.20	NEW HOSPITAL START UP - AMORTIZATION	A	7,119,434	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	NONALLOWABLE MARKETING	A	-222,309	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22	NONALLOWABLE MARKETING	A	-62	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.22
33.23	NONALLOWABLE MARKETING	A	-127	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.24	NONALLOWABLE MARKETING	A	-4,550	RADIOLOGY-THERAPEUTIC	55.00	0 33.24
33.25	NONALLOWABLE MARKETING	A	-1,712	RESPIRATORY THERAPY	65.00	0 33.25
33.26	NONALLOWABLE MARKETING	A	-175	EMERGENCY	91.00	0 33.26
33.27	SIP PHARMACY RESIDENCY	A	49,783	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0 33.27
33.28	BENEFIT EXPENSE	A	-21,915,684	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.28
33.29	CONTRIBUTION EXPENSE	A	-2,745	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.29
33.31	CONTRIBUTION EXPENSE	A	-14,194	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32	CONTRIBUTION EXPENSE	A	-152	OBSERVATION BEDS (DISTINCT PART)	92.01	0 33.32
33.33	UNWONTED SITUATIONS	A	-18,349	NURSING ADMINISTRATION	13.00	0 33.33
33.34	UNWONTED SITUATIONS	A	-33,338	ADMINISTRATIVE & GENERAL	5.00	0 33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,263,536			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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2024 1:53 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	15,828,032	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	1,641,559	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	21,784,437	12,562
3.01	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	69,736,996	64,330,817
3.03	30.00	ADULTS & PEDIATRICS	HO ALLOCATION	0	-28,147
3.04	91.00	EMERGENCY	HO ALLOCATION	0	-618
3.05	90.02	WOUND CARE CENTER	HO ALLOCATION	0	2,314
3.06	90.03	PAIN CLINIC	HO ALLOCATION	0	2,314
4.00	91.00	EMERGENCY	SIP ER	8,479,915	2,085,952
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	712,272	712,272
4.02	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	566,070	566,070
4.03	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	7,395,288	7,395,288
4.04	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	852,930	852,930
4.05	50.00	OPERATING ROOM	SHARED EMPLOYEES	3,547,344	3,547,344
4.06	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	641,782	641,782
4.07	57.00	CT SCAN	SHARED EMPLOYEES	14,000	14,000
4.08	60.00	LABORATORY	SHARED EMPLOYEES	17,475,547	17,475,547
4.09	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	1,362,078	1,362,078
4.10	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	711,998	711,998
4.11	91.00	EMERGENCY	SHARED EMPLOYEES	-508,886	-508,886
4.12	190.01	PROMPTCARE	SHARED EMPLOYEES	380,724	380,724
4.14	190.11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	70,626	70,626
4.16	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	22,000	22,000
4.17	0.00			0	0
4.18	0.00			0	0
5.00	0			150,714,712	99,648,967

* 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	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2024 1:53 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	15,828,032	9		1.00
2.00	1,641,559	9		2.00
3.00	21,771,875	0		3.00
3.01	5,406,179	0		3.01
3.03	28,147	0		3.03
3.04	618	0		3.04
3.05	-2,314	0		3.05
3.06	-2,314	0		3.06
4.00	6,393,963	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.14	0	0		4.14
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
5.00	51,065,745			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	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		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: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2024 1:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	7,384,107	7,145,084	239,023	211,500	9,320	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	841,749	418,867	422,882	169,700	3,974	2.00
3.00	50.00	OPERATING ROOM	4,544,647	4,544,647	0	246,400	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	527,020	527,020	0	246,400	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	549,739	549,739	0	271,900	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	1,360,861	1,360,861	0	271,900	0	6.00
7.00	90.01	OP ONCOLOGY INFUSION CENTER	459,614	459,614	0	181,300	0	7.00
8.00	90.06	MULTI SPECIALTY CLINIC	43,071	43,071	0	181,300	0	8.00
9.00	91.00	EMERGENCY	7,763,611	7,763,611	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			23,474,419	22,812,514	661,905		13,294	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	947,683	47,384	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	324,225	16,211	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	90.01	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	7.00
8.00	90.06	MULTI SPECIALTY CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,271,908	63,595	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	947,683	0	7,145,084	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	324,225	98,657	517,524	2.00
3.00	50.00	OPERATING ROOM	0	0	0	4,544,647	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	527,020	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	549,739	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,360,861	6.00
7.00	90.01	OP ONCOLOGY INFUSION CENTER	0	0	0	459,614	7.00
8.00	90.06	MULTI SPECIALTY CLINIC	0	0	0	43,071	8.00
9.00	91.00	EMERGENCY	0	0	0	7,763,611	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	1,271,908	98,657	22,911,171	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,231,540	13,231,540			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	22,666,458		22,666,458		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,185,575	0	0	23,185,575	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	88,172,356	737,034	1,262,860	933,494	5.00
7.00 00700	OPERATION OF PLANT	17,083,790	1,057,779	1,812,437	480,554	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	190,944	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,620,959	56,580	96,946	398,334	9.00
10.00 01000	DIETARY	2,394,620	226,445	387,999	361,124	10.00
11.00 01100	CAFETERIA	1,742,842	194,283	332,892	237,322	11.00
13.00 01300	NURSING ADMINISTRATION	11,225,384	78,655	134,770	1,794,271	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,033,690	134,152	229,860	5,161	14.00
15.00 01500	PHARMACY	7,974,806	101,919	174,631	1,044,677	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	34,630	59,336	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	1,758,232	208,331	356,961	150,885	18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	450,475	22,980	39,375	67,704	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	38,344,128	2,739,221	4,693,479	3,927,735	30.00
31.00 03100	INTENSIVE CARE UNIT	5,888,795	248,715	426,157	757,846	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,488,651	228,026	390,707	433,228	35.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	968,810	107,176	183,638	134,879	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,795,991	909,527	1,558,416	1,282,661	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	5,998,698	627,070	1,074,444	931,655	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,265,186	371,838	637,120	504,609	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,174,203	242,481	415,476	602,211	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,663,012	365,445	626,166	448,083	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	2,600,266	65,637	112,465	126,683	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,288,846	92,080	157,774	134,177	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,298,902	525,737	900,817	399,039	59.00
60.00 06000	LABORATORY	18,679,926	257,701	441,554	274	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,925,501	8,986	15,397	625,574	65.00
66.00 06600	PHYSICAL THERAPY	7,520,887	426,003	729,928	1,260,307	66.00
69.00 06900	ELECTROCARDIOLOGY	1,639,856	77,056	132,031	224,622	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	520,826	35,696	61,162	82,231	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,818,204	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,056,457	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	40,316,022	0	0	0	73.00
73.01 07302	OP PHARMACY	5,561,295	49,903	85,505	103,895	73.01
74.00 07400	RENAL DIALYSIS	1,689,957	52,584	90,100	0	74.00
76.97 07697	CARDIAC REHABILITATION	574,285	0	0	94,860	76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,202,723	332,644	569,964	204,969	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	5,575,862	495,707	849,362	867,932	90.01
90.02 09002	WOUND CARE CENTER	766,512	79,525	136,261	120,014	90.02
90.03 09003	PAIN CLINIC	930,512	53,277	91,287	110,401	90.03
90.04 09004	OB CLINIC	2,776,112	554,063	949,351	465,193	90.04
90.05 09005	OP PSYCH CLINIC	1,059,723	215,346	368,981	163,823	90.05
90.06 09006	MULTI SPECIALTY CLINIC	2,617,815	0	0	407,038	90.06
91.00 09100	EMERGENCY	17,376,163	624,957	1,070,823	1,169,132	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	5,617,038	240,972	412,890	201,889	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
114.00 11400 UTILITY REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	447,732,835	12,880,161	22,069,322	21,258,486	444,857,231	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,640	29,746	50,968	0	174,354	190.00
190.01 19001 PROMPTCARE	3,058,524	106,874	183,121	417,893	3,766,412	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	3,097,311	0	0	302,901	3,400,212	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH	0	0	0	0	0	191.01
191.02 19102 OTHER SPONSORED ACTIVITIES	6,259,247	0	0	813,827	7,073,074	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	48,217	2,877	0	130	51,224	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	1,074,580	76,239	130,631	135,179	1,416,629	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	2,039,615	135,643	232,416	256,459	2,664,133	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	134,245	0	0	700	134,945	194.03
194.04 07954 HOME CARE	0	0	0	0	0	194.04
194.05 07955 HOSPICE	1,775	0	0	0	1,775	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	463,539,989	13,231,540	22,666,458	23,185,575	463,539,989	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/29/2024 1:53 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	91,105,744					5.00
7.00	00700	OPERATION OF PLANT	4,998,743	25,433,303				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,709	0	237,653			8.00
9.00	00900	HOUSEKEEPING	1,265,385	125,825	45	6,564,074		9.00
10.00	01000	DIETARY	824,422	503,575	1,430	16,597	4,716,212	10.00
11.00	01100	CAFETERIA	613,350	432,053	0	13,579	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,237,102	174,914	63	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,767,879	298,330	0	181,057	0	14.00
15.00	01500	PHARMACY	2,274,014	226,650	0	67,896	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,986	77,011	0	30,176	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	605,295	463,292	1,565	0	0	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	142,011	51,104	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,158,960	6,091,549	80,795	3,257,521	4,280,269	30.00
31.00	03100	INTENSIVE CARE UNIT	1,791,003	553,099	9,215	286,674	435,943	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,110,734	507,090	1,746	0	0	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	341,126	238,340	2,989	102,599	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,270,771	2,022,632	38,252	603,524	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,111,545	1,394,496	13,767	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,413,610	826,903	11,504	254,234	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,573,989	539,237	21,853	181,057	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,248,234	812,686	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	710,639	145,966	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	409,223	204,771	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,008,942	1,169,149	0	0	0	59.00
60.00	06000	LABORATORY	4,740,641	573,082	0	30,176	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,119,258	19,983	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,430,839	947,357	0	67,896	0	66.00
69.00	06900	ELECTROCARDIOLOGY	507,240	171,360	3,298	181,057	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,215	79,381	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,646,371	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,172,385	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,862,186	0	0	0	0	73.00
73.01	07302	OP PHARMACY	1,418,954	110,975	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	448,304	116,939	649	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	163,688	0	16	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	565,150	739,742	24	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,905,327	1,102,367	4,969	0	0	90.01
90.02	09002	WOUND CARE CENTER	269,650	176,849	0	45,264	0	90.02
90.03	09003	PAIN CLINIC	289,994	118,479	0	0	0	90.03
90.04	09004	OB CLINIC	1,160,663	1,232,141	24	0	0	90.04
90.05	09005	OP PSYCH CLINIC	442,246	478,892	0	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	739,946	0	10	0	0	90.06
91.00	09100	EMERGENCY	4,951,412	1,389,796	37,043	1,176,871	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	1,583,387	535,880	8,396	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,535,528	24,651,895	237,653	6,496,178	4,716,212	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,651	66,151	0	0	0	190.00
190.01	19001	PROMPTCARE	921,347	237,669	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	67,896	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	831,767	0	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	1,730,230	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,531	6,398	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	346,539	169,543	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	651,706	301,647	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	33,011	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	434	0	0	0	0	194.05
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)	91,105,744	25,433,303	237,653	6,564,074	4,716,212	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,566,321					11.00
13.00	01300	270,539	16,915,698				13.00
14.00	01400	1,493	0	19,651,622			14.00
15.00	01500	129,216	0	98,466	12,092,275		15.00
16.00	01600	0	0	0	0	224,139	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	41,714	0	30,848	0	0	18.01
23.00	02301	9,983	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	695,738	5,456,697	492,126	81,122	18,760	30.00
31.00	03100	123,950	1,084,968	101,676	34,188	2,349	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	66,441	622,366	25,868	3,584	1,312	35.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	22,229	191,252	10,074	1,051	465	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	184,300	1,327,250	3,836,401	52,527	31,239	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	153,964	1,421,282	103,450	33,075	5,610	51.00
52.00	05200	82,732	663,763	92,847	11,636	3,795	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	97,386	133,812	20,872	3,855	4,628	54.00
55.00	05500	69,113	108,034	18,908	4,346	12,785	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	18,051	9,655	29,824	10,474	4,569	57.00
58.00	05800	18,093	0	2,011	5,095	1,405	58.00
59.00	05900	58,607	413,271	847,020	23,030	10,220	59.00
60.00	06000	110,127	0	2	0	14,623	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	92,443	0	272,383	16	2,029	65.00
66.00	06600	192,023	0	4,093	0	3,111	66.00
69.00	06900	40,611	47,440	14,897	2,858	4,070	69.00
70.00	07000	16,000	0	23,945	0	716	70.00
71.00	07100	0	0	5,107,014	0	10,137	71.00
72.00	07200	0	0	8,051,934	0	19,448	72.00
73.00	07300	0	0	0	11,619,199	34,553	73.00
73.01	07302	12,949	0	980	433	561	73.01
74.00	07400	0	0	5,176	2,977	646	74.00
76.97	07697	18,170	52,073	636	10	406	76.97
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	31,962	139,271	3,106	827	144	90.00
90.01	09001	141,297	1,158,967	92,182	69,901	5,514	90.01
90.02	09002	20,125	142,137	11,979	0	782	90.02
90.03	09003	23,515	96,085	21,745	81	501	90.03
90.04	09004	94,357	547,599	10,597	0	301	90.04
90.05	09005	39,568	111,783	59	0	564	90.05
90.06	09006	86,845	340,212	24,360	0	475	90.06
91.00	09100	213,267	1,797,295	277,288	131,800	25,801	91.00
92.00	09200						92.00
92.01	09202	63,128	585,246	0	0	2,620	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		3,239,936	16,450,458	19,632,767	12,092,085	224,139	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	PROMPTCARE	65,446	154,820	8,672	5	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	217,615	310,420	2,566	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39	0	7,617	185	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	14,822	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	28,329	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	134	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,566,321	16,915,698	19,651,622	12,092,275	224,139

