

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: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 11/30/2023	Time: 3:00 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="0"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN	12. <input type="0"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input checked="" type="checkbox"/> Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 LUTHERAN HOSPITAL OF INDIANA (15-0017) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 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				I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name				2
3	Signatory Title	V.P - REVENUE MANAGEMENT			3
4	Date				4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
		1.00	2.00			
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-184,677	-33,390	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	-184,677	-33,390	0	0 200.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 pm
---	--	-----------------------	---	--

1.00	2.00	3.00	4.00
------	------	------	------

Hospital and Hospital Health Care Complex Address:			
1.00	Street: 7950 WEST JEFFERSON BLVD	PO Box:	1.00
2.00	City: FT WAYNE	State: IN	2.00
		Zip Code: 46804	
		County: ALLEN	

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	LUTHERAN HOSPITAL OF INDIANA	150017	23060	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)	07/01/2022	06/30/2023	20.00
21.00	Type of Control (see instructions)	4		21.00
		1.00	2.00	3.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017			Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 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.	3,196	983	15	144	15,600	216		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 OPSS 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	XVIII	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 are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete worksheet E-4.					Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 pm
---	--	-----------------------	---	--

			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
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02

		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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)			
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings			
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-2
Part I
Date/Time Prepared:
11/30/2023 3:00 pm

		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	65.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	4.00	5.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	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	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 pm	
			1.00		
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)					
68.00	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)?			Y	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)			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.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				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	Y 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	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: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 pm	
		V	XIX				
		1.00	2.00				
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on wkst. C, Pt. I? 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	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and worksheet E-2, lines 200 through 215, as applicable.				N	110.00	
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N	111.00	
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N			112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	278,672	175,389	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			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.		Y	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.		11/05/2008	02/23/2021
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.		02/16/1990	06/01/2023
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	HB1848
		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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS	Contractor's Number: 10301	
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	
			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: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/30/2023 3:00 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		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
1.00							
Multicampus							
165.00	Is this hospital part of a Multicampus 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
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N					0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/30/2023 3:00 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N					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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/31/2023	Y	08/31/2023		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)	N		N			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

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed 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?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2021	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
					1.00	2.00
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.	KUZIWA		TSIGA		41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-3416		KUZIWA_TSIGA@CHS.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-2
Part II
Date/Time Prepared:
11/30/2023 3:00 pm

		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.	MANAGER	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

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	250	91,250	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)		250	91,250	0.00	0 7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0 8.00
8.01	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	0	0.00	0 8.01
8.02	NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0 8.02
8.03	CARDIO INTENSIVE CARE UNIT	31.03	81	29,565	0.00	0 8.03
8.04	BURN INTENSIVE CARE UNIT	31.04	8	2,920	0.00	0 8.04
9.00	CORONARY CARE UNIT	32.00	24	8,760	0.00	0 9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY	43.00				0 13.00
14.00	Total (see instructions)		387	141,255	0.00	0 14.00
15.00	CAH visits					0 15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)	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)		387			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)		9	3,285		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

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
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)	15,776	2,306	61,502		1.00
2.00	HMO and other (see instructions)	28,860	15,818			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,776	2,306	61,502		7.00
8.00	INTENSIVE CARE UNIT	0	0	0		8.00
8.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		8.01
8.02	NEONATAL INTENSIVE CARE UNIT	0	249	2,704		8.02
8.03	CARDIO INTENSIVE CARE UNIT	4,599	359	18,970		8.03
8.04	BURN INTENSIVE CARE UNIT	127	0	999		8.04
9.00	CORONARY CARE UNIT	284	5	1,025		9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		1,201	1,295		13.00
14.00	Total (see instructions)	20,786	4,120	86,495	23.46	1,532.51
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			29		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
27.00	Total (sum of lines 14-26)				23.46	1,532.51
28.00	Observation Bed Days		0	9,206		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			1,327		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	216	353		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			305		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

Component	Full Time Equivalents	Discharges			Total All Patients		
	Nonpaid workers	Title V	Title XVIII	Title XIX			
	11.00	12.00	13.00	14.00			15.00
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	3,685	3,293	15,468	1.00
2.00	HMO and other (see instructions)			4,413	0		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
8.01	PEDIATRIC INTENSIVE CARE UNIT						8.01
8.02	NEONATAL INTENSIVE CARE UNIT						8.02
8.03	CARDIO INTENSIVE CARE UNIT						8.03
8.04	BURN INTENSIVE CARE UNIT						8.04
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,685	3,293	15,468	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2023 3:00 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	152,289,243	0	152,289,243	3,651,018.00	41.71
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)		3,765,900	426,886	4,192,786	113,816.00	36.84
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		17,013,867	0	17,013,867	148,563.00	114.52
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		959,689	0	959,689	5,481.00	175.09
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		22,473,480	0	22,473,480	573,476.00	39.19
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)		38,329,726	0	38,329,726		
18.00	wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,203,520	0	1,203,520		
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)		5,126,872	0	5,126,872		
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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2023 3:00 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	364,444	0	364,444	7,614.00	47.86	26.00
27.00	Administrative & General	12,633,928	-5,390	12,628,538	355,689.00	35.50	27.00
28.00	Administrative & General under contract (see inst.)	1,346,097	0	1,346,097	12,598.00	106.85	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,252,624	0	3,252,624	118,060.00	27.55	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	596,927	0	596,927	194,086.74	3.08	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	5,277,711	0	5,277,711	218,734.43	24.13	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	8,379,394	-1,987,742	6,391,652	141,335.00	45.22	38.00
39.00	Central Services and Supply	2,103,091	369,274	2,472,365	102,085.00	24.22	39.00
40.00	Pharmacy	7,110,434	-1,694,131	5,416,303	112,598.00	48.10	40.00
41.00	Medical Records & Medical Records Library	1,345,407	1,623,857	2,969,264	79,125.00	37.53	41.00
42.00	Social Service	1,822,327	0	1,822,327	47,682.00	38.22	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2023 3:00 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	159,509,978	0	159,509,978	4,076,437.17	39.13	1.00
2.00	Excluded area salaries (see instructions)	3,765,900	426,886	4,192,786	113,816.00	36.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	155,744,078	-426,886	155,317,192	3,962,621.17	39.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	40,447,036	0	40,447,036	727,520.00	55.60	4.00
5.00	Subtotal wage-related costs (see inst.)	43,456,598	0	43,456,598	0.00	27.98	5.00
6.00	Total (sum of lines 3 thru 5)	239,647,712	-426,886	239,220,826	4,690,141.17	51.01	6.00
7.00	Total overhead cost (see instructions)	44,232,384	-1,694,132	42,538,252	1,389,607.17	30.61	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2023 3:00 pm
-----------------------------	-----------------------	---	---

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,302,164	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)	23,528,430	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	42,798	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	104,519	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)	32,898	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	1,422,887	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	8,777,055	17.00
18.00	Medicare Taxes - Employers Portion Only	2,052,698	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	269,798	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	39,533,247	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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part V
Date/Time Prepared:
11/30/2023 3:00 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	17,013,867	39,533,247	1.00
2.00	Hospital	17,013,867	39,533,247	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			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	other	0	0	18.00

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.131080	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			101,547,082	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			632,962,859	6.00
7.00	Medicaid cost (line 1 times line 6)			82,968,772	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	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 (line 11 minus line 9; if < zero then enter zero)			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)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	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)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	40,631,890	0	40,631,890	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,326,028	0	5,326,028	21.00
22.00	Payments received from patients for amounts previously written off as charity care	9,130	0	9,130	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,316,898	0	5,316,898	23.00
				1.00	
24.00	Does the amount on line 20 column 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
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,045,508	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			219,078	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			337,043	27.01
28.00	Non-Medicare bad debt expense (see instructions)			12,708,465	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,783,791	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,100,689	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,100,689	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A

Date/Time Prepared:
11/30/2023 3:00 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	
GENERAL SERVICE COST CENTERS							
1.00	00100		9,310,918	9,310,918	5,825,834	15,136,752	1.00
2.00	00200		26,415,993	26,415,993	154,697	26,570,690	2.00
4.00	00400		1,539,604	1,904,048	29,272,339	31,176,387	4.00
5.01	00540	3,419,923	10,211,139	13,631,062	-2,296,329	11,334,733	5.01
5.02	00560	9,214,005	129,304,156	138,518,161	-32,618,301	105,899,860	5.02
7.00	00700	3,252,624	12,925,774	16,178,398	2,385,830	18,564,228	7.00
8.00	00800	0	1,684,832	1,684,832	-270	1,684,562	8.00
9.00	00900	0	4,642,746	4,642,746	-73,933	4,568,813	9.00
10.00	01000	0	8,410,339	8,410,339	-6,152,994	2,257,345	10.00
11.00	01100	0	0	0	6,101,742	6,101,742	11.00
13.00	01300	8,379,394	1,943,486	10,322,880	-3,504,772	6,818,108	13.00
14.00	01400	2,103,091	32,417,904	34,520,995	-26,922,683	7,598,312	14.00
15.00	01500	7,110,434	27,095,287	34,205,721	-28,534,222	5,671,499	15.00
16.00	01600	1,345,407	1,203,986	2,549,393	3,038,594	5,587,987	16.00
17.00	01700	1,822,327	1,726,283	3,548,610	-472	3,548,138	17.00
22.00	02200	0	4,350,892	4,350,892	0	4,350,892	22.00
23.00	02300	188,601	329,190	517,791	-751	517,040	23.00
23.01	02301	354,106	34,061	388,167	0	388,167	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,132,283	19,833,437	46,965,720	-2,380,361	44,585,359	30.00
31.00	03100	22,631,667	10,176,523	32,808,190	-32,808,190	0	31.00
31.01	02080	0	0	0	0	0	31.01
31.02	02060	2,333,308	660,163	2,993,471	-11,807	2,981,664	31.02
31.03	03101	0	0	0	23,319,931	23,319,931	31.03
31.04	03102	1,599,135	592,109	2,191,244	-3,988	2,187,256	31.04
32.00	03200	0	0	0	7,517,302	7,517,302	32.00
43.00	04300	0	71,054	71,054	532,502	603,556	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12,933,889	32,041,807	44,975,696	-10,149,071	34,826,625	50.00
51.00	05100	3,240,627	726,415	3,967,042	-3,967,042	0	51.00
52.00	05200	37	71	108	3,576,475	3,576,583	52.00
53.00	05300	147,418	6,102,635	6,250,053	0	6,250,053	53.00
54.00	05400	6,255,568	5,253,102	11,508,670	885,206	12,393,876	54.00
54.01	05401	668,620	345,795	1,014,415	-809,454	204,961	54.01
56.00	05600	348,757	1,362,180	1,710,937	-1,219,661	491,276	56.00
57.00	05700	1,139,401	1,250,214	2,389,615	-66,365	2,323,250	57.00
58.00	05800	541,472	281,321	822,793	-822,793	0	58.00
60.00	06000	6,845,489	12,290,026	19,135,515	1,252,015	20,387,530	60.00
65.00	06500	4,767,489	1,796,104	6,563,593	-89,945	6,473,648	65.00
66.00	06600	2,068,371	459,553	2,527,924	2,641,736	5,169,660	66.00
67.00	06700	1,565,170	124,161	1,689,331	-1,689,331	0	67.00
68.00	06800	1,037,580	155,283	1,192,863	-1,192,863	0	68.00
69.00	06900	4,759,467	14,787,164	19,546,631	-17,828,383	1,718,248	69.00
70.00	07000	0	0	0	2,360,449	2,360,449	70.00
71.00	07100	0	0	0	4,790,435	4,790,435	71.00
72.00	07200	0	0	0	48,072,885	48,072,885	72.00
73.00	07300	0	0	0	25,186,125	25,186,125	73.00
74.00	07400	1,651,931	1,067,068	2,718,999	-88,080	2,630,919	74.00
76.00	03140	0	0	0	5,567,707	5,567,707	76.00
76.01	03050	494,575	134,953	629,528	-629,528	0	76.01
76.02	03950	0	0	0	560,785	560,785	76.02
76.03	03020	683,336	225,936	909,272	-247	909,025	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,298,116	1,745,941	3,044,057	-420	3,043,637	90.00
91.00	09100	7,367,988	6,009,107	13,377,095	-87,329	13,289,766	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	3,218,173	13,889,412	17,107,585	-146,725	16,960,860	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	1,156,878	1,156,878	106.00
118.00		152,284,223	404,928,124	557,212,347	103,157	557,315,504	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	466	466	0	466	190.00
192.00	19200	5,020	712,704	717,724	-103,157	614,567	192.00
200.00		152,289,243	405,641,294	557,930,537	0	557,930,537	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/30/2023 3:00 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	1,201,401	16,338,153	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,467,701	31,038,391	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,366	31,174,021	4.00
5.01	00540	ADMITTING	0	11,334,733	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-54,442,093	51,457,767	5.02
7.00	00700	OPERATION OF PLANT	-47,634	18,516,594	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,684,562	8.00
9.00	00900	HOUSEKEEPING	0	4,568,813	9.00
10.00	01000	DIETARY	0	2,257,345	10.00
11.00	01100	CAFETERIA	0	6,101,742	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,818,108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,598,312	14.00
15.00	01500	PHARMACY	0	5,671,499	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,587,987	16.00
17.00	01700	SOCIAL SERVICE	0	3,548,138	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,350,892	22.00
23.00	02300	PASTORAL PROGRAM	0	517,040	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	388,167	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,867,031	35,718,328	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-253,172	2,728,492	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	-835,942	22,483,989	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	-272,937	1,914,319	31.04
32.00	03200	CORONARY CARE UNIT	0	7,517,302	32.00
43.00	04300	NURSERY	0	603,556	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,712,181	33,114,444	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,576,583	52.00
53.00	05300	ANESTHESIOLOGY	-5,991,300	258,753	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,229,534	11,164,342	54.00
54.01	05401	PET SCAN	0	204,961	54.01
56.00	05600	RADIOISOTOPE	0	491,276	56.00
57.00	05700	CT SCAN	-116,400	2,206,850	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-17,280	20,370,250	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,473,648	65.00
66.00	06600	PHYSICAL THERAPY	0	5,169,660	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-285,805	1,432,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,360,449	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,790,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	48,072,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,186,125	73.00
74.00	07400	RENAL DIALYSIS	-37,778	2,593,141	74.00
76.00	03140	CARDIAC CATH LAB	0	5,567,707	76.00
76.01	03050	SLEEP LAB	0	0	76.01
76.02	03950	CARDIAC REHAB	0	560,785	76.02
76.03	03020	WOUND CARE	-25,200	883,825	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,380,414	1,663,223	90.00
91.00	09100	EMERGENCY	-3,003,442	10,286,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-11,818,198	5,142,662	95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,156,878	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-84,669,605	472,645,899	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	614,567	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-84,669,605	473,260,932	200.00