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERI LI ZATI ON	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERI LI ZATI ON	0	3,617,123		18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	0	783,632	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	82,318,100
31.00 03100	INTENSIVE CARE UNIT	0	0	0	11,744,578
32.00 03200	CORONARY CARE UNIT	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	6,879,753
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	0	0	2,304,628
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	3,617,123	0	38,530,614
50.01 05001	CV SURGERY	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	13,869,056
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,139,777
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,011,060
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,376,812
56.00 05600	RADIOISOTOPE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	3,834,229
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,313,475
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	7,654,734
60.00 06000	LABORATORY	0	0	0	24,848,106
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	6,081,570
66.00 06600	PHYSICAL THERAPY	0	0	0	13,582,444
69.00 06900	ELECTROCARDIOLOGY	0	0	0	3,046,396
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	991,172
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,581,726
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,300,224
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	783,632	62,615,592
73.01 07302	OP PHARMACY	0	0	0	7,345,450
74.00 07400	RENAL DIALYSIS	0	0	0	2,407,332
76.97 07697	CARDIAC REHABILITATION	0	0	0	904,144
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	3,790,526
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	0	12,269,387
90.02 09002	WOUND CARE CENTER	0	0	0	1,769,098
90.03 09003	PAIN CLINIC	0	0	0	1,735,877
90.04 09004	OB CLINIC	0	0	0	7,790,401
90.05 09005	OP PSYCH CLINIC	0	0	0	2,880,985
90.06 09006	MULTI SPECIALTY CLINIC	0	0	0	4,216,701
91.00 09100	EMERGENCY	0	0	0	30,241,648
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	9,251,446
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY			
		18.00	18.01	23.00			
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0115.00
116.00	11600	HOSPICE	0	0	0	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,617,123	783,632	438,627,041	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	283,156	0190.00
190.01	19001	PROMPTCARE	0	0	0	5,154,371	0190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0190.02
190.03	19003	OLCOTT	0	0	0	0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0190.04
190.05	19005	FOUNDATION	0	0	0	0	0190.05
190.06	19006	MARKETING	0	0	0	0	0190.06
190.07	19007	HME STORE	0	0	0	67,896	0190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	0	4,762,580	0190.11
191.00	19100	RESEARCH	0	0	0	0	0191.00
191.01	19101	RESEARCH	0	0	0	0	0191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	8,803,304	0191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	77,994	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	1,947,533	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	3,645,815	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0194.02
194.03	07953	IU HEALTH SIP	0	0	0	168,090	0194.03
194.04	07954	HOME CARE	0	0	0	0	0194.04
194.05	07955	HOSPICE	0	0	0	2,209	0194.05
200.00		Cross Foot Adjustments				0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,617,123	783,632	463,539,989	0202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01850 SOCIAL SERVICES		18.00
18.01	01851 CENTRAL STERILIZATION		18.01
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	82,318,100	30.00
31.00	03100 INTENSIVE CARE UNIT	11,744,578	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	6,879,753	35.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,304,628	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	38,530,614	50.00
50.01	05001 CV SURGERY	0	50.01
51.00	05100 RECOVERY ROOM	13,869,056	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,139,777	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,011,060	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,376,812	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	3,834,229	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,313,475	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,654,734	59.00
60.00	06000 LABORATORY	24,848,106	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,081,570	65.00
66.00	06600 PHYSICAL THERAPY	13,582,444	66.00
69.00	06900 ELECTROCARDIOLOGY	3,046,396	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	991,172	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,581,726	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	29,300,224	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	62,615,592	73.00
73.01	07302 OP PHARMACY	7,345,450	73.01
74.00	07400 RENAL DIALYSIS	2,407,332	74.00
76.97	07697 CARDIAC REHABILITATION	904,144	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	3,790,526	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	12,269,387	90.01
90.02	09002 WOUND CARE CENTER	1,769,098	90.02
90.03	09003 PAIN CLINIC	1,735,877	90.03
90.04	09004 OB CLINIC	7,790,401	90.04
90.05	09005 OP PSYCH CLINIC	2,880,985	90.05
90.06	09006 MULTI SPECIALTY CLINIC	4,216,701	90.06
91.00	09100 EMERGENCY	30,241,648	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	9,251,446	92.01
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	438,627,041	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	283,156	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
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Cost Center Description			Total	
			26.00	
190.01	19001	PROMPTCARE	5,154,371	190.01
190.02	19002	RENTAL PROPERTIES	0	190.02
190.03	19003	OLCOTT	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	190.04
190.05	19005	FOUNDATION	0	190.05
190.06	19006	MARKETING	0	190.06
190.07	19007	HME STORE	67,896	190.07
190.08	19008	UNUSED SPACE	0	190.08
190.09	19009	CLINICAL TRIALS	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	4,762,580	190.11
191.00	19100	RESEARCH	0	191.00
191.01	19101	RESEARCH	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	8,803,304	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,994	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	1,947,533	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	3,645,815	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953	IU HEALTH SIP	168,090	194.03
194.04	07954	HOME CARE	0	194.04
194.05	07955	HOSPICE	2,209	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	463,539,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	737,034	1,262,860	5.00
7.00 00700	OPERATION OF PLANT	0	1,057,779	1,812,437	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	56,580	96,946	9.00
10.00 01000	DIETARY	0	226,445	387,999	10.00
11.00 01100	CAFETERIA	0	194,283	332,892	11.00
13.00 01300	NURSING ADMINISTRATION	0	78,655	134,770	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	134,152	229,860	14.00
15.00 01500	PHARMACY	0	101,919	174,631	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	34,630	59,336	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	208,331	356,961	18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	22,980	39,375	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	2,739,221	4,693,479	30.00
31.00 03100	INTENSIVE CARE UNIT	0	248,715	426,157	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	228,026	390,707	35.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	107,176	183,638	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	909,527	1,558,416	50.00
50.01 05001	CV SURGERY	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	627,070	1,074,444	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	371,838	637,120	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	242,481	415,476	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	365,445	626,166	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	65,637	112,465	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	92,080	157,774	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	525,737	900,817	59.00
60.00 06000	LABORATORY	0	257,701	441,554	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	8,986	15,397	65.00
66.00 06600	PHYSICAL THERAPY	0	426,003	729,928	66.00
69.00 06900	ELECTROCARDIOLOGY	0	77,056	132,031	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	35,696	61,162	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 07302	OP PHARMACY	0	49,903	85,505	73.01
74.00 07400	RENAL DIALYSIS	0	52,584	90,100	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	332,644	569,964	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	495,707	849,362	90.01
90.02 09002	WOUND CARE CENTER	0	79,525	136,261	90.02
90.03 09003	PAIN CLINIC	0	53,277	91,287	90.03
90.04 09004	OB CLINIC	0	554,063	949,351	90.04
90.05 09005	OP PSYCH CLINIC	0	215,346	368,981	90.05
90.06 09006	MULTI SPECIALTY CLINIC	0	0	0	90.06
91.00 09100	EMERGENCY	0	624,957	1,070,823	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	240,972	412,890	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	12,880,161	22,069,322	34,949,483	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,746	50,968	80,714	0	190.00
190.01 19001 PROMPTCARE	0	106,874	183,121	289,995	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	0	0	0	0	0	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 RESEARCH	0	0	0	0	0	191.01
191.02 19102 OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,877	0	2,877	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	76,239	130,631	206,870	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	135,643	232,416	368,059	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	0	194.03
194.04 07954 HOME CARE	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	13,231,540	22,666,458	35,897,998	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 1:53 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,999,894				5.00
7.00	00700	OPERATION OF PLANT	109,734	2,979,950			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,025	0	1,025		8.00
9.00	00900	HOUSEKEEPING	27,778	14,743	0	196,047	9.00
10.00	01000	DIETARY	18,098	59,002	6	496	692,046
11.00	01100	CAFETERIA	13,464	50,622	0	406	0
13.00	01300	NURSING ADMINISTRATION	71,062	20,494	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	82,713	34,954	0	5,408	0
15.00	01500	PHARMACY	49,920	26,556	0	2,028	0
16.00	01600	MEDICAL RECORDS & LIBRARY	505	9,023	0	901	0
18.00	01850	SOCIAL SERVICES	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	13,288	54,283	7	0	0
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	3,117	5,988	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	266,837	713,731	349	97,290	628,077
31.00	03100	INTENSIVE CARE UNIT	39,317	64,805	40	8,562	63,969
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	24,383	59,414	8	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	7,488	27,926	13	3,064	0
ANCI LLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	115,705	236,986	165	18,025	0
50.01	05001	CV SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	46,353	163,389	59	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,032	96,886	50	7,593	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,553	63,181	94	5,408	0
55.00	05500	RADIOLOGY-THERAPEUTIC	27,402	95,220	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	15,600	17,102	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,983	23,992	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	22,149	136,986	0	0	0
60.00	06000	LABORATORY	104,068	67,146	0	901	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	24,570	2,341	0	0	0
66.00	06600	PHYSICAL THERAPY	53,362	110,999	0	2,028	0
69.00	06900	ELECTROCARDIOLOGY	11,135	20,078	14	5,408	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,759	9,301	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,094	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,593	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	216,497	0	0	0	0
73.01	07302	OP PHARMACY	31,149	13,003	0	0	0
74.00	07400	RENAL DIALYSIS	9,841	13,701	3	0	0
76.97	07697	CARDIAC REHABILITATION	3,593	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,406	86,674	0	0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	41,826	129,161	21	0	0
90.02	09002	WOUND CARE CENTER	5,919	20,721	0	1,352	0
90.03	09003	PAIN CLINIC	6,366	13,882	0	0	0
90.04	09004	OB CLINIC	25,479	144,367	0	0	0
90.05	09005	OP PSYCH CLINIC	9,708	56,110	0	0	0
90.06	09006	MULTI SPECIALTY CLINIC	16,243	0	0	0	0
91.00	09100	EMERGENCY	108,695	162,839	160	35,149	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	34,759	62,788	36	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,899,568	2,888,394	1,025	194,019	692,046