RECLASSIFICATIONS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6
Date/Time Prepared:
11/30/2023 3:00 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,278,364	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	29,278,364	
B - RENTAL AND LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	285,755	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	45,292	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	2,160,106	3.00
4.00	NURSING ADMINISTRATION	13.00	0	32,393	4.00
5.00	OPERATING ROOM	50.00	0	209,124	5.00
6.00	AMBULANCE SERVICES	95.00	0	30,098	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
	TOTALS		0	2,762,768	
C - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	632,384	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,761,720	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	109,405	3.00
	TOTALS		0	5,503,509	
D - REPAIRS & MAINTENANCE					
1.00	OPERATION OF PLANT	7.00	0	2,447,334	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	TOTALS		0	2,447,334	
E - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	297,736	0	1.00
	TOTALS		297,736	0	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
F - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,790,435	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	48,072,885	2.00	
3.00	LABORATORY	60.00	0	225,256	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	
TOTALS			0	53,088,576		
G - DRUGS / IVS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,186,125	1.00	
TOTALS			0	25,186,125		
H - LABOR AND DELIVERY						
1.00	NURSERY	43.00	344,286	188,216	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,040,163	1,536,312	2.00	
TOTALS			2,384,449	1,724,528		
I - A&G COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	322,072	24,520	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	369,274	1,906,890	2.00	
TOTALS			691,346	1,931,410		
J - RADIOLOGY COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,210,092	602,579	1.00	
2.00	PET SCAN	54.01	13,264	227,101	2.00	
3.00		0.00	0	0	3.00	
TOTALS			1,223,356	829,680		
K - DIETARY						
1.00	CAFETERIA	11.00	0	6,101,742	1.00	
TOTALS			0	6,101,742		
L - MISC DEPARTMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	661,620	97,767	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,623,857	1,446,847	2.00	
3.00	OPERATING ROOM	50.00	3,240,627	723,138	3.00	
4.00	PHYSICAL THERAPY	66.00	2,602,750	241,642	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	1,516,401	844,048	5.00	
6.00	CARDIAC CATH LAB	76.00	1,912,136	3,655,571	6.00	
7.00	CARDIAC REHAB	76.02	494,246	66,539	7.00	
TOTALS			12,051,637	7,075,552		
M - ORGAN ACQUISITION						
1.00	HEART ACQUISITION	106.00	426,886	729,992	1.00	
TOTALS			426,886	729,992		
O - ICU COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,270,589	614,463	1.00	
2.00	CARDIO INTENSIVE CARE UNIT	31.03	16,192,465	7,127,466	2.00	
3.00	CORONARY CARE UNIT	32.00	5,168,613	2,348,689	3.00	
TOTALS			22,631,667	10,090,618		
P - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	145,975	1.00	
TOTALS			0	145,975		
S - SPECIAL PROCEDURES						
1.00	OPERATING ROOM	50.00	998,320	607,098	1.00	
2.00	LABORATORY	60.00	695,811	423,136	2.00	
TOTALS			1,694,131	1,030,234		
500.00	Grand Total: Increases		41,401,208	147,926,407	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	29,278,306		0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	58		0	2.00
	TOTALS		0	29,278,364			
B - RENTAL AND LEASE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,507		10	1.00
2.00	ADMITTING	5.01	0	13,004		10	2.00
3.00	OPERATION OF PLANT	7.00	0	61,504		0	3.00
4.00	HOUSEKEEPING	9.00	0	7,590		0	4.00
5.00	DIETARY	10.00	0	6,698		0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,476,171		0	6.00
7.00	PHARMACY	15.00	0	50,791		0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	30,269		0	8.00
9.00	SOCIAL SERVICE	17.00	0	290		0	9.00
10.00	PASTORAL PROGRAM	23.00	0	420		0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	19,701		0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	2,228		0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	16		0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	87,389		0	14.00
15.00	RADIOISOTOPE	56.00	0	680,282		0	15.00
16.00	LABORATORY	60.00	0	18,438		0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	66,348		0	17.00
18.00	PHYSICAL THERAPY	66.00	0	108,644		0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	62,277		0	19.00
20.00	RENAL DIALYSIS	74.00	0	56,125		0	20.00
21.00	SLEEP LAB	76.01	0	6,382		0	21.00
22.00	WOUND CARE	76.03	0	132		0	22.00
23.00	EMERGENCY	91.00	0	6,562		0	23.00
	TOTALS		0	2,762,768			
C - OTHER CAPITAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	5,503,509		12	1.00
2.00		0.00	0	0		13	2.00
3.00		0.00	0	0		12	3.00
	TOTALS		0	5,503,509			
D - REPAIRS & MAINTENANCE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,518		0	1.00
2.00	ADMITTING	5.01	0	7,161		0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	312,268		0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	270		0	4.00
5.00	HOUSEKEEPING	9.00	0	66,343		0	5.00
6.00	DIETARY	10.00	0	44,554		0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	4,809		0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	571,398		0	8.00
9.00	PHARMACY	15.00	0	306,288		0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,841		0	10.00
11.00	SOCIAL SERVICE	17.00	0	182		0	11.00
12.00	PASTORAL PROGRAM	23.00	0	331		0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	116,649		0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	39,863		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.02	0	11,791		0	15.00
16.00	BURN INTENSIVE CARE UNIT	31.04	0	2,793		0	16.00
17.00	OPERATING ROOM	50.00	0	370,202		0	17.00
18.00	RECOVERY ROOM	51.00	0	3,277		0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,267		0	19.00
20.00	RADIOISOTOPE	56.00	0	883		0	20.00
21.00	CT SCAN	57.00	0	2,660		0	21.00
22.00	MRI	58.00	0	24,537		0	22.00
23.00	LABORATORY	60.00	0	73,750		0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	23,597		0	24.00
25.00	PHYSICAL THERAPY	66.00	0	9,022		0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	24,836		0	26.00
27.00	RENAL DIALYSIS	74.00	0	31,348		0	27.00
28.00	SLEEP LAB	76.01	0	4,772		0	28.00
29.00	WOUND CARE	76.03	0	115		0	29.00
30.00	CLINIC	90.00	0	420		0	30.00
31.00	EMERGENCY	91.00	0	80,767		0	31.00
32.00	AMBULANCE SERVICES	95.00	0	176,665		0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	103,157		0	33.00
	TOTALS		0	2,447,334			

		Decreases					
Cost Center		Line #	Salary	Other	wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
E - CNO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	297,736	0	0		1.00
TOTALS			297,736	0			
F - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,151,278	0		1.00
2.00	PHARMACY	15.00	0	266,653	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	20,086	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	43,756	0		4.00
5.00	BURN INTENSIVE CARE UNIT	31.04	0	1,195	0		5.00
6.00	OPERATING ROOM	50.00	0	14,400,298	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	573,444	0		7.00
8.00	PET SCAN	54.01	0	35,404	0		8.00
9.00	RADIOISOTOPE	56.00	0	538,496	0		9.00
10.00	CT SCAN	57.00	0	63,705	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	84,990	0		11.00
12.00	SPEECH PATHOLOGY	68.00	0	37,802	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	9,870,704	0		13.00
14.00	RENAL DIALYSIS	74.00	0	607	0		14.00
15.00	AMBULANCE SERVICES	95.00	0	158	0		15.00
TOTALS			0	53,088,576			
G - DRUGS / IVS							
1.00	PHARMACY	15.00	0	25,186,125	0		1.00
TOTALS			0	25,186,125			
H - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,384,449	1,724,528	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			2,384,449	1,724,528			
I - A&G COSTS							
1.00	ADMITTING	5.01	369,274	1,906,890	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	322,072	24,520	0		2.00
TOTALS			691,346	1,931,410			
J - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	13,264	227,101	0		1.00
2.00	PET SCAN	54.01	668,620	345,795	0		2.00
3.00	MRI	58.00	541,472	256,784	0		3.00
TOTALS			1,223,356	829,680			
K - DIETARY							
1.00	DIETARY	10.00	0	6,101,742	0		1.00
TOTALS			0	6,101,742			
L - MISC DEPARTMENT							
1.00	NURSING ADMINISTRATION	13.00	2,285,478	1,544,614	0		1.00
2.00	RECOVERY ROOM	51.00	3,240,627	723,138	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	1,565,170	124,161	0		3.00
4.00	SPEECH PATHOLOGY	68.00	1,037,580	117,481	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	3,428,207	4,442,359	0		5.00
6.00	SLEEP LAB	76.01	494,575	123,799	0		6.00
7.00		0.00	0	0	0		7.00
TOTALS			12,051,637	7,075,552			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	426,886	729,992	0		1.00
TOTALS			426,886	729,992			
O - ICU COSTS							
1.00	INTENSIVE CARE UNIT	31.00	22,631,667	10,090,618	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			22,631,667	10,090,618			
P - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	145,975	11		1.00
TOTALS			0	145,975			
S - SPECIAL PROCEDURES							
1.00	PHARMACY	15.00	1,694,131	1,030,234	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			1,694,131	1,030,234			
500.00	Grand Total: Decreases		41,401,208	147,926,407			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2023 3:00 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	457,128	0	0	0	1.00
2.00	Land Improvements	3,236,362	0	0	0	2.00
3.00	Buildings and Fixtures	32,906,793	0	0	0	3.00
4.00	Building Improvements	37,898,206	0	0	0	4.00
5.00	Fixed Equipment	11,608,907	0	0	0	5.00
6.00	Movable Equipment	119,592,801	0	0	0	6.00
7.00	HIT designated Assets	3,003,627	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	208,703,824	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	208,703,824	0	0	0	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	457,128	0			1.00
2.00	Land Improvements	3,236,362	0			2.00
3.00	Buildings and Fixtures	32,906,793	0			3.00
4.00	Building Improvements	37,898,206	0			4.00
5.00	Fixed Equipment	11,608,907	0			5.00
6.00	Movable Equipment	119,592,801	0			6.00
7.00	HIT designated Assets	3,003,627	0			7.00
8.00	Subtotal (sum of lines 1-7)	208,703,824	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	208,703,824	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2023 3:00 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	9,310,918	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,415,993	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	35,726,911	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	9,310,918			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,415,993			2.00	
3.00	Total (sum of lines 1-2)	0	35,726,911			3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2023 3:00 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	89,111,024	0	89,111,024	0.426974	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	119,592,801	0	119,592,801	0.573026	0	2.00
3.00	Total (sum of lines 1-2)	208,703,825	0	208,703,825	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	10,512,319	285,755	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	30,883,694	45,292	2.00
3.00	Total (sum of lines 1-2)	0	0	0	41,396,013	331,047	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	145,975	632,384	4,761,720	0	16,338,153	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	109,405	0	0	31,038,391	2.00
3.00	Total (sum of lines 1-2)	145,975	741,789	4,761,720	0	47,376,544	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-974,485	CAP REL COSTS-BLDG & FIXT	1.00	9	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)	A	-47,634	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-52,135,748			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-418	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	8,579,363			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-600,834	OTHER ADMINISTRATIVE AND GENERAL	5.02	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	B	-30	OTHER ADMINISTRATIVE AND GENERAL	5.02	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	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,915,069	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	3,644,544	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-21,024	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

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	
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER MISCELLANEOUS REVENUE	B	-339,993	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.00
33.02 COFFEE SHOP REVENUE	B	-17,279	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.02
33.04 ADMIN DEPRECIATION	A	-21,895	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.04
33.05 LOBBYING EXPENSE	A	-20,352	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.05
33.08 LEGAL FEES	A	-94,779	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.08
33.09 PHYSICIAN RECRUITING	A	-1,035,506	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.09
33.10 PERSONNEL COST DUE TO LICENSE ISSUES	A	-9,115	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11 CHARITABLE CONTRIBUTIONS	A	-150,711	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.11
33.12 PENALTIES	A	-27	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.12
33.13 PERSONNEL BENEFITS FOR LICENSE ISSUE	A	-2,366	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.13
33.15 MARKETING DEPT EXPENSE	A	-886,377	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.15
33.16 CORPORATE SPONSOR RESEARCH	A	-116,449	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.16
33.18 PROVIDER TAX-HOSPITAL ASSESSMENT FEE	A	-38,503,421	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-84,669,605				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: 15-0017

Period: From 07/01/2022 To 06/30/2023

Worksheet A-8-1

Date/Time Prepared: 11/30/2023 3:00 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	CAPITAL-RELATED INTEREST	3,577,866	0
2.00	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAX ALLOCATIONS	200	200
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - BLDG &	2,429	0
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL COSTS - MOVEABL	5,203	0
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	PASI OPERATING COSTS	1,526,698	0
3.03	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	9,152,302	7,169,982
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - BUILDING & FIX	510,660	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPM	705,308	0
4.02	5.02	OTHER ADMINISTRATIVE AND GEN	NON-CAPITAL HOME OFFICE COST	19,133,974	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE COSTS	2,110,075	1,649,054
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED LAUNDRY - OPERATING	1,169,936	1,684,562
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	SHARED LAUNDRY - CAPITAL	112,646	0
4.06	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	823,958
4.07	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	12,240,409
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	5,026
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	132,949
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	2,813,609
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	HIIM ALLOCATION	0	1,218,860
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	CONTRACT MANAGEMENT	0	272,250
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	PASI COLLECTION FEES	0	1,256,061
4.14	5.02	OTHER ADMINISTRATIVE AND GEN	PASI LIENT UNIT COLLECTION F	0	161,014
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			38,007,297	29,427,934

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

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

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

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

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

6.00	B		0.00	COMMUNITY HEALT	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	E		0.00	HOSPITAL LAUNDR	100.00	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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1
Date/Time Prepared:
11/30/2023 3:00 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	3,577,866	9		1.00
2.00	0	0		2.00
3.00	2,429	9		3.00
3.01	5,203	9		3.01
3.02	1,526,698	0		3.02
3.03	1,982,320	0		3.03
4.00	510,660	9		4.00
4.01	705,308	9		4.01
4.02	19,133,974	0		4.02
4.03	461,021	0		4.03
4.04	-514,626	0		4.04
4.05	112,646	9		4.05
4.06	-823,958	0		4.06
4.07	-12,240,409	0		4.07
4.08	-5,026	0		4.08
4.09	-132,949	0		4.09
4.10	-2,813,609	0		4.10
4.11	-1,218,860	0		4.11
4.12	-272,250	0		4.12
4.13	-1,256,061	0		4.13
4.14	-161,014	0		4.14
5.00	8,579,363			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	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/30/2023 3:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	16,319,273	16,319,273	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	8,846,007	8,846,007	0	0	0	2.00
3.00	31.02	NEONATAL INTENSIVE CARE UNIT	253,172	253,172	0	0	0	3.00
4.00	31.03	CARDIO INTENSIVE CARE UNIT	835,942	835,942	0	0	0	4.00
5.00	31.04	BURN INTENSIVE CARE UNIT	272,937	272,937	0	0	0	5.00
6.00	50.00	OPERATING ROOM	1,712,181	1,712,181	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	5,991,300	5,991,300	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,220,419	1,220,419	0	0	0	8.00
9.00	57.00	CT SCAN	116,400	116,400	0	0	0	9.00
10.00	60.00	LABORATORY	17,280	17,280	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	285,805	285,805	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	37,778	37,778	0	0	0	12.00
13.00	76.03	WOUND CARE	25,200	25,200	0	0	0	13.00
14.00	90.00	CLINIC	1,380,414	1,380,414	0	0	0	14.00
15.00	91.00	EMERGENCY	3,003,442	3,003,442	0	0	0	15.00
16.00	95.00	AMBULANCE SERVICES	11,818,198	11,818,198	0	0	0	16.00
200.00			52,135,748	52,135,748	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.03	CARDIO INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.04	BURN INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	0	0	0	0	0	12.00
13.00	76.03	WOUND CARE	0	0	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	16,319,273		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,846,007		2.00
3.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	253,172		3.00
4.00	31.03	CARDIO INTENSIVE CARE UNIT	0	0	0	835,942		4.00
5.00	31.04	BURN INTENSIVE CARE UNIT	0	0	0	272,937		5.00
6.00	50.00	OPERATING ROOM	0	0	0	1,712,181		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	5,991,300		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,220,419		8.00
9.00	57.00	CT SCAN	0	0	0	116,400		9.00
10.00	60.00	LABORATORY	0	0	0	17,280		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	285,805		11.00
12.00	74.00	RENAL DIALYSIS	0	0	0	37,778		12.00
13.00	76.03	WOUND CARE	0	0	0	25,200		13.00
14.00	90.00	CLINIC	0	0	0	1,380,414		14.00
15.00	91.00	EMERGENCY	0	0	0	3,003,442		15.00
16.00	95.00	AMBULANCE SERVICES	0	0	0	11,818,198		16.00
200.00			0	0	0	52,135,748		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,338,153	16,338,153			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	31,038,391		31,038,391		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,174,021	373,987	710,481	32,258,489	4.00
5.01 00540	ADMITTING	11,334,733	114,746	217,988	647,750	12,315,217
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	51,457,767	1,177,071	2,236,139	2,033,692	0
7.00 00700	OPERATION OF PLANT	18,516,594	3,380,505	6,422,109	690,636	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,684,562	20,518	38,979	0	0
9.00 00900	HOUSEKEEPING	4,568,813	137,298	260,831	0	0
10.00 01000	DIETARY	2,257,345	175,775	333,928	0	0
11.00 01100	CAFETERIA	6,101,742	475,275	902,903	0	0
13.00 01300	NURSING ADMINISTRATION	6,818,108	207,831	394,827	1,357,152	0
14.00 01400	CENTRAL SERVICES & SUPPLY	7,598,312	286,294	543,886	524,962	0
15.00 01500	PHARMACY	5,671,499	153,132	290,912	1,150,054	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,587,987	175,043	332,539	630,470	0
17.00 01700	SOCIAL SERVICE	3,548,138	117,922	224,022	386,938	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,350,892	0	0	0	0
23.00 02300	PASTORAL PROGRAM	517,040	13,869	26,348	40,046	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	388,167	2,742	5,209	75,188	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	35,718,328	2,288,246	4,347,094	5,524,539	676,536
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,728,492	252,889	480,425	495,436	42,340
31.03 03101	CARDIO INTENSIVE CARE UNIT	22,483,989	903,618	1,716,648	3,438,178	376,996
31.04 03102	BURN INTENSIVE CARE UNIT	1,914,319	150,687	286,267	339,548	33,371
32.00 03200	CORONARY CARE UNIT	7,517,302	351,869	668,463	1,097,462	19,582
43.00 04300	NURSERY	603,556	12,475	23,700	73,103	6,190
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	33,114,444	2,493,404	4,736,842	3,555,701	2,066,457
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,576,583	0	0	433,200	36,681
53.00 05300	ANESTHESIOLOGY	258,753	0	0	31,302	244,510
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,164,342	376,751	715,733	1,582,382	568,146
54.01 05401	PET SCAN	204,961	24,745	47,009	2,816	21,793
56.00 05600	RADIOISOTOPE	491,276	91,806	174,408	74,052	111,503
57.00 05700	CT SCAN	2,206,850	45,400	86,249	241,931	572,065
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	20,370,250	440,133	836,143	1,601,259	972,868
65.00 06500	RESPIRATORY THERAPY	6,473,648	142,027	269,816	1,012,290	361,507
66.00 06600	PHYSICAL THERAPY	5,169,660	277,840	527,825	991,828	166,233
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,432,443	46,428	88,202	282,669	331,294
70.00 07000	ELECTROENCEPHALOGRAPHY	2,360,449	10,693	20,314	321,980	5,145
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,790,435	0	0	0	272,211
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	48,072,885	0	0	0	1,717,094
73.00 07300	DRUGS CHARGED TO PATIENTS	25,186,125	0	0	0	2,212,563
74.00 07400	RENAL DIALYSIS	2,593,141	113,009	214,690	350,758	46,320
76.00 03140	CARDIAC CATH LAB	5,567,707	147,876	280,928	406,008	538,023
76.01 03050	SLEEP LAB	0	23,671	44,969	0	193,467
76.02 03950	CARDIAC REHAB	560,785	221,266	420,350	104,944	15,618
76.03 03020	WOUND CARE	883,825	85,820	163,036	145,094	4,119
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,663,223	495,998	942,273	275,632	24,534
91.00 09100	EMERGENCY	10,286,324	460,926	875,643	1,564,460	625,646
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	5,142,662	2,193	4,167	683,321	47,923
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600	HEART ACQUISITION	1,156,878	66,375	126,096	90,642	4,482
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	472,645,899	16,338,153	31,038,391	32,257,423	12,315,217
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	466	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	614,567	0	0	1,066	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	473,260,932	16,338,153	31,038,391	32,258,489	12,315,217

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/30/2023 3:00 pm
---	--	-----------------------	---	--