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	936	7,751	0	0	0	190.00
190.01	19001	PROMPTCARE	20,226	27,847	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	2,028	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	18,259	0	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	37,982	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	275	750	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	7,607	19,865	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	14,306	35,343	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	725	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	10	0	0	0	0	194.05
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)	1,999,894	2,979,950	1,025	196,047	692,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/29/2024 1:53 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	591,667					11.00
13.00	01300	NURSING ADMINISTRATION	44,884	349,865				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	248	0	487,335			14.00
15.00	01500	PHARMACY	21,437	0	2,442	378,933		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	104,395	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	6,921	0	765	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	1,656	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115,424	112,859	12,204	2,542	8,717	30.00
31.00	03100	INTENSIVE CARE UNIT	20,564	22,440	2,521	1,071	1,092	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,023	12,872	642	112	610	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,688	3,956	250	33	216	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,576	27,451	95,139	1,646	14,515	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	25,543	29,396	2,565	1,036	2,606	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,726	13,729	2,303	365	1,763	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,157	2,768	518	121	2,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,466	2,234	469	136	5,941	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,995	200	740	328	2,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,002	0	50	160	653	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,723	8,548	21,005	722	4,749	59.00
60.00	06000	LABORATORY	18,271	0	0	0	6,795	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,337	0	6,755	0	943	65.00
66.00	06600	PHYSICAL THERAPY	31,857	0	102	0	1,445	66.00
69.00	06900	ELECTROCARDIOLOGY	6,738	981	369	90	1,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,654	0	594	0	333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	126,649	0	4,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	199,674	0	9,037	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	364,109	16,302	73.00
73.01	07302	OP PHARMACY	2,148	0	24	14	261	73.01
74.00	07400	RENAL DIALYSIS	0	0	128	93	300	74.00
76.97	07697	CARDIAC REHABILITATION	3,014	1,077	16	0	189	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,303	2,881	77	26	67	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	23,442	23,971	2,286	2,190	2,562	90.01
90.02	09002	WOUND CARE CENTER	3,339	2,940	297	0	363	90.02
90.03	09003	PAIN CLINIC	3,901	1,987	539	3	233	90.03
90.04	09004	OB CLINIC	15,654	11,326	263	0	140	90.04
90.05	09005	OP PSYCH CLINIC	6,565	2,312	1	0	262	90.05
90.06	09006	MULTI SPECIALTY CLINIC	14,408	7,037	604	0	221	90.06
91.00	09100	EMERGENCY	35,382	37,173	6,876	4,130	11,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	10,473	12,105	0	0	1,217	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	537,519	340,243	486,867	378,927	104,395	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	PROMPTCARE	10,858	3,202	215	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	36,103	6,420	64	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	0	189	6	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	2,459	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	4,700	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	22	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
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)	591,667	349,865	487,335	378,933	104,395

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERI LI ZATI ON	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERI LI ZATI ON	0	640,556		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	73,116	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	9,390,730	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	899,253	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	727,797	0 35.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	337,448	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	640,556	3,648,707	0 50.00
50.01 05001	CV SURGERY	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	1,972,461	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,176,405	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	782,907	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	1,134,479	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	217,190	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	286,694	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,630,436	0 59.00
60.00 06000	LABORATORY	0	0	896,436	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	74,329	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	1,355,724	0 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	255,791	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	113,499	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	189,453	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	300,304	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	596,908	0 73.00
73.01 07302	OP PHARMACY	0	0	182,007	0 73.01
74.00 07400	RENAL DIALYSIS	0	0	166,750	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	7,889	0 76.97
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0 77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	1,010,042	0 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	1,570,528	0 90.01
90.02 09002	WOUND CARE CENTER	0	0	250,717	0 90.02
90.03 09003	PAIN CLINIC	0	0	171,475	0 90.03
90.04 09004	OB CLINIC	0	0	1,700,643	0 90.04
90.05 09005	OP PSYCH CLINIC	0	0	659,285	0 90.05
90.06 09006	MULTI SPECIALTY CLINIC	0	0	38,513	0 90.06
91.00 09100	EMERGENCY	0	0	2,098,173	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	775,240	0 92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0 101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0 102.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