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	56,904,669	56,904,669			5.02
7.00	00700	OPERATION OF PLANT	29,009,844	3,964,862	32,974,706		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,744,059	238,366	59,917	2,042,342	8.00
9.00	00900	HOUSEKEEPING	4,966,942	678,847	400,939	0	6,046,728
10.00	01000	DIETARY	2,767,048	378,181	513,301	0	95,461
11.00	01100	CAFETERIA	7,479,920	1,022,303	1,387,908	0	258,115
13.00	01300	NURSING ADMINISTRATION	8,777,918	1,199,704	606,914	0	112,870
14.00	01400	CENTRAL SERVICES & SUPPLY	8,953,454	1,223,695	836,041	0	155,482
15.00	01500	PHARMACY	7,265,597	993,011	447,178	0	83,164
16.00	01600	MEDICAL RECORDS & LIBRARY	6,726,039	919,268	511,166	0	95,064
17.00	01700	SOCIAL SERVICE	4,277,020	584,553	344,358	0	64,042
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,350,892	594,649	0	0	0
23.00	02300	PASTORAL PROGRAM	597,303	81,635	40,501	2,186	7,532
23.01	02301	PHARMACY RESIDENCY PROGRAM	471,306	64,415	8,007	0	1,489
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,554,743	6,636,122	6,682,188	884,331	1,242,713
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,999,582	546,635	738,492	6,055	137,340
31.03	03101	CARDIO INTENSIVE CARE UNIT	28,919,429	3,952,505	2,638,766	132,885	490,742
31.04	03102	BURN INTENSIVE CARE UNIT	2,724,192	372,323	440,039	52,355	81,836
32.00	03200	CORONARY CARE UNIT	9,654,678	1,319,534	1,027,536	80,665	191,095
43.00	04300	NURSERY	719,024	98,271	36,431	65,304	6,775
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,966,848	6,282,427	7,281,296	474,160	1,354,130
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,046,464	553,042	0	0	0
53.00	05300	ANESTHESIOLOGY	534,565	73,061	0	12,091	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,407,354	1,969,096	1,100,198	36,023	204,608
54.01	05401	PET SCAN	301,324	41,183	72,261	0	13,439
56.00	05600	RADIOISOTOPE	943,045	128,889	268,094	0	49,858
57.00	05700	CT SCAN	3,152,495	430,861	132,579	55,358	24,656
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	24,220,653	3,310,309	1,285,288	32,299	239,030
65.00	06500	RESPIRATORY THERAPY	8,259,288	1,128,822	414,751	25,441	77,133
66.00	06600	PHYSICAL THERAPY	7,133,386	974,941	811,353	0	150,891
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,181,036	298,089	135,581	7,704	25,215
70.00	07000	ELECTROENCEPHALOGRAPHY	2,718,581	371,557	31,226	0	5,807
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,062,646	691,927	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,789,979	6,804,957	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	27,398,688	3,744,661	0	0	0
74.00	07400	RENAL DIALYSIS	3,317,918	453,470	330,013	7,843	61,374
76.00	03140	CARDIAC CATH LAB	6,940,542	948,585	431,832	0	80,310
76.01	03050	SLEEP LAB	262,107	35,823	69,125	0	12,855
76.02	03950	CARDIAC REHAB	1,322,963	180,813	646,147	0	120,166
76.03	03020	WOUND CARE	1,281,894	175,200	250,612	0	46,607
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,401,660	464,915	1,448,426	17,812	269,369
91.00	09100	EMERGENCY	13,812,999	1,887,864	1,346,006	149,370	250,322
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,880,266	803,674	6,405	0	1,191
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	1,444,473	197,420	193,831	460	36,047
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,644,833	56,820,465	32,974,706	2,042,342	6,046,728
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	466	64	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	615,633	84,140	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	473,260,932	56,904,669	32,974,706	2,042,342	6,046,728

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.01	00540						5.01	
5.02	00560						5.02	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	3,753,991					10.00	
11.00	01100	0	10,148,246				11.00	
13.00	01300	0	452,520	11,149,926			13.00	
14.00	01400	0	326,854	0	11,495,526		14.00	
15.00	01500	0	358,753	228,356	81,039	9,457,098	15.00	
16.00	01600	0	253,332	0	898	0	16.00	
17.00	01700	0	152,638	0	1,891	0	17.00	
22.00	02200	0	0	0	0	0	22.00	
23.00	02300	0	19,979	0	829	0	23.00	
23.01	02301	0	29,502	14,711	5,234	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	3,421,768	1,871,485	3,391,737	313,634	0	30.00	
31.00	03100	0	0	0	0	0	31.00	
31.01	02080	0	0	0	0	0	31.01	
31.02	02060	252,687	148,842	359,074	27,064	0	31.02	
31.03	03101	0	1,087,980	2,314,996	305,369	0	31.03	
31.04	03102	79,536	99,361	222,119	22,901	0	31.04	
32.00	03200	0	315,399	762,022	101,849	0	32.00	
43.00	04300	0	24,441	0	7,956	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	1,225,834	1,504,536	1,157,612	0	50.00	
51.00	05100	0	0	0	0	0	51.00	
52.00	05200	0	144,913	0	0	0	52.00	
53.00	05300	0	21,311	649	12,913	0	53.00	
54.00	05400	0	608,688	200,580	113,187	0	54.00	
54.01	05401	0	932	0	0	0	54.01	
56.00	05600	0	23,708	0	4,856	0	56.00	
57.00	05700	0	92,968	0	40,750	0	57.00	
58.00	05800	0	0	0	0	0	58.00	
60.00	06000	0	712,179	39,686	1,222,763	0	60.00	
65.00	06500	0	386,657	549	170,492	0	65.00	
66.00	06600	0	343,836	0	9,166	0	66.00	
67.00	06700	0	0	0	0	0	67.00	
68.00	06800	0	0	0	0	0	68.00	
69.00	06900	0	114,545	239,272	337,862	0	69.00	
70.00	07000	0	111,082	0	101,646	0	70.00	
71.00	07100	0	0	0	813,087	0	71.00	
72.00	07200	0	0	0	6,284,889	0	72.00	
73.00	07300	0	0	0	0	9,457,098	73.00	
74.00	07400	0	95,232	169,622	78,840	0	74.00	
76.00	03140	0	108,019	0	0	0	76.00	
76.01	03050	0	0	0	0	0	76.01	
76.02	03950	0	55,208	0	0	0	76.02	
76.03	03020	0	57,939	82,221	18,454	0	76.03	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	111,149	157,349	20,478	0	90.00	
91.00	09100	0	478,027	922,272	201,491	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	0	263,854	443,066	38,268	0	95.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	0	0	0	0	0	105.00	
106.00	10600	0	50,413	97,109	108	0	106.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,753,991	10,147,580	11,149,926	11,495,526	9,457,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
192.00	19200	0	666	0	0	0	192.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)		3,753,991	10,148,246	11,149,926	11,495,526	9,457,098	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PASTORAL PROGRAM	PHARMACY RESIDENCY PROGRAM	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	23.00	23.01	
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
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	8,505,767				16.00
17.00	01700	SOCIAL SERVICE	0	5,424,502			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,945,541		22.00
23.00	02300	PASTORAL PROGRAM	0	0		749,965	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	0			594,664
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	467,225	3,857,076	3,285,060	533,261	422,835
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.02	02060	NEONATAL INTENSIVE CARE UNIT	29,240	169,580	0	23,445	18,590
31.03	03101	CARDIO INTENSIVE CARE UNIT	260,359	1,189,697	0	164,482	130,421
31.04	03102	BURN INTENSIVE CARE UNIT	23,047	62,652	0	8,662	6,868
32.00	03200	CORONARY CARE UNIT	13,524	64,282	0	8,887	7,047
43.00	04300	NURSERY	4,275	81,215	0	11,228	8,903
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,427,124	0	287,218	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,333	0	0	0	0
53.00	05300	ANESTHESIOLOGY	168,862	0	17,951	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	392,370	0	0	0	0
54.01	05401	PET SCAN	15,050	0	0	0	0
56.00	05600	RADIOISOTOPE	77,005	0	0	0	0
57.00	05700	CT SCAN	395,076	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	671,877	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	249,662	0	0	0	0
66.00	06600	PHYSICAL THERAPY	114,803	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	228,796	0	8,976	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,554	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	187,993	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,185,850	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,528,731	0	0	0	0
74.00	07400	RENAL DIALYSIS	31,989	0	0	0	0
76.00	03140	CARDIAC CATH LAB	371,566	0	0	0	0
76.01	03050	SLEEP LAB	133,611	0	0	0	0
76.02	03950	CARDIAC REHAB	10,786	0	0	0	0
76.03	03020	WOUND CARE	2,845	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	16,943	0	628,290	0	0
91.00	09100	EMERGENCY	432,080	0	718,046	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	33,096	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	3,095	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,505,767	5,424,502	4,945,541	749,965	594,664
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments			0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	8,505,767	5,424,502	4,945,541	749,965	594,664

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/30/2023 3:00 pm
---	--	-----------------------	---	--

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01	00540	ADMITTING			5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL			5.02	
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	
17.00	01700	SOCIAL SERVICE			17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00	
23.00	02300	PASTORAL PROGRAM			23.00	
23.01	02301	PHARMACY RESIDENCY PROGRAM			23.01	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,564,178	-3,285,060	78,279,118	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	6,456,626	0	6,456,626	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	41,587,631	0	41,587,631	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	4,195,891	0	4,195,891	31.04
32.00	03200	CORONARY CARE UNIT	13,546,518	0	13,546,518	32.00
43.00	04300	NURSERY	1,063,823	0	1,063,823	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	66,961,185	-287,218	66,673,967	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,769,752	0	4,769,752	52.00
53.00	05300	ANESTHESIOLOGY	841,403	-17,951	823,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,032,104	0	19,032,104	54.00
54.01	05401	PET SCAN	444,189	0	444,189	54.01
56.00	05600	RADIOISOTOPE	1,495,455	0	1,495,455	56.00
57.00	05700	CT SCAN	4,324,743	0	4,324,743	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	31,734,084	0	31,734,084	60.00
65.00	06500	RESPIRATORY THERAPY	10,712,795	0	10,712,795	65.00
66.00	06600	PHYSICAL THERAPY	9,538,376	0	9,538,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,577,076	-8,976	3,568,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,343,453	0	3,343,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,755,653	0	6,755,653	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,065,675	0	64,065,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,129,178	0	42,129,178	73.00
74.00	07400	RENAL DIALYSIS	4,546,301	0	4,546,301	74.00
76.00	03140	CARDIAC CATH LAB	8,880,854	0	8,880,854	76.00
76.01	03050	SLEEP LAB	513,521	0	513,521	76.01
76.02	03950	CARDIAC REHAB	2,336,083	0	2,336,083	76.02
76.03	03020	WOUND CARE	1,915,772	0	1,915,772	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,536,391	-628,290	5,908,101	90.00
91.00	09100	EMERGENCY	20,198,477	-718,046	19,480,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	7,469,820	0	7,469,820	95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,022,956	0	2,022,956	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,559,963	-4,945,541	467,614,422	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	530	0	530	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	700,439	0	700,439	192.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	473,260,932	-4,945,541	468,315,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/30/2023 3:00 pm

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	373,987	710,481	1,084,468	1,084,468 4.00
5.01 00540	ADMITTING	0	114,746	217,988	332,734	21,776 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,177,071	2,236,139	3,413,210	68,367 5.02
7.00 00700	OPERATION OF PLANT	0	3,380,505	6,422,109	9,802,614	23,217 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	20,518	38,979	59,497	0 8.00
9.00 00900	HOUSEKEEPING	0	137,298	260,831	398,129	0 9.00
10.00 01000	DIETARY	0	175,775	333,928	509,703	0 10.00
11.00 01100	CAFETERIA	0	475,275	902,903	1,378,178	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	207,831	394,827	602,658	45,624 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	286,294	543,886	830,180	17,648 14.00
15.00 01500	PHARMACY	0	153,132	290,912	444,044	38,662 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	175,043	332,539	507,582	21,195 16.00
17.00 01700	SOCIAL SERVICE	0	117,922	224,022	341,944	13,008 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PASTORAL PROGRAM	0	13,869	26,348	40,217	1,346 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	2,742	5,209	7,951	2,528 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,288,246	4,347,094	6,635,340	185,745 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	252,889	480,425	733,314	16,655 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	903,618	1,716,648	2,620,266	115,582 31.03
31.04 03102	BURN INTENSIVE CARE UNIT	0	150,687	286,267	436,954	11,415 31.04
32.00 03200	CORONARY CARE UNIT	0	351,869	668,463	1,020,332	36,894 32.00
43.00 04300	NURSERY	0	12,475	23,700	36,175	2,458 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,493,404	4,736,842	7,230,246	119,533 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	14,563 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	1,052 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	376,751	715,733	1,092,484	53,195 54.00
54.01 05401	PET SCAN	0	24,745	47,009	71,754	95 54.01
56.00 05600	RADIOISOTOPE	0	91,806	174,408	266,214	2,489 56.00
57.00 05700	CT SCAN	0	45,400	86,249	131,649	8,133 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	440,133	836,143	1,276,276	53,830 60.00
65.00 06500	RESPIRATORY THERAPY	0	142,027	269,816	411,843	34,030 65.00
66.00 06600	PHYSICAL THERAPY	0	277,840	527,825	805,665	33,342 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	46,428	88,202	134,630	9,503 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,693	20,314	31,007	10,824 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	113,009	214,690	327,699	11,791 74.00
76.00 03140	CARDIAC CATH LAB	0	147,876	280,928	428,804	13,649 76.00
76.01 03050	SLEEP LAB	0	23,671	44,969	68,640	0 76.01
76.02 03950	CARDIAC REHAB	0	221,266	420,350	641,616	3,528 76.02
76.03 03020	WOUND CARE	0	85,820	163,036	248,856	4,878 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	495,998	942,273	1,438,271	9,266 90.00
91.00 09100	EMERGENCY	0	460,926	875,643	1,336,569	52,593 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	2,193	4,167	6,360	22,971 95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	0	66,375	126,096	192,471	3,047 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	16,338,153	31,038,391	47,376,544	1,084,432 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	36 192.00
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	16,338,153	31,038,391	47,376,544	1,084,468 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/30/2023 3:00 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description			ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING	354,510					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	3,481,577				5.02
7.00	00700	OPERATION OF PLANT	0	242,580	10,068,411			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,584	18,295	92,376		8.00
9.00	00900	HOUSEKEEPING	0	41,534	122,422	0	562,085	9.00
10.00	01000	DIETARY	0	23,138	156,730	0	8,874	10.00
11.00	01100	CAFETERIA	0	62,547	423,780	0	23,994	11.00
13.00	01300	NURSING ADMINISTRATION	0	73,401	185,313	0	10,492	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	74,869	255,275	0	14,453	14.00
15.00	01500	PHARMACY	0	60,755	136,540	0	7,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,243	156,078	0	8,837	16.00
17.00	01700	SOCIAL SERVICE	0	35,764	105,145	0	5,953	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	36,382	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	4,995	12,366	99	700	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	3,941	2,445	0	138	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,402	406,015	2,040,322	39,999	115,519	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,214	33,445	225,489	274	12,767	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	10,812	241,824	805,714	6,010	45,618	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	957	22,780	134,360	2,368	7,607	31.04
32.00	03200	CORONARY CARE UNIT	562	80,732	313,745	3,648	17,764	32.00
43.00	04300	NURSEY	178	6,012	11,124	2,954	630	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,264	384,375	2,223,253	21,446	125,875	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,052	33,837	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,012	4,470	0	547	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,294	120,474	335,932	1,629	19,020	54.00
54.01	05401	PET SCAN	625	2,520	22,064	0	1,249	54.01
56.00	05600	RADIOISOTOPE	3,198	7,886	81,859	0	4,635	56.00
57.00	05700	CT SCAN	16,406	26,361	40,481	2,504	2,292	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	27,901	202,533	392,446	1,461	22,219	60.00
65.00	06500	RESPIRATORY THERAPY	10,368	69,064	126,639	1,151	7,170	65.00
66.00	06600	PHYSICAL THERAPY	4,767	59,649	247,737	0	14,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,501	18,238	41,398	348	2,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148	22,733	9,535	0	540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,807	42,334	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,245	416,348	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,775	229,108	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,328	27,744	100,765	355	5,705	74.00
76.00	03140	CARDIAC CATH LAB	15,430	58,037	131,854	0	7,465	76.00
76.01	03050	SLEEP LAB	5,548	2,192	21,106	0	1,195	76.01
76.02	03950	CARDIAC REHAB	448	11,063	197,293	0	11,170	76.02
76.03	03020	WOUND CARE	118	10,719	76,521	0	4,332	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	704	28,445	442,259	806	25,040	90.00
91.00	09100	EMERGENCY	17,943	115,504	410,986	6,756	23,269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,374	49,171	1,956	0	111	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	129	12,079	59,184	21	3,351	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	354,510	3,476,425	10,068,411	92,376	562,085	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,148	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	354,510	3,481,577	10,068,411	92,376	562,085	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	698,445					10.00
11.00	01100	CAFETERIA	0	1,888,499				11.00
13.00	01300	NURSING ADMINISTRATION	0	84,210	1,001,698			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	60,825	0	1,253,250		14.00
15.00	01500	PHARMACY	0	66,761	20,515	8,835	783,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,143	0	98	0	16.00
17.00	01700	SOCIAL SERVICE	0	28,405	0	206	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PASTORAL PROGRAM	0	3,718	0	90	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	5,490	1,322	571	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	636,633	348,264	304,706	34,193	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	47,014	27,698	32,259	2,951	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	202,464	207,978	33,292	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	14,798	18,490	19,955	2,497	0	31.04
32.00	03200	CORONARY CARE UNIT	0	58,693	68,460	11,104	0	32.00
43.00	04300	NURSERY	0	4,548	0	867	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	228,117	135,167	126,206	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,967	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,966	58	1,408	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,272	18,020	12,340	0	54.00
54.01	05401	PET SCAN	0	174	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	4,412	0	529	0	56.00
57.00	05700	CT SCAN	0	17,301	0	4,443	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	132,530	3,565	133,309	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	71,953	49	18,587	0	65.00
66.00	06600	PHYSICAL THERAPY	0	63,985	0	999	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,316	21,496	36,835	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,671	0	11,082	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	88,645	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	685,172	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	783,843	73.00
74.00	07400	RENAL DIALYSIS	0	17,722	15,239	8,595	0	74.00
76.00	03140	CARDIAC CATH LAB	0	20,101	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	10,274	0	0	0	76.02
76.03	03020	WOUND CARE	0	10,782	7,387	2,012	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20,684	14,136	2,233	0	90.00
91.00	09100	EMERGENCY	0	88,957	82,857	21,967	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	49,101	39,805	4,172	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	9,381	8,724	12	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	698,445	1,888,375	1,001,698	1,253,250	783,843	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	124	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	698,445	1,888,499	1,001,698	1,253,250	783,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PASTORAL PROGRAM	PHARMACY RESIDENCY PROGRAM	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	23.00	23.01	
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
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	797,176				16.00
17.00	01700	SOCIAL SERVICE	0	530,425			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	36,382		22.00
23.00	02300	PASTORAL PROGRAM	0	0		63,531	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
							24,386
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,704	377,157			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,735	16,582			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	24,354	116,332			31.03
31.04	03102	BURN INTENSIVE CARE UNIT	2,156	6,126			31.04
32.00	03200	CORONARY CARE UNIT	1,265	6,286			32.00
43.00	04300	NURSERY	400	7,942			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	133,494	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,370	0			52.00
53.00	05300	ANESTHESIOLOGY	15,795	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,702	0			54.00
54.01	05401	PET SCAN	1,408	0			54.01
56.00	05600	RADIOISOTOPE	7,203	0			56.00
57.00	05700	CT SCAN	36,956	0			57.00
58.00	05800	MRI	0	0			58.00
60.00	06000	LABORATORY	62,848	0			60.00
65.00	06500	RESPIRATORY THERAPY	23,353	0			65.00
66.00	06600	PHYSICAL THERAPY	10,739	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	21,402	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	332	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,585	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	110,925	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144,541	0			73.00
74.00	07400	RENAL DIALYSIS	2,992	0			74.00
76.00	03140	CARDIAC CATH LAB	34,756	0			76.00
76.01	03050	SLEEP LAB	12,498	0			76.01
76.02	03950	CARDIAC REHAB	1,009	0			76.02
76.03	03020	WOUND CARE	266	0			76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,585	0			90.00
91.00	09100	EMERGENCY	40,417	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,096	0			95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0			105.00
106.00	10600	HEART ACQUISITION	290	0			106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	797,176	530,425	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
200.00		Cross Foot Adjustments			36,382	63,531	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	797,176	530,425	36,382	63,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00560				5.02
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	11,186,999	0	11,186,999	30.00
31.00	03100	0	0	0	31.00
31.01	02080	0	0	0	31.01
31.02	02060	1,152,397	0	1,152,397	31.02
31.03	03101	4,430,246	0	4,430,246	31.03
31.04	03102	680,463	0	680,463	31.04
32.00	03200	1,619,485	0	1,619,485	32.00
43.00	04300	73,288	0	73,288	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	10,786,976	0	10,786,976	50.00
51.00	05100	0	0	0	51.00
52.00	05200	78,789	0	78,789	52.00
53.00	05300	34,308	0	34,308	53.00
54.00	05400	1,819,362	0	1,819,362	54.00
54.01	05401	99,889	0	99,889	54.01
56.00	05600	378,425	0	378,425	56.00
57.00	05700	286,526	0	286,526	57.00
58.00	05800	0	0	0	58.00
60.00	06000	2,308,918	0	2,308,918	60.00
65.00	06500	774,207	0	774,207	65.00
66.00	06600	1,240,909	0	1,240,909	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	317,011	0	317,011	69.00
70.00	07000	106,872	0	106,872	70.00
71.00	07100	156,371	0	156,371	71.00
72.00	07200	1,261,690	0	1,261,690	72.00
73.00	07300	1,222,267	0	1,222,267	73.00
74.00	07400	519,935	0	519,935	74.00
76.00	03140	710,096	0	710,096	76.00
76.01	03050	111,179	0	111,179	76.01
76.02	03950	876,401	0	876,401	76.02
76.03	03020	365,871	0	365,871	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	1,983,429	0	1,983,429	90.00
91.00	09100	2,197,818	0	2,197,818	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	178,117	0	178,117	95.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	0	0	0	105.00
106.00	10600	288,689	0	288,689	106.00
118.00			0		118.00
		47,246,933	0	47,246,933	
NONREIMBURSABLE COST CENTERS					
190.00	19000	4	0	4	190.00
192.00	19200	5,308	0	5,308	192.00
200.00		124,299	0	124,299	200.00
201.00		0	0	0	201.00
202.00		47,376,544	0	47,376,544	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	715,060				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		715,060			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,368	16,368	151,924,799		4.00
5.01 00540	ADMITTING	5,022	5,022	3,050,649	3,567,399,368	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	51,516	51,516	9,577,889	0	-56,904,669 5.02
7.00 00700	OPERATION OF PLANT	147,952	147,952	3,252,624	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	898	898	0	0	0 8.00
9.00 00900	HOUSEKEEPING	6,009	6,009	0	0	0 9.00
10.00 01000	DIETARY	7,693	7,693	0	0	0 10.00
11.00 01100	CAFETERIA	20,801	20,801	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	9,096	9,096	6,391,652	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	12,530	2,472,365	0	0 14.00
15.00 01500	PHARMACY	6,702	6,702	5,416,303	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	7,661	2,969,264	0	0 16.00
17.00 01700	SOCIAL SERVICE	5,161	5,161	1,822,327	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PASTORAL PROGRAM	607	607	188,601	0	0 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	120	120	354,106	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	100,148	100,148	26,018,423	195,983,694	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	11,068	2,333,308	12,265,263	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	39,548	16,192,465	109,211,001	0 31.03
31.04 03102	BURN INTENSIVE CARE UNIT	6,595	6,595	1,599,135	9,667,242	0 31.04
32.00 03200	CORONARY CARE UNIT	15,400	15,400	5,168,613	5,672,647	0 32.00
43.00 04300	NURSERY	546	546	344,286	1,793,201	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	109,127	109,127	16,745,950	598,625,897	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,040,200	10,626,123	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	147,418	70,831,396	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,489	16,489	7,452,396	164,584,657	0 54.00
54.01 05401	PET SCAN	1,083	1,083	13,264	6,313,010	0 54.01
56.00 05600	RADIOISOTOPE	4,018	4,018	348,757	32,300,947	0 56.00
57.00 05700	CT SCAN	1,987	1,987	1,139,401	165,719,965	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	19,263	19,263	7,541,300	281,827,407	0 60.00
65.00 06500	RESPIRATORY THERAPY	6,216	6,216	4,767,489	104,723,823	0 65.00
66.00 06600	PHYSICAL THERAPY	12,160	12,160	4,671,121	48,155,633	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,032	2,032	1,331,260	95,971,610	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	468	468	1,516,401	1,490,580	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	78,855,953	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	497,420,191	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	640,790,073	0 73.00
74.00 07400	RENAL DIALYSIS	4,946	4,946	1,651,931	13,418,402	0 74.00
76.00 03140	CARDIAC CATH LAB	6,472	6,472	1,912,136	155,858,411	0 76.00
76.01 03050	SLEEP LAB	1,036	1,036	0	56,044,875	0 76.01
76.02 03950	CARDIAC REHAB	9,684	9,684	494,246	4,524,424	0 76.02
76.03 03020	WOUND CARE	3,756	3,756	683,336	1,193,333	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	21,708	21,708	1,298,116	7,107,071	0 90.00
91.00 09100	EMERGENCY	20,173	20,173	7,367,988	181,241,507	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	96	96	3,218,173	13,882,605	0 95.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	2,905	2,905	426,886	1,298,427	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	715,060	715,060	151,919,779	3,567,399,368	-56,904,669 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,020	0	0 192.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
202.00	Cost to be allocated (per wkst. B, Part I)	16,338,153	31,038,391	32,258,489	12,315,217		202.00
203.00	Unit cost multiplier (wkst. B, Part I)	22.848646	43.406695	0.212332	0.003452		203.00
204.00	Cost to be allocated (per wkst. B, Part II)			1,084,468	354,510		204.00
205.00	Unit cost multiplier (wkst. B, Part II)			0.007138	0.000099		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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	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
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	416,356,263				5.02
7.00	00700	OPERATION OF PLANT	29,009,844	494,202			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,744,059	898	1,304,354		8.00
9.00	00900	HOUSEKEEPING	4,966,942	6,009	0	487,295	9.00
10.00	01000	DIETARY	2,767,048	7,693	0	7,693	234,625 10.00
11.00	01100	CAFETERIA	7,479,920	20,801	0	20,801	0 11.00
13.00	01300	NURSING ADMINISTRATION	8,777,918	9,096	0	9,096	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,953,454	12,530	0	12,530	0 14.00
15.00	01500	PHARMACY	7,265,597	6,702	0	6,702	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,726,039	7,661	0	7,661	0 16.00
17.00	01700	SOCIAL SERVICE	4,277,020	5,161	0	5,161	0 17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,350,892	0	0	0	0 22.00
23.00	02300	PASTORAL PROGRAM	597,303	607	1,396	607	0 23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	471,306	120	0	120	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,554,743	100,148	564,783	100,148	213,861 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,999,582	11,068	3,867	11,068	15,793 31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	28,919,429	39,548	84,868	39,548	0 31.03
31.04	03102	BURN INTENSIVE CARE UNIT	2,724,192	6,595	33,437	6,595	4,971 31.04
32.00	03200	CORONARY CARE UNIT	9,654,678	15,400	51,517	15,400	0 32.00
43.00	04300	NURSERY	719,024	546	41,707	546	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,966,848	109,127	302,825	109,127	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,046,464	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	534,565	0	7,722	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,407,354	16,489	23,006	16,489	0 54.00
54.01	05401	PET SCAN	301,324	1,083	0	1,083	0 54.01
56.00	05600	RADIOISOTOPE	943,045	4,018	0	4,018	0 56.00
57.00	05700	CT SCAN	3,152,495	1,987	35,355	1,987	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	24,220,653	19,263	20,628	19,263	0 60.00
65.00	06500	RESPIRATORY THERAPY	8,259,288	6,216	16,248	6,216	0 65.00
66.00	06600	PHYSICAL THERAPY	7,133,386	12,160	0	12,160	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,181,036	2,032	4,920	2,032	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,718,581	468	0	468	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,062,646	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,789,979	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,398,688	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	3,317,918	4,946	5,009	4,946	0 74.00
76.00	03140	CARDIAC CATH LAB	6,940,542	6,472	0	6,472	0 76.00
76.01	03050	SLEEP LAB	262,107	1,036	0	1,036	0 76.01
76.02	03950	CARDIAC REHAB	1,322,963	9,684	0	9,684	0 76.02
76.03	03020	WOUND CARE	1,281,894	3,756	0	3,756	0 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,401,660	21,708	11,376	21,708	0 90.00
91.00	09100	EMERGENCY	13,812,999	20,173	95,396	20,173	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,880,266	96	0	96	0 95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	1,444,473	2,905	294	2,905	0 106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	415,740,164	494,202	1,304,354	487,295	234,625 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	466	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	615,633	0	0	0	0 192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	56,904,669	32,974,706	2,042,342	6,046,728	3,753,991 202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.136673	66.723133	1.565788	12.408763	15.999962 203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	3,481,577	10,068,411	92,376	562,085	698,445	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008362	20.373068	0.070821	1.153480	2.976857	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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		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