Period:
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To 12/31/2023

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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY			
		18.00	18.01	23.00			
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0115.00
116.00	11600	HOSPICE	0	0	0	0	0116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	640,556	0	34,618,213	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		89,401	0190.00
190.01	19001	PROMPTCARE	0	0		352,343	0190.01
190.02	19002	RENTAL PROPERTIES	0	0		0	0190.02
190.03	19003	OLCOTT	0	0		0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0		0	0190.04
190.05	19005	FOUNDATION	0	0		0	0190.05
190.06	19006	MARKETING	0	0		0	0190.06
190.07	19007	HME STORE	0	0		2,028	0190.07
190.08	19008	UNUSED SPACE	0	0		0	0190.08
190.09	19009	CLINICAL TRIALS	0	0		0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0		60,846	0190.11
191.00	19100	RESEARCH	0	0		0	0191.00
191.01	19101	RESEARCH	0	0		0	0191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0		37,982	0191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		4,103	0192.00
193.00	19300	NONPAID WORKERS	0	0		0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0		236,801	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0		422,408	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0		0	0194.02
194.03	07953	IU HEALTH SIP	0	0		747	0194.03
194.04	07954	HOME CARE	0	0		0	0194.04
194.05	07955	HOSPICE	0	0		10	0194.05
200.00		Cross Foot Adjustments			73,116	73,116	0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	0	640,556	73,116	35,897,998	0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	SOCIAL SERVICES	18.00
18.01	01851	CENTRAL STERILIZATION	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CV SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07302	OP PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	78.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	90.01
90.02	09002	WOUND CARE CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.04	09004	OB CLINIC	90.04
90.05	09005	OP PSYCH CLINIC	90.05
90.06	09006	MULTI SPECIALTY CLINIC	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	100.00
101.00	10100	HOME HEALTH AGENCY	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
114.00	11400	UTILIZATION REVIEW-SNF	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
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Cost Center Description			Total	
			26.00	
190.01	19001	PROMPTCARE	352,343	190.01
190.02	19002	RENTAL PROPERTIES	0	190.02
190.03	19003	OLCOTT	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	190.04
190.05	19005	FOUNDATION	0	190.05
190.06	19006	MARKETING	0	190.06
190.07	19007	HME STORE	2,028	190.07
190.08	19008	UNUSED SPACE	0	190.08
190.09	19009	CLINICAL TRIALS	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	60,846	190.11
191.00	19100	RESEARCH	0	191.00
191.01	19101	RESEARCH	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	37,982	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,103	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	236,801	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	422,408	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953	IU HEALTH SIP	747	194.03
194.04	07954	HOME CARE	0	194.04
194.05	07955	HOSPICE	10	194.05
200.00		Cross Foot Adjustments	73,116	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,897,998	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	745,061				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		744,899			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	124,246,807		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,502	41,502	5,002,407	-91,105,744	5.00
7.00	00700	OPERATION OF PLANT	59,563	59,563	2,575,194	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,186	3,186	2,134,594	0	9.00
10.00	01000	DIETARY	12,751	12,751	1,935,189	0	10.00
11.00	01100	CAFETERIA	10,940	10,940	1,271,763	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,429	4,429	9,615,135	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,554	7,554	27,657	0	14.00
15.00	01500	PHARMACY	5,739	5,739	5,598,211	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,950	1,950	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	11,731	11,731	808,563	0	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	1,294	1,294	362,812	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	154,244	154,244	21,047,926	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,005	14,005	4,061,146	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,840	12,840	2,321,580	0	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	6,035	6,035	722,788	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,215	51,215	6,873,520	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	35,310	35,310	4,992,553	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,938	20,938	2,704,100	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,654	13,654	3,227,126	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,578	20,578	2,401,188	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	3,696	3,696	678,869	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,185	5,185	719,030	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,604	29,604	2,138,367	0	59.00
60.00	06000	LABORATORY	14,511	14,511	1,466	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	506	506	3,352,326	0	65.00
66.00	06600	PHYSICAL THERAPY	23,988	23,988	6,753,732	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,339	4,339	1,203,704	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,010	2,010	440,660	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07302	OP PHARMACY	2,810	2,810	556,755	0	73.01
74.00	07400	RENAL DIALYSIS	2,961	2,961	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	508,335	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,731	18,731	1,098,385	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	27,913	27,913	4,651,071	0	90.01
90.02	09002	WOUND CARE CENTER	4,478	4,478	643,129	0	90.02
90.03	09003	PAIN CLINIC	3,000	3,000	591,618	0	90.03
90.04	09004	OB CLINIC	31,199	31,199	2,492,877	0	90.04
90.05	09005	OP PSYCH CLINIC	12,126	12,126	877,893	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	0	2,181,234	0	90.06
91.00	09100	EMERGENCY	35,191	35,191	6,265,142	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	13,569	13,569	1,081,885	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	725,275	725,275	113,919,930	-91,105,744	353,751,487	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,675	1,675	0	0	174,354	190.00
190.01	19001	PROMPTCARE	6,018	6,018	2,239,402	0	3,766,412	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	1,623,185	0	3,400,212	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	4,361,133	0	7,073,074	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	162	0	694	0	51,224	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	4,293	4,293	724,397	0	1,416,629	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	7,638	7,638	1,374,313	0	2,664,133	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	3,753	0	134,945	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	1,775	194.05
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)	13,231,540	22,666,458	23,185,575		91,105,744	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.759002	30.428901	0.186609		0.244622	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,999,894	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.005370	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	643,996				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,578,205			8.00	
9.00	00900	HOUSEKEEPING	3,186	297	8,701		9.00	
10.00	01000	DIETARY	12,751	9,494	22	51,355	10.00	
11.00	01100	CAFETERIA	10,940	0	18	0	3,112,744	11.00
13.00	01300	NURSING ADMINISTRATION	4,429	421	0	0	236,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,554	0	240	0	1,303	14.00
15.00	01500	PHARMACY	5,739	0	90	0	112,782	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,950	0	40	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	11,731	10,390	0	0	36,409	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	1,294	0	0	0	8,713	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	154,244	536,534	4,318	46,608	607,252	30.00
31.00	03100	INTENSIVE CARE UNIT	14,005	61,197	380	4,747	108,186	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,840	11,594	0	0	57,991	35.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,035	19,847	136	0	19,402	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,215	254,026	800	0	160,860	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	35,310	91,423	0	0	134,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,938	76,399	337	0	72,210	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,654	145,124	240	0	85,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,578	0	0	0	60,323	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,696	0	0	0	15,755	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,185	0	0	0	15,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,604	0	0	0	51,153	59.00
60.00	06000	LABORATORY	14,511	0	40	0	96,121	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	506	0	0	0	80,686	65.00
66.00	06600	PHYSICAL THERAPY	23,988	0	90	0	167,601	66.00
69.00	06900	ELECTROCARDIOLOGY	4,339	21,901	240	0	35,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,010	0	0	0	13,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07302	OP PHARMACY	2,810	0	0	0	11,302	73.01
74.00	07400	RENAL DIALYSIS	2,961	4,311	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	109	0	0	15,859	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,731	161	0	0	27,897	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	27,913	32,997	0	0	123,326	90.01
90.02	09002	WOUND CARE CENTER	4,478	0	60	0	17,565	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	20,524	90.03
90.04	09004	OB CLINIC	31,199	159	0	0	82,356	90.04
90.05	09005	OP PSYCH CLINIC	12,126	0	0	0	34,536	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	69	0	0	75,800	90.06
91.00	09100	EMERGENCY	35,191	245,993	1,560	0	186,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	13,569	55,759	0	0	55,099	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	624,210	1,578,205	8,611	51,355	2,827,870	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,675	0	0	0	0	190.00
190.01	19001 PROMPTCARE	6,018	0	0	0	57,122	190.01
190.02	19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003 OLCOTT	0	0	0	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	0	0	0	0	190.05
190.06	19006 MARKETING	0	0	0	0	0	190.06
190.07	19007 HME STORE	0	0	90	0	0	190.07
190.08	19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	0	0	0	0	189,938	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 RESEARCH	0	0	0	0	0	191.01
191.02	19102 OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	162	0	0	0	34	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	4,293	0	0	0	12,937	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	7,638	0	0	0	24,726	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	0	0	117	194.03
194.04	07954 HOME CARE	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
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)	25,433,303	237,653	6,564,074	4,716,212	3,566,321	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	39.492952	0.150584	754.404551	91.835498	1.145716	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,979,950	1,025	196,047	692,046	591,667	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.627280	0.000649	22.531548	13.475728	0.190079	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
	(DIRECT NURS. HRS.)					
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	1,475,123					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	41,628,113				14.00
15.00 01500 PHARMACY	0	208,581	41,957,488			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	2,270,217,201		16.00
18.00 01850 SOCIAL SERVICES	0	0	0	0	0	18.00
18.01 01851 CENTRAL STERILIZATION	0	65,345	0	0	0	18.01
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	475,848	1,042,472	281,476	189,499,955	0	30.00
31.00 03100 INTENSIVE CARE UNIT	94,614	215,381	118,625	23,729,391	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	54,273	54,797	12,436	13,253,909	0	35.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	16,678	21,340	3,646	4,696,522	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	115,742	8,126,659	182,258	315,540,720	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	123,942	219,138	114,763	56,662,722	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	57,883	196,679	40,375	38,335,678	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,669	44,214	13,376	46,743,885	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,421	40,053	15,079	129,144,100	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	842	63,177	36,341	46,151,438	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,259	17,679	14,193,148	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	36,039	1,794,246	79,910	103,230,438	0	59.00
60.00 06000 LABORATORY	0	4	0	147,708,049	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	576,989	55	20,495,011	0	65.00
66.00 06600 PHYSICAL THERAPY	0	8,671	0	31,423,703	0	66.00
69.00 06900 ELECTROCARDIOLOGY	4,137	31,556	9,915	41,109,770	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	50,722	0	7,229,466	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,818,204	0	102,395,709	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,056,456	0	196,446,230	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	40,316,021	355,192,809	0	73.00
73.01 07302 OP PHARMACY	0	2,075	1,504	5,671,191	0	73.01
74.00 07400 RENAL DIALYSIS	0	10,965	10,328	6,524,359	0	74.00
76.97 07697 CARDIAC REHABILITATION	4,541	1,347	35	4,103,355	0	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	12,145	6,579	2,870	1,456,643	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	101,067	195,270	242,540	55,694,258	0	90.01
90.02 09002 WOUND CARE CENTER	12,395	25,375	0	7,900,181	0	90.02
90.03 09003 PAIN CLINIC	8,379	46,063	280	5,065,502	0	90.03
90.04 09004 OB CLINIC	47,753	22,447	0	3,037,108	0	90.04
90.05 09005 OP PSYCH CLINIC	9,748	126	0	5,692,838	0	90.05
90.06 09006 MULTI SPECIALTY CLINIC	29,668	51,602	0	4,801,155	0	90.06
91.00 09100 EMERGENCY	156,732	587,381	457,317	260,620,713	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	51,036	0	0	26,467,245	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,434,552	41,588,173	41,956,829	2,270,217,201	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	PROMPTCARE	13,501	18,370	16	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	27,070	5,435	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	RESEARCH	0	0	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,135	643	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
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)	16,915,698	19,651,622	12,092,275	224,139	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.467314	0.472076	0.288203	0.000099	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	349,865	487,335	378,933	104,395	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.237177	0.011707	0.009031	0.000046	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: 15-0051

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)	
		CENTRAL STERILIZATION (TIME SPENT)		
		18.01		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	SOCIAL SERVICES		18.00
18.01	01851	CENTRAL STERILIZATION	100	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	100
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0
32.00	03200	CORONARY CARE UNIT	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	100	0
50.01	05001	CV SURGERY	0	0
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	0
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	0
66.00	06600	PHYSICAL THERAPY	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100
73.01	07302	OP PHARMACY	0	0
74.00	07400	RENAL DIALYSIS	0	0
76.97	07697	CARDIAC REHABILITATION	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0
78.00	07800	CART-CELL IMMUNOTHERAPY	0	0
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0
90.02	09002	WOUND CARE CENTER	0	0
90.03	09003	PAIN CLINIC	0	0
90.04	09004	OB CLINIC	0	0
90.05	09005	OP PSYCH CLINIC	0	0
90.06	09006	MULTI SPECIALTY CLINIC	0	0
91.00	09100	EMERGENCY	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0
95.00	09500	AMBULANCE SERVICES	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0
101.00	10100	HOME HEALTH AGENCY	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01			
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	PROMPTCARE	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	190.02
190.03	19003	OLCOTT	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	0	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	190.11
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	RESEARCH	0	0	191.01
191.02	19102	OTHER SPONSORED ACTIVITIES	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,617,123	783,632	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36,171.230000	7,836.320000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	640,556	73,116	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6,405.560000	731.160000	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: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

		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			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,318,100		82,318,100	0	82,318,100	30.00
31.00	03100	INTENSIVE CARE UNIT	11,744,578		11,744,578	0	11,744,578	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,879,753		6,879,753	98,657	6,978,410	35.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,304,628		2,304,628	0	2,304,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,530,614		38,530,614	0	38,530,614	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	13,869,056		13,869,056	0	13,869,056	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,139,777		9,139,777	0	9,139,777	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,011,060		9,011,060	0	9,011,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,376,812		7,376,812	0	7,376,812	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,834,229		3,834,229	0	3,834,229	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,313,475		2,313,475	0	2,313,475	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,654,734		7,654,734	0	7,654,734	59.00
60.00	06000	LABORATORY	24,848,106		24,848,106	0	24,848,106	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,081,570	0	6,081,570	0	6,081,570	65.00
66.00	06600	PHYSICAL THERAPY	13,582,444	0	13,582,444	0	13,582,444	66.00
69.00	06900	ELECTROCARDIOLOGY	3,046,396		3,046,396	0	3,046,396	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	991,172		991,172	0	991,172	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,581,726		18,581,726	0	18,581,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,300,224		29,300,224	0	29,300,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,615,592		62,615,592	0	62,615,592	73.00
73.01	07302	OP PHARMACY	7,345,450		7,345,450	0	7,345,450	73.01
74.00	07400	RENAL DIALYSIS	2,407,332		2,407,332	0	2,407,332	74.00
76.97	07697	CARDIAC REHABILITATION	904,144		904,144	0	904,144	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,790,526		3,790,526	0	3,790,526	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	12,269,387		12,269,387	0	12,269,387	90.01
90.02	09002	WOUND CARE CENTER	1,769,098		1,769,098	0	1,769,098	90.02
90.03	09003	PAIN CLINIC	1,735,877		1,735,877	0	1,735,877	90.03
90.04	09004	OB CLINIC	7,790,401		7,790,401	0	7,790,401	90.04
90.05	09005	OP PSYCH CLINIC	2,880,985		2,880,985	0	2,880,985	90.05
90.06	09006	MULTI SPECIALTY CLINIC	4,216,701		4,216,701	0	4,216,701	90.06
91.00	09100	EMERGENCY	30,241,648		30,241,648	0	30,241,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,133,360		4,133,360	0	4,133,360	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,251,446		9,251,446	0	9,251,446	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	442,760,401	0	442,760,401	98,657	442,859,058	200.00
201.00		Less Observation Beds	4,133,360		4,133,360		4,133,360	201.00
202.00		Total (see instructions)	438,627,041	0	438,627,041	98,657	438,725,698	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	173,367,868		173,367,868		30.00
31.00	03100	INTENSIVE CARE UNIT	23,729,391		23,729,391		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,253,909		13,253,909		35.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,696,522		4,696,522		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,121,872	227,418,848	315,540,720	0.122110	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	8,461,877	48,200,845	56,662,722	0.244765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,714,301	621,377	38,335,678	0.238414	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,670,880	33,073,005	46,743,885	0.192775	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,257,605	125,886,495	129,144,100	0.057121	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	14,081,280	32,070,158	46,151,438	0.083079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,952,018	11,241,130	14,193,148	0.162999	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,294,518	61,935,920	103,230,438	0.074152	59.00
60.00	06000	LABORATORY	53,663,097	94,044,952	147,708,049	0.168224	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,961,132	5,533,879	20,495,011	0.296734	65.00
66.00	06600	PHYSICAL THERAPY	9,465,937	21,957,766	31,423,703	0.432236	66.00
69.00	06900	ELECTROCARDIOLOGY	16,382,318	24,727,452	41,109,770	0.074104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,051,774	6,177,692	7,229,466	0.137102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,793,256	67,602,453	102,395,709	0.181470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,720,927	110,725,303	196,446,230	0.149151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,425,035	272,767,774	355,192,809	0.176286	73.00
73.01	07302	OP PHARMACY	0	5,671,191	5,671,191	1.295222	73.01
74.00	07400	RENAL DIALYSIS	4,572,414	1,951,945	6,524,359	0.368976	74.00
76.97	07697	CARDIAC REHABILITATION	179,754	3,923,601	4,103,355	0.220343	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,762	1,443,881	1,456,643	2.602234	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,652,400	52,041,858	55,694,258	0.220299	90.01
90.02	09002	WOUND CARE CENTER	3,737	7,896,444	7,900,181	0.223931	90.02
90.03	09003	PAIN CLINIC	6,401	5,059,101	5,065,502	0.342686	90.03
90.04	09004	OB CLINIC	11,789	3,025,319	3,037,108	2.565072	90.04
90.05	09005	OP PSYCH CLINIC	2,530	5,690,308	5,692,838	0.506072	90.05
90.06	09006	MULTI SPECIALTY CLINIC	227,381	4,573,774	4,801,155	0.878268	90.06
91.00	09100	EMERGENCY	59,588,151	201,032,562	260,620,713	0.116037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,006,855	15,125,232	16,132,087	0.256220	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	377,094	26,090,151	26,467,245	0.349543	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	792,706,785	1,477,510,416	2,270,217,201		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	792,706,785	1,477,510,416	2,270,217,201		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 1:53 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122110		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.244765		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238414		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192775		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057121		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.083079		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.162999		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074152		59.00
60.00	06000	LABORATORY	0.168224		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.296734		65.00
66.00	06600	PHYSICAL THERAPY	0.432236		66.00
69.00	06900	ELECTROCARDIOLOGY	0.074104		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137102		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181470		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.149151		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176286		73.00
73.01	07302	OP PHARMACY	1.295222		73.01
74.00	07400	RENAL DIALYSIS	0.368976		74.00
76.97	07697	CARDIAC REHABILITATION	0.220343		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.602234		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.220299		90.01
90.02	09002	WOUND CARE CENTER	0.223931		90.02
90.03	09003	PAIN CLINIC	0.342686		90.03
90.04	09004	OB CLINIC	2.565072		90.04
90.05	09005	OP PSYCH CLINIC	0.506072		90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.878268		90.06
91.00	09100	EMERGENCY	0.116037		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256220		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.349543		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	82,318,100		82,318,100	0	82,318,100	30.00
31.00	03100 INTENSIVE CARE UNIT	11,744,578		11,744,578	0	11,744,578	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	6,879,753		6,879,753	98,657	6,978,410	35.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,304,628		2,304,628	0	2,304,628	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	38,530,614		38,530,614	0	38,530,614	50.00
50.01	05001 CV SURGERY	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	13,869,056		13,869,056	0	13,869,056	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,139,777		9,139,777	0	9,139,777	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,011,060		9,011,060	0	9,011,060	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,376,812		7,376,812	0	7,376,812	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,834,229		3,834,229	0	3,834,229	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,313,475		2,313,475	0	2,313,475	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,654,734		7,654,734	0	7,654,734	59.00
60.00	06000 LABORATORY	24,848,106		24,848,106	0	24,848,106	60.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,081,570	0	6,081,570	0	6,081,570	65.00
66.00	06600 PHYSICAL THERAPY	13,582,444	0	13,582,444	0	13,582,444	66.00
69.00	06900 ELECTROCARDIOLOGY	3,046,396		3,046,396	0	3,046,396	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	991,172		991,172	0	991,172	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,581,726		18,581,726	0	18,581,726	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	29,300,224		29,300,224	0	29,300,224	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	62,615,592		62,615,592	0	62,615,592	73.00
73.01	07302 OP PHARMACY	7,345,450		7,345,450	0	7,345,450	73.01
74.00	07400 RENAL DIALYSIS	2,407,332		2,407,332	0	2,407,332	74.00
76.97	07697 CARDIAC REHABILITATION	904,144		904,144	0	904,144	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,790,526		3,790,526	0	3,790,526	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	12,269,387		12,269,387	0	12,269,387	90.01
90.02	09002 WOUND CARE CENTER	1,769,098		1,769,098	0	1,769,098	90.02
90.03	09003 PAIN CLINIC	1,735,877		1,735,877	0	1,735,877	90.03
90.04	09004 OB CLINIC	7,790,401		7,790,401	0	7,790,401	90.04
90.05	09005 OP PSYCH CLINIC	2,880,985		2,880,985	0	2,880,985	90.05
90.06	09006 MULTI SPECIALTY CLINIC	4,216,701		4,216,701	0	4,216,701	90.06
91.00	09100 EMERGENCY	30,241,648		30,241,648	0	30,241,648	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,133,360		4,133,360	0	4,133,360	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	9,251,446		9,251,446	0	9,251,446	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600 HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	442,760,401	0	442,760,401	98,657	442,859,058	200.00
201.00	Less Observation Beds	4,133,360		4,133,360		4,133,360	201.00
202.00	Total (see instructions)	438,627,041	0	438,627,041	98,657	438,725,698	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 1:53 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	173,367,868		173,367,868		30.00
31.00	03100	INTENSIVE CARE UNIT	23,729,391		23,729,391		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,253,909		13,253,909		35.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,696,522		4,696,522		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,121,872	227,418,848	315,540,720	0.122110	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	8,461,877	48,200,845	56,662,722	0.244765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,714,301	621,377	38,335,678	0.238414	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,670,880	33,073,005	46,743,885	0.192775	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,257,605	125,886,495	129,144,100	0.057121	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	14,081,280	32,070,158	46,151,438	0.083079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,952,018	11,241,130	14,193,148	0.162999	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,294,518	61,935,920	103,230,438	0.074152	59.00
60.00	06000	LABORATORY	53,663,097	94,044,952	147,708,049	0.168224	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	14,961,132	5,533,879	20,495,011	0.296734	65.00
66.00	06600	PHYSICAL THERAPY	9,465,937	21,957,766	31,423,703	0.432236	66.00
69.00	06900	ELECTROCARDIOLOGY	16,382,318	24,727,452	41,109,770	0.074104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,051,774	6,177,692	7,229,466	0.137102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,793,256	67,602,453	102,395,709	0.181470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,720,927	110,725,303	196,446,230	0.149151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,425,035	272,767,774	355,192,809	0.176286	73.00
73.01	07302	OP PHARMACY	0	5,671,191	5,671,191	1.295222	73.01
74.00	07400	RENAL DIALYSIS	4,572,414	1,951,945	6,524,359	0.368976	74.00
76.97	07697	CARDIAC REHABILITATION	179,754	3,923,601	4,103,355	0.220343	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,762	1,443,881	1,456,643	2.602234	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,652,400	52,041,858	55,694,258	0.220299	90.01
90.02	09002	WOUND CARE CENTER	3,737	7,896,444	7,900,181	0.223931	90.02
90.03	09003	PAIN CLINIC	6,401	5,059,101	5,065,502	0.342686	90.03
90.04	09004	OB CLINIC	11,789	3,025,319	3,037,108	2.565072	90.04
90.05	09005	OP PSYCH CLINIC	2,530	5,690,308	5,692,838	0.506072	90.05
90.06	09006	MULTI SPECIALTY CLINIC	227,381	4,573,774	4,801,155	0.878268	90.06
91.00	09100	EMERGENCY	59,588,151	201,032,562	260,620,713	0.116037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,006,855	15,125,232	16,132,087	0.256220	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	377,094	26,090,151	26,467,245	0.349543	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	792,706,785	1,477,510,416	2,270,217,201		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	792,706,785	1,477,510,416	2,270,217,201		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 1:53 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.122110		50.00
50.01	05001 CV SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.244765		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.238414		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192775		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.057121		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.083079		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.162999		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.074152		59.00
60.00	06000 LABORATORY	0.168224		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.296734		65.00
66.00	06600 PHYSICAL THERAPY	0.432236		66.00
69.00	06900 ELECTROCARDIOLOGY	0.074104		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137102		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181470		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.149151		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176286		73.00
73.01	07302 OP PHARMACY	1.295222		73.01
74.00	07400 RENAL DIALYSIS	0.368976		74.00
76.97	07697 CARDIAC REHABILITATION	0.220343		76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.602234		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.220299		90.01
90.02	09002 WOUND CARE CENTER	0.223931		90.02
90.03	09003 PAIN CLINIC	0.342686		90.03
90.04	09004 OB CLINIC	2.565072		90.04
90.05	09005 OP PSYCH CLINIC	0.506072		90.05
90.06	09006 MULTI SPECIALTY CLINIC	0.878268		90.06