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	152,385					11.00
13.00	01300	6,795	72,952,150				13.00
14.00	01400	4,908	0	89,551,119			14.00
15.00	01500	5,387	1,494,092	631,300	25,186,125		15.00
16.00	01600	3,804	0	6,998	0	3,567,399,368	16.00
17.00	01700	2,292	0	14,730	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	300	0	6,458	0	0	23.00
23.01	02301	443	96,252	40,774	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	28,102	22,191,625	2,443,242	0	195,983,694	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	0	0	0	0	0	31.01
31.02	02060	2,235	2,349,359	210,835	0	12,265,263	31.02
31.03	03101	16,337	15,146,633	2,378,859	0	109,211,001	31.03
31.04	03102	1,492	1,453,289	178,403	0	9,667,242	31.04
32.00	03200	4,736	4,985,781	793,416	0	5,672,647	32.00
43.00	04300	367	0	61,979	0	1,793,201	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	18,407	9,843,925	9,017,916	0	598,625,897	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,176	0	0	0	10,626,123	52.00
53.00	05300	320	4,249	100,594	0	70,831,396	53.00
54.00	05400	9,140	1,312,362	881,737	0	164,584,657	54.00
54.01	05401	14	0	0	0	6,313,010	54.01
56.00	05600	356	0	37,825	0	32,300,947	56.00
57.00	05700	1,396	0	317,447	0	165,719,965	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	10,694	259,661	9,525,454	0	281,827,407	60.00
65.00	06500	5,806	3,592	1,328,151	0	104,723,823	65.00
66.00	06600	5,163	0	71,403	0	48,155,633	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	1,720	1,565,515	2,631,978	0	95,971,610	69.00
70.00	07000	1,668	0	791,832	0	1,490,580	70.00
71.00	07100	0	0	6,334,030	0	78,855,953	71.00
72.00	07200	0	0	48,959,722	0	497,420,191	72.00
73.00	07300	0	0	0	25,186,125	640,790,073	73.00
74.00	07400	1,430	1,109,809	614,173	0	13,418,402	74.00
76.00	03140	1,622	0	0	0	155,858,411	76.00
76.01	03050	0	0	0	0	56,044,875	76.01
76.02	03950	829	0	0	0	4,524,424	76.02
76.03	03020	870	537,957	143,757	0	1,193,333	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,669	1,029,505	159,522	0	7,107,071	90.00
91.00	09100	7,178	6,034,273	1,569,633	0	181,241,507	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	3,962	2,898,904	298,109	0	13,882,605	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	757	635,367	842	0	1,298,427	106.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		152,375	72,952,150	89,551,119	25,186,125	3,567,399,368	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	10	0	0	0	0	192.00
200.00							200.00
201.00							201.00
202.00		10,148,246	11,149,926	11,495,526	9,457,098	8,505,767	202.00
203.00		66.596095	0.152839	0.128368	0.375488	0.002384	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (NURSING SA LARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per wkst. B, Part II)	1,888,499	1,001,698	1,253,250	783,843	797,176	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	12.392945	0.013731	0.013995	0.031122	0.000223	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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS	PASTORAL PROGRAM (TOTAL PATIENT DAYS)	PHARMACY RESIDENCY PROGRAM (TOTAL PATIENT DAYS)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	17.00	22.00	23.00	23.01	
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
5.01 00540 ADMITTING					5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL					5.02
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
17.00 01700 SOCIAL SERVICE	86,495				17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	27,550			22.00
23.00 02300 PASTORAL PROGRAM	0		86,495		23.00
23.01 02301 PHARMACY RESIDENCY PROGRAM	0			86,495	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	61,502	18,300	61,502	61,502	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02 02060 NEONATAL INTENSIVE CARE UNIT	2,704	0	2,704	2,704	31.02
31.03 03101 CARDIO INTENSIVE CARE UNIT	18,970	0	18,970	18,970	31.03
31.04 03102 BURN INTENSIVE CARE UNIT	999	0	999	999	31.04
32.00 03200 CORONARY CARE UNIT	1,025	0	1,025	1,025	32.00
43.00 04300 NURSERY	1,295	0	1,295	1,295	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	1,600	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	100	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01 05401 PET SCAN	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	50	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
76.00 03140 CARDIAC CATH LAB	0	0	0	0	76.00
76.01 03050 SLEEP LAB	0	0	0	0	76.01
76.02 03950 CARDIAC REHAB	0	0	0	0	76.02
76.03 03020 WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	3,500	0	0	90.00
91.00 09100 EMERGENCY	0	4,000	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	86,495	27,550	86,495	86,495	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS	PASTORAL PROGRAM (TOTAL PATIENT DAYS)	PHARMACY RESIDENCY PROGRAM (TOTAL PATIENT DAYS)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	22.00	23.00	23.01	
202.00	Cost to be allocated (per wkst. B, Part I)	5,424,502	4,945,541	749,965	594,664	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	62.714631	179.511470	8.670617	6.875126	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	530,425	36,382	63,531	24,386	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	6.132435	1.320581	0.734505	0.281935	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)			0	0	206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)			0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/30/2023 3:00 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	78,279,118	78,279,118	0	78,279,118	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	6,456,626	6,456,626	0	6,456,626	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	41,587,631	41,587,631	0	41,587,631	31.03
31.04	03102 BURN INTENSIVE CARE UNIT	4,195,891	4,195,891	0	4,195,891	31.04
32.00	03200 CORONARY CARE UNIT	13,546,518	13,546,518	0	13,546,518	32.00
43.00	04300 NURSERY	1,063,823	1,063,823	0	1,063,823	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	66,673,967	66,673,967	0	66,673,967	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,769,752	4,769,752	0	4,769,752	52.00
53.00	05300 ANESTHESIOLOGY	823,452	823,452	0	823,452	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,032,104	19,032,104	0	19,032,104	54.00
54.01	05401 PET SCAN	444,189	444,189	0	444,189	54.01
56.00	05600 RADIOISOTOPE	1,495,455	1,495,455	0	1,495,455	56.00
57.00	05700 CT SCAN	4,324,743	4,324,743	0	4,324,743	57.00
58.00	05800 MRI	0	0	0	0	58.00
60.00	06000 LABORATORY	31,734,084	31,734,084	0	31,734,084	60.00
65.00	06500 RESPIRATORY THERAPY	10,712,795	10,712,795	0	10,712,795	65.00
66.00	06600 PHYSICAL THERAPY	9,538,376	9,538,376	0	9,538,376	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,568,100	3,568,100	0	3,568,100	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,343,453	3,343,453	0	3,343,453	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,755,653	6,755,653	0	6,755,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,065,675	64,065,675	0	64,065,675	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,129,178	42,129,178	0	42,129,178	73.00
74.00	07400 RENAL DIALYSIS	4,546,301	4,546,301	0	4,546,301	74.00
76.00	03140 CARDIAC CATH LAB	8,880,854	8,880,854	0	8,880,854	76.00
76.01	03050 SLEEP LAB	513,521	513,521	0	513,521	76.01
76.02	03950 CARDIAC REHAB	2,336,083	2,336,083	0	2,336,083	76.02
76.03	03020 WOUND CARE	1,915,772	1,915,772	0	1,915,772	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,908,101	5,908,101	0	5,908,101	90.00
91.00	09100 EMERGENCY	19,480,431	19,480,431	0	19,480,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,191,778	10,191,778	0	10,191,778	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,469,820	7,469,820	0	7,469,820	95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	2,022,956	2,022,956	0	2,022,956	106.00
200.00	Subtotal (see instructions)	477,806,200	477,806,200	0	477,806,200	200.00
201.00	Less Observation Beds	10,191,778	10,191,778	0	10,191,778	201.00
202.00	Total (see instructions)	467,614,422	467,614,422	0	467,614,422	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/30/2023 3:00 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	166,798,867		166,798,867			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	12,265,263		12,265,263			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	109,211,001		109,211,001			31.03
31.04	03102	BURN INTENSIVE CARE UNIT	9,667,242		9,667,242			31.04
32.00	03200	CORONARY CARE UNIT	5,672,647		5,672,647			32.00
43.00	04300	NURSERY	1,793,201		1,793,201			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	387,005,344	211,620,553	598,625,897	0.111378	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,626,123	0	10,626,123	0.448870	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	43,825,811	27,005,585	70,831,396	0.011626	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,769,240	94,815,417	164,584,657	0.115637	0.000000	54.00
54.01	05401	PET SCAN	190,371	6,122,639	6,313,010	0.070361	0.000000	54.01
56.00	05600	RADIOISOTOPE	5,167,872	27,133,075	32,300,947	0.046298	0.000000	56.00
57.00	05700	CT SCAN	69,824,873	95,895,092	165,719,965	0.026097	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	188,503,684	93,323,723	281,827,407	0.112601	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	99,201,109	5,522,714	104,723,823	0.102296	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	31,877,718	16,277,915	48,155,633	0.198074	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	45,021,519	50,950,091	95,971,610	0.037179	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,018,960	471,620	1,490,580	2.243055	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,543,063	17,312,890	78,855,953	0.085671	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	360,582,309	136,837,882	497,420,191	0.128796	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	350,586,494	290,203,579	640,790,073	0.065746	0.000000	73.00
74.00	07400	RENAL DIALYSIS	12,495,342	923,060	13,418,402	0.338811	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	66,804,746	89,053,665	155,858,411	0.056980	0.000000	76.00
76.01	03050	SLEEP LAB	13,545,421	42,499,454	56,044,875	0.009163	0.000000	76.01
76.02	03950	CARDIAC REHAB	2,753,383	1,771,041	4,524,424	0.516327	0.000000	76.02
76.03	03020	WOUND CARE	0	1,193,333	1,193,333	1.605396	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	535,914	6,571,157	7,107,071	0.831299	0.000000	90.00
91.00	09100	EMERGENCY	51,623,269	129,618,238	181,241,507	0.107483	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,325,048	21,859,779	29,184,827	0.349215	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	24,098	13,858,507	13,882,605	0.538070	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	1,298,427	0	1,298,427			106.00
200.00		Subtotal (see instructions)	2,186,558,359	1,380,841,009	3,567,399,368			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,186,558,359	1,380,841,009	3,567,399,368			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/30/2023 3:00 pm
		Title XVIII	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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		31.03
31.04	03102	BURN INTENSIVE CARE UNIT		31.04
32.00	03200	CORONARY CARE UNIT		32.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.111378	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448870	52.00
53.00	05300	ANESTHESIOLOGY	0.011626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115637	54.00
54.01	05401	PET SCAN	0.070361	54.01
56.00	05600	RADIOISOTOPE	0.046298	56.00
57.00	05700	CT SCAN	0.026097	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.112601	60.00
65.00	06500	RESPIRATORY THERAPY	0.102296	65.00
66.00	06600	PHYSICAL THERAPY	0.198074	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.037179	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2.243055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.128796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.065746	73.00
74.00	07400	RENAL DIALYSIS	0.338811	74.00
76.00	03140	CARDIAC CATH LAB	0.056980	76.00
76.01	03050	SLEEP LAB	0.009163	76.01
76.02	03950	CARDIAC REHAB	0.516327	76.02
76.03	03020	WOUND CARE	1.605396	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.831299	90.00
91.00	09100	EMERGENCY	0.107483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.349215	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.538070	95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part I
Date/Time Prepared:
11/30/2023 3:00 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	78,279,118	78,279,118	0	78,279,118	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	6,456,626	6,456,626	0	6,456,626	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	41,587,631	41,587,631	0	41,587,631	31.03
31.04	03102 BURN INTENSIVE CARE UNIT	4,195,891	4,195,891	0	4,195,891	31.04
32.00	03200 CORONARY CARE UNIT	13,546,518	13,546,518	0	13,546,518	32.00
43.00	04300 NURSERY	1,063,823	1,063,823	0	1,063,823	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	66,673,967	66,673,967	0	66,673,967	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,769,752	4,769,752	0	4,769,752	52.00
53.00	05300 ANESTHESIOLOGY	823,452	823,452	0	823,452	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,032,104	19,032,104	0	19,032,104	54.00
54.01	05401 PET SCAN	444,189	444,189	0	444,189	54.01
56.00	05600 RADIOISOTOPE	1,495,455	1,495,455	0	1,495,455	56.00
57.00	05700 CT SCAN	4,324,743	4,324,743	0	4,324,743	57.00
58.00	05800 MRI	0	0	0	0	58.00
60.00	06000 LABORATORY	31,734,084	31,734,084	0	31,734,084	60.00
65.00	06500 RESPIRATORY THERAPY	10,712,795	10,712,795	0	10,712,795	65.00
66.00	06600 PHYSICAL THERAPY	9,538,376	9,538,376	0	9,538,376	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,568,100	3,568,100	0	3,568,100	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,343,453	3,343,453	0	3,343,453	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,755,653	6,755,653	0	6,755,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,065,675	64,065,675	0	64,065,675	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,129,178	42,129,178	0	42,129,178	73.00
74.00	07400 RENAL DIALYSIS	4,546,301	4,546,301	0	4,546,301	74.00
76.00	03140 CARDIAC CATH LAB	8,880,854	8,880,854	0	8,880,854	76.00
76.01	03050 SLEEP LAB	513,521	513,521	0	513,521	76.01
76.02	03950 CARDIAC REHAB	2,336,083	2,336,083	0	2,336,083	76.02
76.03	03020 WOUND CARE	1,915,772	1,915,772	0	1,915,772	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,908,101	5,908,101	0	5,908,101	90.00
91.00	09100 EMERGENCY	19,480,431	19,480,431	0	19,480,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,191,778	10,191,778	0	10,191,778	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,469,820	7,469,820	0	7,469,820	95.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	2,022,956	2,022,956	0	2,022,956	106.00
200.00	Subtotal (see instructions)	477,806,200	477,806,200	0	477,806,200	200.00
201.00	Less Observation Beds	10,191,778	10,191,778	0	10,191,778	201.00
202.00	Total (see instructions)	467,614,422	467,614,422	0	467,614,422	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/30/2023 3:00 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	166,798,867		166,798,867		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0		0		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	12,265,263		12,265,263		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	109,211,001		109,211,001		31.03
31.04	03102	BURN INTENSIVE CARE UNIT	9,667,242		9,667,242		31.04
32.00	03200	CORONARY CARE UNIT	5,672,647		5,672,647		32.00
43.00	04300	NURSERY	1,793,201		1,793,201		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	387,005,344	211,620,553	598,625,897	0.111378	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,626,123	0	10,626,123	0.448870	52.00
53.00	05300	ANESTHESIOLOGY	43,825,811	27,005,585	70,831,396	0.011626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,769,240	94,815,417	164,584,657	0.115637	54.00
54.01	05401	PET SCAN	190,371	6,122,639	6,313,010	0.070361	54.01
56.00	05600	RADIOISOTOPE	5,167,872	27,133,075	32,300,947	0.046298	56.00
57.00	05700	CT SCAN	69,824,873	95,895,092	165,719,965	0.026097	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	188,503,684	93,323,723	281,827,407	0.112601	60.00
65.00	06500	RESPIRATORY THERAPY	99,201,109	5,522,714	104,723,823	0.102296	65.00
66.00	06600	PHYSICAL THERAPY	31,877,718	16,277,915	48,155,633	0.198074	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	45,021,519	50,950,091	95,971,610	0.037179	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,018,960	471,620	1,490,580	2.243055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,543,063	17,312,890	78,855,953	0.085671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	360,582,309	136,837,882	497,420,191	0.128796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	350,586,494	290,203,579	640,790,073	0.065746	73.00
74.00	07400	RENAL DIALYSIS	12,495,342	923,060	13,418,402	0.338811	74.00
76.00	03140	CARDIAC CATH LAB	66,804,746	89,053,665	155,858,411	0.056980	76.00
76.01	03050	SLEEP LAB	13,545,421	42,499,454	56,044,875	0.009163	76.01
76.02	03950	CARDIAC REHAB	2,753,383	1,771,041	4,524,424	0.516327	76.02
76.03	03020	WOUND CARE	0	1,193,333	1,193,333	1.605396	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	535,914	6,571,157	7,107,071	0.831299	90.00
91.00	09100	EMERGENCY	51,623,269	129,618,238	181,241,507	0.107483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,325,048	21,859,779	29,184,827	0.349215	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	24,098	13,858,507	13,882,605	0.538070	95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	1,298,427	0	1,298,427	1.558005	106.00
200.00		Subtotal (see instructions)	2,186,558,359	1,380,841,009	3,567,399,368		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,186,558,359	1,380,841,009	3,567,399,368		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/30/2023 3:00 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
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		31.03
31.04	03102	BURN INTENSIVE CARE UNIT		31.04
32.00	03200	CORONARY CARE UNIT		32.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.111378	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.448870	52.00
53.00	05300	ANESTHESIOLOGY	0.011626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115637	54.00
54.01	05401	PET SCAN	0.070361	54.01
56.00	05600	RADIOISOTOPE	0.046298	56.00
57.00	05700	CT SCAN	0.026097	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.112601	60.00
65.00	06500	RESPIRATORY THERAPY	0.102296	65.00
66.00	06600	PHYSICAL THERAPY	0.198074	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.037179	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2.243055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.128796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.065746	73.00
74.00	07400	RENAL DIALYSIS	0.338811	74.00
76.00	03140	CARDIAC CATH LAB	0.056980	76.00
76.01	03050	SLEEP LAB	0.009163	76.01
76.02	03950	CARDIAC REHAB	0.516327	76.02
76.03	03020	WOUND CARE	1.605396	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.831299	90.00
91.00	09100	EMERGENCY	0.107483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.349215	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.538070	95.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0.000000	105.00
106.00	10600	HEART ACQUISITION	1.558005	106.00
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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet C
Part II
Date/Time Prepared:
11/30/2023 3:00 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	66,673,967	10,786,976	55,886,991	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,769,752	78,789	4,690,963	0	0	52.00
53.00	05300	ANESTHESIOLOGY	823,452	34,308	789,144	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,032,104	1,819,362	17,212,742	0	0	54.00
54.01	05401	PET SCAN	444,189	99,889	344,300	0	0	54.01
56.00	05600	RADIOISOTOPE	1,495,455	378,425	1,117,030	0	0	56.00
57.00	05700	CT SCAN	4,324,743	286,526	4,038,217	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	31,734,084	2,308,918	29,425,166	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	10,712,795	774,207	9,938,588	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,538,376	1,240,909	8,297,467	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,568,100	317,011	3,251,089	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,343,453	106,872	3,236,581	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,755,653	156,371	6,599,282	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,065,675	1,261,690	62,803,985	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,129,178	1,222,267	40,906,911	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,546,301	519,935	4,026,366	0	0	74.00
76.00	03140	CARDIAC CATH LAB	8,880,854	710,096	8,170,758	0	0	76.00
76.01	03050	SLEEP LAB	513,521	111,179	402,342	0	0	76.01
76.02	03950	CARDIAC REHAB	2,336,083	876,401	1,459,682	0	0	76.02
76.03	03020	WOUND CARE	1,915,772	365,871	1,549,901	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,908,101	1,983,429	3,924,672	0	0	90.00
91.00	09100	EMERGENCY	19,480,431	2,197,818	17,282,613	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,191,778	1,456,527	8,735,251	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,469,820	178,117	7,291,703	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,022,956	288,689	1,734,267	0	0	106.00
200.00		Subtotal (sum of lines 50 thru 199)	332,676,593	29,560,582	303,116,011	0	0	200.00
201.00		Less Observation Beds	10,191,778	1,456,527	8,735,251	0	0	201.00
202.00		Total (line 200 minus line 201)	322,484,815	28,104,055	294,380,760	0	0	202.00