91.00	09100 EMERGENCY	0.116037		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.256220		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.349543		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/29/2024 1:53 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,530,614	3,648,707	34,881,907	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	13,869,056	1,972,461	11,896,595	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,139,777	1,176,405	7,963,372	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,011,060	782,907	8,228,153	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,376,812	1,134,479	6,242,333	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,834,229	217,190	3,617,039	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,313,475	286,694	2,026,781	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,654,734	1,630,436	6,024,298	0	0	59.00
60.00	06000	LABORATORY	24,848,106	896,436	23,951,670	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,081,570	74,329	6,007,241	0	0	65.00
66.00	06600	PHYSICAL THERAPY	13,582,444	1,355,724	12,226,720	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,046,396	255,791	2,790,605	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	991,172	113,499	877,673	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,581,726	189,453	18,392,273	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,300,224	300,304	28,999,920	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,615,592	596,908	62,018,684	0	0	73.00
73.01	07302	OP PHARMACY	7,345,450	182,007	7,163,443	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,407,332	166,750	2,240,582	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	904,144	7,889	896,255	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,790,526	1,010,042	2,780,484	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	12,269,387	1,570,528	10,698,859	0	0	90.01
90.02	09002	WOUND CARE CENTER	1,769,098	250,717	1,518,381	0	0	90.02
90.03	09003	PAIN CLINIC	1,735,877	171,475	1,564,402	0	0	90.03
90.04	09004	OB CLINIC	7,790,401	1,700,643	6,089,758	0	0	90.04
90.05	09005	OP PSYCH CLINIC	2,880,985	659,285	2,221,700	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	4,216,701	38,513	4,178,188	0	0	90.06
91.00	09100	EMERGENCY	30,241,648	2,098,173	28,143,475	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,133,360	471,530	3,661,830	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,251,446	775,240	8,476,206	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	339,513,342	23,734,515	315,778,827	0	0	200.00
201.00		Less Observation Beds	4,133,360	471,530	3,661,830	0	0	201.00
202.00		Total (line 200 minus line 201)	335,379,982	23,262,985	312,116,997	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,530,614	315,540,720	0.122110	50.00
50.01	05001	CV SURGERY	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	13,869,056	56,662,722	0.244765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,139,777	38,335,678	0.238414	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,011,060	46,743,885	0.192775	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,376,812	129,144,100	0.057121	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	3,834,229	46,151,438	0.083079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,313,475	14,193,148	0.162999	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,654,734	103,230,438	0.074152	59.00
60.00	06000	LABORATORY	24,848,106	147,708,049	0.168224	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,081,570	20,495,011	0.296734	65.00
66.00	06600	PHYSICAL THERAPY	13,582,444	31,423,703	0.432236	66.00
69.00	06900	ELECTROCARDIOLOGY	3,046,396	41,109,770	0.074104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	991,172	7,229,466	0.137102	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,581,726	102,395,709	0.181470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,300,224	196,446,230	0.149151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,615,592	355,192,809	0.176286	73.00
73.01	07302	OP PHARMACY	7,345,450	5,671,191	1.295222	73.01
74.00	07400	RENAL DIALYSIS	2,407,332	6,524,359	0.368976	74.00
76.97	07697	CARDIAC REHABILITATION	904,144	4,103,355	0.220343	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,790,526	1,456,643	2.602234	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	12,269,387	55,694,258	0.220299	90.01
90.02	09002	WOUND CARE CENTER	1,769,098	7,900,181	0.223931	90.02
90.03	09003	PAIN CLINIC	1,735,877	5,065,502	0.342686	90.03
90.04	09004	OB CLINIC	7,790,401	3,037,108	2.565072	90.04
90.05	09005	OP PSYCH CLINIC	2,880,985	5,692,838	0.506072	90.05
90.06	09006	MULTI SPECIALTY CLINIC	4,216,701	4,801,155	0.878268	90.06
91.00	09100	EMERGENCY	30,241,648	260,620,713	0.116037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,133,360	16,132,087	0.256220	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,251,446	26,467,245	0.349543	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0.000000	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
200.00		Subtotal (sum of lines 50 thru 199)	339,513,342	2,055,169,511		200.00
201.00		Less Observation Beds	4,133,360	0		201.00
202.00		Total (line 200 minus line 201)	335,379,982	2,055,169,511		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,390,730	0	9,390,730	49,072	191.37	30.00
31.00	INTENSIVE CARE UNIT	899,253		899,253	4,747	189.44	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	727,797		727,797	3,576	203.52	35.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	337,448		337,448	2,944	114.62	43.00
200.00	Total (lines 30 through 199)	11,355,228		11,355,228	60,339		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	14,853	2,842,419				
31.00	INTENSIVE CARE UNIT	1,439	272,604				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,292	3,115,023				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,648,707	315,540,720	0.011563	30,099,264	348,038	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	1,972,461	56,662,722	0.034811	3,091,445	107,616	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,176,405	38,335,678	0.030687	52,526	1,612	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	782,907	46,743,885	0.016749	5,065,269	84,838	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,134,479	129,144,100	0.008785	1,345,953	11,824	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	217,190	46,151,438	0.004706	5,247,406	24,694	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	286,694	14,193,148	0.020199	967,716	19,547	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,630,436	103,230,438	0.015794	13,835,045	218,511	59.00
60.00	06000	LABORATORY	896,436	147,708,049	0.006069	15,089,756	91,580	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	74,329	20,495,011	0.003627	4,262,758	15,461	65.00
66.00	06600	PHYSICAL THERAPY	1,355,724	31,423,703	0.043143	3,584,262	154,636	66.00
69.00	06900	ELECTROCARDIOLOGY	255,791	41,109,770	0.006222	6,207,892	38,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113,499	7,229,466	0.015699	363,524	5,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	189,453	102,395,709	0.001850	11,408,195	21,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	300,304	196,446,230	0.001529	31,630,606	48,363	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	596,908	355,192,809	0.001681	25,700,147	43,202	73.00
73.01	07302	OP PHARMACY	182,007	5,671,191	0.032093	0	0	73.01
74.00	07400	RENAL DIALYSIS	166,750	6,524,359	0.025558	1,904,989	48,688	74.00
76.97	07697	CARDIAC REHABILITATION	7,889	4,103,355	0.001923	51,775	100	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,010,042	1,456,643	0.693404	6,677	4,630	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,570,528	55,694,258	0.028199	1,286,715	36,284	90.01
90.02	09002	WOUND CARE CENTER	250,717	7,900,181	0.031736	3,701	117	90.02
90.03	09003	PAIN CLINIC	171,475	5,065,502	0.033852	0	0	90.03
90.04	09004	OB CLINIC	1,700,643	3,037,108	0.559955	5,574	3,121	90.04
90.05	09005	OP PSYCH CLINIC	659,285	5,692,838	0.115810	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	38,513	4,801,155	0.008022	3,225	26	90.06
91.00	09100	EMERGENCY	2,098,173	260,620,713	0.008051	20,928,012	168,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	471,530	16,132,087	0.029229	332,861	9,729	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	775,240	26,467,245	0.029291	254,477	7,454	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	23,734,515	2,055,169,511		182,729,770	1,514,000	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 1:53 pm
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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	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
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	49,072	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,747	0.00	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,576	0.00	35.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00	
43.00	04300	NURSERY	0	0	2,944	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	60,339	0.00	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
42.00	04200	SUBPROVIDER	0					42.00
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: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	783,632	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.04	09004	OB CLINIC	0	0	0	0	0	90.04
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	0	0	0	0	90.06
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	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	783,632	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	315,540,720	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	56,662,722	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	38,335,678	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	46,743,885	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	129,144,100	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	46,151,438	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,193,148	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	103,230,438	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	147,708,049	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	20,495,011	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	31,423,703	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	41,109,770	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,229,466	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	102,395,709	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	196,446,230	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	783,632	783,632	355,192,809	0.002206	73.00
73.01 07302 OP PHARMACY	0	0	0	5,671,191	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,524,359	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,103,355	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,456,643	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	55,694,258	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,900,181	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	5,065,502	0.000000	90.03
90.04 09004 OB CLINIC	0	0	0	3,037,108	0.000000	90.04
90.05 09005 OP PSYCH CLINIC	0	0	0	5,692,838	0.000000	90.05
90.06 09006 MULTI SPECIALTY CLINIC	0	0	0	4,801,155	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	260,620,713	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,132,087	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	26,467,245	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	783,632	783,632	2,055,169,511		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	30,099,264	0	44,522,374	0	50.00	
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	3,091,445	0	11,594,382	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	52,526	0	4,737	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,065,269	0	7,172,959	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,345,953	0	48,384,606	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700 CT SCAN	0.000000	5,247,406	0	7,284,156	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	967,716	0	1,900,761	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	13,835,045	0	19,521,107	0	59.00	
60.00	06000 LABORATORY	0.000000	15,089,756	0	7,975,225	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,262,758	0	1,737,380	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	3,584,262	0	157,823	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,207,892	0	8,941,389	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	363,524	0	1,460,608	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	11,408,195	0	17,918,164	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	31,630,606	0	30,316,569	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002206	25,700,147	56,695	94,439,463	208,333	73.00	
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,904,989	0	258,048	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	51,775	0	1,350,796	0	76.97	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	6,677	0	490,239	0	90.00	
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	1,286,715	0	16,097,812	0	90.01	
90.02	09002 WOUND CARE CENTER	0.000000	3,701	0	3,324,954	0	90.02	
90.03	09003 PAIN CLINIC	0.000000	0	0	613,077	0	90.03	
90.04	09004 OB CLINIC	0.000000	5,574	0	1,521,173	0	90.04	
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	358,928	0	90.05	
90.06	09006 MULTI SPECIALTY CLINIC	0.000000	3,225	0	320,272	0	90.06	
91.00	09100 EMERGENCY	0.000000	20,928,012	0	29,300,253	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	332,861	0	1,673,077	0	92.00	
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	254,477	0	5,567,021	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		182,729,770	56,695	364,207,353	208,333	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 1:53 pm
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		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.)	1.00		2.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.122110	44,522,374	0	0	5,436,627	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.244765	11,594,382	0	0	2,837,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238414	4,737	0	0	1,129	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192775	7,172,959	0	0	1,382,767	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057121	48,384,606	0	0	2,763,777	55.00
56.00	05600	RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.083079	7,284,156	0	0	605,160	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.162999	1,900,761	0	0	309,822	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074152	19,521,107	0	0	1,447,529	59.00
60.00	06000	LABORATORY	0.168224	7,975,225	0	0	1,341,624	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296734	1,737,380	0	0	515,540	65.00
66.00	06600	PHYSICAL THERAPY	0.432236	157,823	0	0	68,217	66.00
69.00	06900	ELECTROCARDIOLOGY	0.074104	8,941,389	0	0	662,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137102	1,460,608	0	0	200,252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181470	17,918,164	0	0	3,251,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.149151	30,316,569	0	0	4,521,747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176286	94,439,463	0	103,403	16,648,355	73.00
73.01	07302	OP PHARMACY	1.295222	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.368976	258,048	0	0	95,214	74.00
76.97	07697	CARDIAC REHABILITATION	0.220343	1,350,796	0	0	297,638	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.602234	490,239	202	36	1,275,717	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.220299	16,097,812	1,922	41	3,546,332	90.01
90.02	09002	WOUND CARE CENTER	0.223931	3,324,954	1,431	0	744,560	90.02
90.03	09003	PAIN CLINIC	0.342686	613,077	0	0	210,093	90.03
90.04	09004	OB CLINIC	2.565072	1,521,173	0	4	3,901,918	90.04
90.05	09005	OP PSYCH CLINIC	0.506072	358,928	0	0	181,643	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.878268	320,272	0	6	281,285	90.06
91.00	09100	EMERGENCY	0.116037	29,300,253	0	105	3,399,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256220	1,673,077	0	3	428,676	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.349543	5,567,021	0	11	1,945,913	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		364,207,353	3,555	103,609	58,303,549	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		364,207,353	3,555	103,609	58,303,549	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CV SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,229		73.00
73.01 07302 OP PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	526	94		90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	423	9		90.01
90.02 09002 WOUND CARE CENTER	320	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.04 09004 OB CLINIC	0	10		90.04
90.05 09005 OP PSYCH CLINIC	0	0		90.05
90.06 09006 MULTI SPECIALTY CLINIC	0	5		90.06
91.00 09100 EMERGENCY	0	12		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	4		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	1,269	18,364		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,269	18,364		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,390,730	0	9,390,730	49,072	191.37	30.00	
31.00	INTENSIVE CARE UNIT	899,253		899,253	4,747	189.44	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	727,797		727,797	3,576	203.52	35.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	337,448		337,448	2,944	114.62	43.00	
200.00	Total (lines 30 through 199)	11,355,228		11,355,228	60,339		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	1,455	278,443					30.00
31.00	INTENSIVE CARE UNIT	169	32,015					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	372	75,709					35.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	1,499	171,815					43.00
200.00	Total (lines 30 through 199)	3,495	557,982					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,648,707	315,540,720	0.011563	1,066,594	12,333	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	1,972,461	56,662,722	0.034811	71,228	2,480	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,176,405	38,335,678	0.030687	364,040	11,171	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	782,907	46,743,885	0.016749	274,723	4,601	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,134,479	129,144,100	0.008785	12,466	110	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	217,190	46,151,438	0.004706	254,417	1,197	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	286,694	14,193,148	0.020199	58,353	1,179	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,630,436	103,230,438	0.015794	404,892	6,395	59.00
60.00	06000 LABORATORY	896,436	147,708,049	0.006069	1,324,131	8,036	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	74,329	20,495,011	0.003627	637,468	2,312	65.00
66.00	06600 PHYSICAL THERAPY	1,355,724	31,423,703	0.043143	194,001	8,370	66.00
69.00	06900 ELECTROCARDIOLOGY	255,791	41,109,770	0.006222	244,933	1,524	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	113,499	7,229,466	0.015699	13,668	215	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	189,453	102,395,709	0.001850	493,872	914	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	300,304	196,446,230	0.001529	906,295	1,386	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	596,908	355,192,809	0.001681	2,502,889	4,207	73.00
73.01	07302 OP PHARMACY	182,007	5,671,191	0.032093	0	0	73.01
74.00	07400 RENAL DIALYSIS	166,750	6,524,359	0.025558	212,892	5,441	74.00
76.97	07697 CARDIAC REHABILITATION	7,889	4,103,355	0.001923	372	1	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,010,042	1,456,643	0.693404	104	72	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	1,570,528	55,694,258	0.028199	111,927	3,156	90.01
90.02	09002 WOUND CARE CENTER	250,717	7,900,181	0.031736	0	0	90.02
90.03	09003 PAIN CLINIC	171,475	5,065,502	0.033852	0	0	90.03
90.04	09004 OB CLINIC	1,700,643	3,037,108	0.559955	133	74	90.04
90.05	09005 OP PSYCH CLINIC	659,285	5,692,838	0.115810	0	0	90.05
90.06	09006 MULTI SPECIALTY CLINIC	38,513	4,801,155	0.008022	1,682	13	90.06
91.00	09100 EMERGENCY	2,098,173	260,620,713	0.008051	1,252,840	10,087	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	471,530	16,132,087	0.029229	16,074	470	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	775,240	26,467,245	0.029291	3,948	116	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	23,734,515	2,055,169,511		10,423,942	85,860	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 1:53 pm
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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	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
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	49,072	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,747	0.00	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,576	0.00	35.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00	
43.00	04300	NURSERY		0	2,944	0.00	43.00	
200.00		Total (lines 30 through 199)		0	60,339		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
42.00	04200	SUBPROVIDER	0					42.00
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: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Title XIX					Total
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.04	09004	OB CLINIC	0	0	0	0	90.04
90.05	09005	OP PSYCH CLINIC	0	0	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	783,632	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description	Title XIX		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	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)		
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	315,540,720	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	56,662,722	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	38,335,678	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	46,743,885	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	129,144,100	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	46,151,438	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,193,148	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	103,230,438	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	147,708,049	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	20,495,011	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	31,423,703	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	41,109,770	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,229,466	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	102,395,709	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	196,446,230	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	783,632	783,632	355,192,809	0.002206	73.00
73.01 07302 OP PHARMACY	0	0	0	5,671,191	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,524,359	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,103,355	0.000000	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,456,643	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	55,694,258	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,900,181	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	5,065,502	0.000000	90.03
90.04 09004 OB CLINIC	0	0	0	3,037,108	0.000000	90.04
90.05 09005 OP PSYCH CLINIC	0	0	0	5,692,838	0.000000	90.05
90.06 09006 MULTI SPECIALTY CLINIC	0	0	0	4,801,155	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	260,620,713	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,132,087	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	26,467,245	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	783,632	783,632	2,055,169,511		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,066,594	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	71,228	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	364,040	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	274,723	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	12,466	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	254,417	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58,353	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	404,892	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,324,131	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	637,468	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	194,001	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	244,933	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	13,668	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	493,872	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	906,295	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002206	2,502,889	5,521	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	212,892	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	372	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	104	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	111,927	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 OB CLINIC	0.000000	133	0	0	0	90.04
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 MULTI SPECIALTY CLINIC	0.000000	1,682	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	1,252,840	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	16,074	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	3,948	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		10,423,942	5,521	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 1:53 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.122110	0	1,982,785	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.244765	0	340,454	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238414	0	6,179	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192775	0	480,261	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057121	0	1,410,406	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.083079	0	440,970	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.162999	0	91,452	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074152	0	325,696	0	0	59.00
60.00	06000	LABORATORY	0.168224	0	1,101,114	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296734	0	91,904	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.432236	0	656,917	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.074104	0	219,205	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137102	0	111,874	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181470	0	387,036	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.149151	0	949,444	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176286	0	3,020,016	0	0	73.00
73.01	07302	OP PHARMACY	1.295222	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.368976	0	76,077	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.220343	0	44,841	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.602234	0	11,824	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.220299	0	675,525	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.223931	0	89,430	0	0	90.02
90.03	09003	PAIN CLINIC	0.342686	0	40,346	0	0	90.03
90.04	09004	OB CLINIC	2.565072	0	17,320	0	0	90.04
90.05	09005	OP PSYCH CLINIC	0.506072	0	35,539	0	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.878268	0	71,231	0	0	90.06
91.00	09100	EMERGENCY	0.116037	0	4,103,035	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256220	0	572,825	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.349543	0	625,372	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	17,979,078	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	17,979,078	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 1:53 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	242,118	0		50.00
50.01 05001 CV SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	83,331	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,473	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	92,582	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	80,564	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	36,635	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	14,907	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	24,151	0		59.00
60.00 06000 LABORATORY	185,234	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	27,271	0		65.00
66.00 06600 PHYSICAL THERAPY	283,943	0		66.00
69.00 06900 ELECTROCARDIOLOGY	16,244	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	15,338	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	70,235	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	141,611	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	532,387	0		73.00
73.01 07302 OP PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	28,071	0		74.00
76.97 07697 CARDIAC REHABILITATION	9,880	0		76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0		78.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	30,769	0		90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	148,817	0		90.01
90.02 09002 WOUND CARE CENTER	20,026	0		90.02
90.03 09003 PAIN CLINIC	13,826	0		90.03
90.04 09004 OB CLINIC	44,427	0		90.04
90.05 09005 OP PSYCH CLINIC	17,985	0		90.05
90.06 09006 MULTI SPECIALTY CLINIC	62,560	0		90.06
91.00 09100 EMERGENCY	476,104	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	146,769	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	218,594	0		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	3,065,852	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)	3,065,852	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 1:53 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		49,072	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,072	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)		46,608	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)		14,853	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		82,318,100	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)		82,318,100	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		82,318,100	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,677.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,915,908	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		24,915,908	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2024 1:53 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	11,744,578	4,747	2,474.11	1,439	3,560,244		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	6,978,410	3,576	1,951.46	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,934,342		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)					56,410,494		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,115,023		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,570,695		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,685,718		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,724,776		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)					2,464		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,677.50		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,133,360		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0051