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

Provider CCN: 15-0017

Period: From 07/01/2022 To 06/30/2023

Worksheet C Part II Date/Time Prepared: 11/30/2023 3:00 pm

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
			6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	66,673,967	598,625,897	0.111378		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,769,752	10,626,123	0.448870		52.00
53.00	05300	ANESTHESIOLOGY	823,452	70,831,396	0.011626		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,032,104	164,584,657	0.115637		54.00
54.01	05401	PET SCAN	444,189	6,313,010	0.070361		54.01
56.00	05600	RADIOISOTOPE	1,495,455	32,300,947	0.046298		56.00
57.00	05700	CT SCAN	4,324,743	165,719,965	0.026097		57.00
58.00	05800	MRI	0	0	0.000000		58.00
60.00	06000	LABORATORY	31,734,084	281,827,407	0.112601		60.00
65.00	06500	RESPIRATORY THERAPY	10,712,795	104,723,823	0.102296		65.00
66.00	06600	PHYSICAL THERAPY	9,538,376	48,155,633	0.198074		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,568,100	95,971,610	0.037179		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,343,453	1,490,580	2.243055		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,755,653	78,855,953	0.085671		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,065,675	497,420,191	0.128796		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,129,178	640,790,073	0.065746		73.00
74.00	07400	RENAL DIALYSIS	4,546,301	13,418,402	0.338811		74.00
76.00	03140	CARDIAC CATH LAB	8,880,854	155,858,411	0.056980		76.00
76.01	03050	SLEEP LAB	513,521	56,044,875	0.009163		76.01
76.02	03950	CARDIAC REHAB	2,336,083	4,524,424	0.516327		76.02
76.03	03020	WOUND CARE	1,915,772	1,193,333	1.605396		76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,908,101	7,107,071	0.831299		90.00
91.00	09100	EMERGENCY	19,480,431	181,241,507	0.107483		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,191,778	29,184,827	0.349215		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,469,820	13,882,605	0.538070		95.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600	HEART ACQUISITION	2,022,956	1,298,427	1.558005		106.00
200.00		Subtotal (sum of lines 50 thru 199)	332,676,593	3,261,991,147			200.00
201.00		Less Observation Beds	10,191,778	0			201.00
202.00		Total (line 200 minus line 201)	322,484,815	3,261,991,147			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	--