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

Worksheet D-1
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		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	9,390,730	82,318,100	0.114079	4,133,360	471,530	90.00
91.00	Nursing Program cost	0	82,318,100	0.000000	4,133,360	0	91.00
92.00	Allied health cost	0	82,318,100	0.000000	4,133,360	0	92.00
93.00	All other Medical Education	0	82,318,100	0.000000	4,133,360	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 1:53 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		49,072	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,072	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)		46,608	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)		1,455	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)		2,944	15.00
16.00	Nursery days (title V or XIX only)		1,499	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		82,318,100	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)		82,318,100	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		82,318,100	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,677.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,440,763	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)		2,440,763	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 1:53 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,304,628	2,944	782.82	1,499	1,173,447	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,744,578	4,747	2,474.11	169	418,125	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	6,978,410	3,576	1,951.46	372	725,943	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,786,876	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)					6,545,154	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)					557,982	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					91,381	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					649,363	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,895,791	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)					2,464	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,677.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,133,360	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 1:53 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,390,730	82,318,100	0.114079	4,133,360	471,530	90.00
91.00	Nursing Program cost	0	82,318,100	0.000000	4,133,360	0	91.00
92.00	Allied health cost	0	82,318,100	0.000000	4,133,360	0	92.00
93.00	All other Medical Education	0	82,318,100	0.000000	4,133,360	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 1:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		53,566,280	30.00
31.00	03100	INTENSIVE CARE UNIT		8,892,045	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122110	30,099,264	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.244765	3,091,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238414	52,526	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192775	5,065,269	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057121	1,345,953	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.083079	5,247,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.162999	967,716	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074152	13,835,045	59.00
60.00	06000	LABORATORY	0.168224	15,089,756	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296734	4,262,758	65.00
66.00	06600	PHYSICAL THERAPY	0.432236	3,584,262	66.00
69.00	06900	ELECTROCARDIOLOGY	0.074104	6,207,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137102	363,524	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181470	11,408,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.149151	31,630,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176286	25,700,147	73.00
73.01	07302	OP PHARMACY	1.295222	0	73.01
74.00	07400	RENAL DIALYSIS	0.368976	1,904,989	74.00
76.97	07697	CARDIAC REHABILITATION	0.220343	51,775	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.602234	6,677	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.220299	1,286,715	90.01
90.02	09002	WOUND CARE CENTER	0.223931	3,701	90.02
90.03	09003	PAIN CLINIC	0.342686	0	90.03
90.04	09004	OB CLINIC	2.565072	5,574	90.04
90.05	09005	OP PSYCH CLINIC	0.506072	0	90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.878268	3,225	90.06
91.00	09100	EMERGENCY	0.116037	20,928,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256220	332,861	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.349543	254,477	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		182,729,770	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)		182,729,770	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 1:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,130,852	30.00
31.00	03100	INTENSIVE CARE UNIT		630,583	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,224,497	35.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		201,348	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122110	1,066,594	130,242 50.00
50.01	05001	CV SURGERY	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.244765	71,228	17,434 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238414	364,040	86,792 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192775	274,723	52,960 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.057121	12,466	712 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.083079	254,417	21,137 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.162999	58,353	9,511 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074152	404,892	30,024 59.00
60.00	06000	LABORATORY	0.168224	1,324,131	222,751 60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.296734	637,468	189,158 65.00
66.00	06600	PHYSICAL THERAPY	0.432236	194,001	83,854 66.00
69.00	06900	ELECTROCARDIOLOGY	0.074104	244,933	18,151 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137102	13,668	1,874 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181470	493,872	89,623 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.149151	906,295	135,175 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176286	2,502,889	441,224 73.00
73.01	07302	OP PHARMACY	1.295222	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.368976	212,892	78,552 74.00
76.97	07697	CARDIAC REHABILITATION	0.220343	372	82 76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.602234	104	271 90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.220299	111,927	24,657 90.01
90.02	09002	WOUND CARE CENTER	0.223931	0	0 90.02
90.03	09003	PAIN CLINIC	0.342686	0	0 90.03
90.04	09004	OB CLINIC	2.565072	133	341 90.04
90.05	09005	OP PSYCH CLINIC	0.506072	0	0 90.05
90.06	09006	MULTI SPECIALTY CLINIC	0.878268	1,682	1,477 90.06
91.00	09100	EMERGENCY	0.116037	1,252,840	145,376 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256220	16,074	4,118 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.349543	3,948	1,380 92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,423,942	1,786,876 200.00
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)		10,423,942	1,786,876 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		26,314,082	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,597,277	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)		622,464	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		92,041	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		195.02	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.71	31.00
32.00	Sum of lines 30 and 31		33.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.22	33.00
34.00	Disproportionate share adjustment (see instructions)		1,545,984	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000283200	0.000282346	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	1,946,832	1,676,570	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,456,123	421,433	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,877,556		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	40,049,404		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)		40,049,404	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,949,226	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		51,008	53.00
54.00	Special add-on payments for new technologies		60,691	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)		56,695	58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,167,024	59.00
60.00	Primary payer payments		13,400	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,153,624	61.00
62.00	Deductibles billed to program beneficiaries		3,452,928	62.00
63.00	Coinurance billed to program beneficiaries		192,000	63.00
64.00	Allowable bad debts (see instructions)		187,226	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		121,697	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		62,886	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,630,393	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)		-28,755	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 1:53 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			39,601,638	71.00
71.01	Sequestration adjustment (see instructions)			792,033	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			38,461,404	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			348,201	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,008,084	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2024 1:53 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,314,082	0	26,314,082		26,314,082	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,597,277	0		9,597,277	9,597,277	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	622,464	0	622,464		622,464	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	92,041	0		92,041	92,041	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1722	0.1722	0.1722	0.1722		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,545,984	0	1,132,821	413,163	1,545,984	11.00
11.01	Uncompensated care payments	36.00	1,877,556	0	1,456,123	421,433	1,877,556	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,049,404	0	29,525,490	10,523,914	40,049,404	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	40,049,404	0	29,525,490	10,523,914	40,049,404	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,949,226	0	2,146,286	802,940	2,949,226	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2024 1:53 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	60,691	0	60,691	0	60,691	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	31,732,467	11,326,854	43,059,321	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,725,641	0	1,984,864	740,777	2,725,641	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	29,792	0	20,298	9,494	29,792	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0711	0.0711	0.0711	0.0711		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	193,793	0	141,124	52,669	193,793	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,949,226	0	2,146,286	802,940	2,949,226	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

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,314,082	26,314,082		26,314,082	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,597,277		9,597,277	9,597,277	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	622,464	622,464		622,464	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	92,041		92,041	92,041	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1722	0.1722	0.1722		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,545,984	1,132,821	413,163	1,545,984	11.00
11.01	Uncompensated care payments	36.00	1,877,556	1,456,123	421,433	1,877,556	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,049,404	29,525,490	10,523,914	40,049,404	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	40,049,404	29,525,490	10,523,914	40,049,404	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,949,226	2,146,286	802,940	2,949,226	16.00
17.00	Special add-on payments for new technologies	54.00	60,691	60,691	0	60,691	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			31,732,467	11,326,854	43,059,321	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2024 1:53 pm
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		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,725,641	1,984,864	740,777	2,725,641	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	29,792	20,298	9,494	29,792	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0711	0.0711	0.0711		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	193,793	141,124	52,669	193,793	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,949,226	2,146,286	802,940	2,949,226	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	-28,755	0	-28,755	-28,755	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	0	0	0	0	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: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,633	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		58,095,216	2.00
3.00	OPPS or REH payments		45,201,570	3.00
4.00	Outlier payment (see instructions)		252,351	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		208,333	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,633	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		107,164	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)		107,164	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		107,164	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		87,531	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)		19,633	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)		45,662,254	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,859,125	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)		37,822,762	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)		37,822,762	30.00
31.00	Primary payer payments		1,413	31.00
32.00	Subtotal (line 30 minus line 31)		37,821,349	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		439,731	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		285,825	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		299,830	36.00
37.00	Subtotal (see instructions)		38,107,174	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-77	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)		38,107,251	40.00
40.01	Sequestration adjustment (see instructions)		762,145	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		37,343,176	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		1,930	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		109,725	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0051		Period: From 01/01/2023 To 12/31/2023		Worksheet E-1 Part I Date/Time Prepared: 5/29/2024 1:53 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,461,404		37,343,176	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)		38,461,404		37,343,176	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		348,201		1,930	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		38,809,605		37,345,106	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/29/2024 1:53 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0051

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

Worksheet G

Date/Time Prepared:
5/29/2024 1:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	334,937,913	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	52,650,499	0	0	0	4.00
5.00	Other receivable	16,363,083	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,788,363	0	0	0	7.00
8.00	Prepaid expenses	7,930,660	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)	424,670,518	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,958,398	0	0	0	12.00
13.00	Land improvements	74,851	0	0	0	13.00
14.00	Accumulated depreciation	-74,851	0	0	0	14.00
15.00	Buildings	408,190,862	0	0	0	15.00
16.00	Accumulated depreciation	-47,114,326	0	0	0	16.00
17.00	Leasehold improvements	7,157,560	0	0	0	17.00
18.00	Accumulated depreciation	-6,328,562	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	494,591	0	0	0	21.00
22.00	Accumulated depreciation	-389,017	0	0	0	22.00
23.00	Major movable equipment	127,784,304	0	0	0	23.00
24.00	Accumulated depreciation	-60,805,299	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)	446,948,511	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	233,081,857	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,350,705	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	240,432,562	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,112,051,591	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	35,585,247	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,260,762	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	-184,519	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,695,137	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,356,627	0	0	0	45.00
LONG TERM LIABILITIES						
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	3,272,128	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,272,128	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	53,628,755	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,058,422,836				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)	1,058,422,836	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,112,051,591	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
5/29/2024 1:53 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		927,263,821		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		131,146,117			2.00
3.00	Total (sum of line 1 and line 2)		1,058,409,938		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,058,409,939		0	11.00
12.00	TEMPORARILY RESTRICTED	-12,897		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		-12,897		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,058,422,836		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TEMPORARILY RESTRICTED		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2024 1:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	178,064,390		178,064,390	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER	0		0	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)	178,064,390		178,064,390	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,729,391		23,729,391	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	13,253,909		13,253,909	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	36,983,300		36,983,300	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	215,047,690		215,047,690	17.00
18.00	Ancillary services	512,769,996	1,149,860,594	1,662,630,590	18.00
19.00	Outpatient services	64,889,101	327,649,821	392,538,922	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	5,675,822	5,675,822	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	792,706,787	1,483,186,237	2,275,893,024	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		491,803,525		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)		491,803,525		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0051

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

Worksheet G-3

Date/Time Prepared:
5/29/2024 1:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,275,893,024	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,712,288,265	2.00
3.00	Net patient revenues (line 1 minus line 2)	563,604,759	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	491,803,525	4.00
5.00	Net income from service to patients (line 3 minus line 4)	71,801,234	5.00
OTHER INCOME			
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	59,344,883	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	59,344,883	25.00
26.00	Total (line 5 plus line 25)	131,146,117	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)	131,146,117	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/29/2024 1:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,725,641	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		29,792	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)		154.74	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.71	8.00
9.00	Sum of lines 7 and 8		33.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.11	10.00
11.00	Disproportionate share adjustment (see instructions)		193,793	11.00
12.00	Total prospective capital payments (see instructions)		2,949,226	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00