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,186,999	0	11,186,999	70,708	158.21	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	1,152,397		1,152,397	2,704	426.18	31.02
31.03	CARDIO INTENSIVE CARE UNIT	4,430,246		4,430,246	18,970	233.54	31.03
31.04	BURN INTENSIVE CARE UNIT	680,463		680,463	999	681.14	31.04
32.00	CORONARY CARE UNIT	1,619,485		1,619,485	1,025	1,579.99	32.00
43.00	NURSERY	73,288		73,288	1,295	56.59	43.00
200.00	Total (lines 30 through 199)	19,142,878		19,142,878	95,701		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	15,776	2,495,921				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				31.01
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				31.02
31.03	CARDIO INTENSIVE CARE UNIT	4,599	1,074,050				31.03
31.04	BURN INTENSIVE CARE UNIT	127	86,505				31.04
32.00	CORONARY CARE UNIT	284	448,717				32.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	20,786	4,105,193				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/30/2023 3:00 pm
--	--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,786,976	598,625,897	0.018020	89,120,387	1,605,949	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	78,789	10,626,123	0.007415	44,761	332	52.00
53.00	05300 ANESTHESIOLOGY	34,308	70,831,396	0.000484	9,675,954	4,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,819,362	164,584,657	0.011054	16,194,224	179,011	54.00
54.01	05401 PET SCAN	99,889	6,313,010	0.015823	14,328	227	54.01
56.00	05600 RADIOISOTOPE	378,425	32,300,947	0.011716	1,565,740	18,344	56.00
57.00	05700 CT SCAN	286,526	165,719,965	0.001729	17,655,343	30,526	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	2,308,918	281,827,407	0.008193	44,461,645	364,274	60.00
65.00	06500 RESPIRATORY THERAPY	774,207	104,723,823	0.007393	23,819,585	176,098	65.00
66.00	06600 PHYSICAL THERAPY	1,240,909	48,155,633	0.025769	8,929,115	230,094	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	317,011	95,971,610	0.003303	12,650,304	41,784	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	106,872	1,490,580	0.071698	229,531	16,457	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	156,371	78,855,953	0.001983	15,510,720	30,758	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,261,690	497,420,191	0.002536	94,711,006	240,187	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,222,267	640,790,073	0.001907	85,489,967	163,029	73.00
74.00	07400 RENAL DIALYSIS	519,935	13,418,402	0.038748	3,860,830	149,599	74.00
76.00	03140 CARDIAC CATH LAB	710,096	155,858,411	0.004556	14,942,228	68,077	76.00
76.01	03050 SLEEP LAB	111,179	56,044,875	0.001984	3,970,944	7,878	76.01
76.02	03950 CARDIAC REHAB	876,401	4,524,424	0.193704	620,153	120,126	76.02
76.03	03020 WOUND CARE	365,871	1,193,333	0.306596	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,983,429	7,107,071	0.279078	77,507	21,630	90.00
91.00	09100 EMERGENCY	2,197,818	181,241,507	0.012126	11,953,402	144,947	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,456,527	29,184,827	0.049907	1,793,871	89,527	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	29,093,776	3,246,810,115		457,291,545	3,703,537	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/30/2023 3:00 pm
---	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital		PPS	
	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
	1A	1.00	2A	2.00	3.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	956,096	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	42,035	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	294,903	0	31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	15,530	0	31.04
32.00	03200	CORONARY CARE UNIT	0	0	0	15,934	0	32.00
43.00	04300	NURSERY	0	0	0	20,131	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	1,344,629	0	200.00

INPATIENT ROUTINE SERVICE COST CENTERS							
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		

30.00	03000	ADULTS & PEDIATRICS	0	956,096	70,708	13.52	15,776	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		42,035	2,704	15.55	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		294,903	18,970	15.55	4,599	31.03
31.04	03102	BURN INTENSIVE CARE UNIT		15,530	999	15.55	127	31.04
32.00	03200	CORONARY CARE UNIT		15,934	1,025	15.55	284	32.00
43.00	04300	NURSERY		20,131	1,295	15.55	0	43.00
200.00		Total (lines 30 through 199)		1,344,629	95,701		20,786	200.00

INPATIENT ROUTINE SERVICE COST CENTERS							
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
	9.00						

30.00	03000	ADULTS & PEDIATRICS	213,292					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0					31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	71,514					31.03
31.04	03102	BURN INTENSIVE CARE UNIT	1,975					31.04
32.00	03200	CORONARY CARE UNIT	4,416					32.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	291,197					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/30/2023 3:00 pm

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
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
54.01	05401	PET SCAN	0	0	0	0	0	54.01
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	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03020	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		124,482	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
200.00		Total (lines 50 through 199)	0	0	0	0	124,482	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	598,625,897	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,626,123	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	70,831,396	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	164,584,657	0.000000	54.00
54.01	05401	PET SCAN	0	0	0	6,313,010	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	32,300,947	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	165,719,965	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	281,827,407	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	104,723,823	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	48,155,633	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	95,971,610	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,490,580	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	78,855,953	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	497,420,191	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	640,790,073	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	13,418,402	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	155,858,411	0.000000	76.00
76.01	03050	SLEEP LAB	0	0	0	56,044,875	0.000000	76.01
76.02	03950	CARDIAC REHAB	0	0	0	4,524,424	0.000000	76.02
76.03	03020	WOUND CARE	0	0	0	1,193,333	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,107,071	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	181,241,507	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	124,482	124,482	29,184,827	0.004265	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	124,482	124,482	3,246,810,115		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/30/2023 3:00 pm

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	89,120,387	0	32,466,271	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	44,761	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	9,675,954	0	4,009,721	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,194,224	0	14,711,552	0	54.00
54.01	05401 PET SCAN	0.000000	14,328	0	916,098	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	1,565,740	0	6,332,030	0	56.00
57.00	05700 CT SCAN	0.000000	17,655,343	0	12,577,001	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	44,461,645	0	8,810,106	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	23,819,585	0	652,932	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	8,929,115	0	96,980	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,650,304	0	9,781,620	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	229,531	0	22,761	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	15,510,720	0	3,121,578	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	94,711,006	0	27,990,736	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	85,489,967	0	28,722,376	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	3,860,830	0	171,100	0	74.00
76.00	03140 CARDIAC CATH LAB	0.000000	14,942,228	0	21,072,145	0	76.00
76.01	03050 SLEEP LAB	0.000000	3,970,944	0	7,569,574	0	76.01
76.02	03950 CARDIAC REHAB	0.000000	620,153	0	428,234	0	76.02
76.03	03020 WOUND CARE	0.000000	0	0	104,129	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	77,507	0	1,162,822	0	90.00
91.00	09100 EMERGENCY	0.000000	11,953,402	0	10,413,312	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.004265	1,793,871	7,651	1,659,926	7,080	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		457,291,545	7,651	192,793,004	7,080	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	--

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.111378	32,466,271	0	0	3,616,028	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.448870	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.011626	4,009,721	0	0	46,617	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115637	14,711,552	0	0	1,701,200	54.00
54.01	05401 PET SCAN	0.070361	916,098	0	0	64,458	54.01
56.00	05600 RADIOISOTOPE	0.046298	6,332,030	0	0	293,160	56.00
57.00	05700 CT SCAN	0.026097	12,577,001	0	0	328,222	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.112601	8,810,106	7,155	0	992,027	60.00
65.00	06500 RESPIRATORY THERAPY	0.102296	652,932	0	0	66,792	65.00
66.00	06600 PHYSICAL THERAPY	0.198074	96,980	0	0	19,209	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.037179	9,781,620	0	0	363,671	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2.243055	22,761	0	0	51,054	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.085671	3,121,578	0	0	267,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.128796	27,990,736	0	0	3,605,095	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065746	28,722,376	2,625	26,311	1,888,381	73.00
74.00	07400 RENAL DIALYSIS	0.338811	171,100	0	0	57,971	74.00
76.00	03140 CARDIAC CATH LAB	0.056980	21,072,145	0	0	1,200,691	76.00
76.01	03050 SLEEP LAB	0.009163	7,569,574	0	0	69,360	76.01
76.02	03950 CARDIAC REHAB	0.516327	428,234	0	0	221,109	76.02
76.03	03020 WOUND CARE	1.605396	104,129	0	0	167,168	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.831299	1,162,822	0	295	966,653	90.00
91.00	09100 EMERGENCY	0.107483	10,413,312	0	0	1,119,254	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.349215	1,659,926	0	0	579,671	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.538070		0			95.00
200.00	Subtotal (see instructions)		192,793,004	9,780	26,606	17,685,220	200.00
201.00	Less PBP Clinic Lab. Services-Program Only charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		192,793,004	9,780	26,606	17,685,220	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/30/2023 3:00 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
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
54.01	05401	PET SCAN	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	806	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173	1,730	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0	0	76.00
76.01	03050	SLEEP LAB	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	76.02
76.03	03020	WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	245	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	979	1,975	200.00
201.00		Less PBP Clinic Lab. Services-Program Only charges	0		201.00
202.00		Net Charges (line 200 - line 201)	979	1,975	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,186,999	0	11,186,999	70,708	158.21	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	1,152,397		1,152,397	2,704	426.18	31.02	
31.03	CARDIO INTENSIVE CARE UNIT	4,430,246		4,430,246	18,970	233.54	31.03	
31.04	BURN INTENSIVE CARE UNIT	680,463		680,463	999	681.14	31.04	
32.00	CORONARY CARE UNIT	1,619,485		1,619,485	1,025	1,579.99	32.00	
43.00	NURSERY	73,288		73,288	1,295	56.59	43.00	
200.00	Total (lines 30 through 199)	19,142,878		19,142,878	95,701		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,306	364,832					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					31.01
31.02	NEONATAL INTENSIVE CARE UNIT	249	106,119					31.02
31.03	CARDIO INTENSIVE CARE UNIT	359	83,841					31.03
31.04	BURN INTENSIVE CARE UNIT	0	0					31.04
32.00	CORONARY CARE UNIT	5	7,900					32.00
43.00	NURSERY	1,201	67,965					43.00
200.00	Total (lines 30 through 199)	4,120	630,657					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/30/2023 3:00 pm
--	--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,786,976	598,625,897	0.018020	6,544,614	117,934	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	78,789	10,626,123	0.007415	1,789,777	13,271	52.00
53.00	05300 ANESTHESIOLOGY	34,308	70,831,396	0.000484	815,174	395	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,819,362	164,584,657	0.011054	2,000,608	22,115	54.00
54.01	05401 PET SCAN	99,889	6,313,010	0.015823	0	0	54.01
56.00	05600 RADIOISOTOPE	378,425	32,300,947	0.011716	101,420	1,188	56.00
57.00	05700 CT SCAN	286,526	165,719,965	0.001729	2,009,757	3,475	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	2,308,918	281,827,407	0.008193	6,470,945	53,016	60.00
65.00	06500 RESPIRATORY THERAPY	774,207	104,723,823	0.007393	4,274,436	31,601	65.00
66.00	06600 PHYSICAL THERAPY	1,240,909	48,155,633	0.025769	748,269	19,282	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	317,011	95,971,610	0.003303	1,003,410	3,314	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	106,872	1,490,580	0.071698	51,356	3,682	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	156,371	78,855,953	0.001983	1,733,115	3,437	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,261,690	497,420,191	0.002536	3,529,596	8,951	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,222,267	640,790,073	0.001907	12,709,666	24,237	73.00
74.00	07400 RENAL DIALYSIS	519,935	13,418,402	0.038748	300,086	11,628	74.00
76.00	03140 CARDIAC CATH LAB	710,096	155,858,411	0.004556	1,165,888	5,312	76.00
76.01	03050 SLEEP LAB	111,179	56,044,875	0.001984	410,306	814	76.01
76.02	03950 CARDIAC REHAB	876,401	4,524,424	0.193704	24,216	4,691	76.02
76.03	03020 WOUND CARE	365,871	1,193,333	0.306596	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,983,429	7,107,071	0.279078	80,672	22,514	90.00
91.00	09100 EMERGENCY	2,197,818	181,241,507	0.012126	1,596,245	19,356	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,456,527	29,184,827	0.049907	185,687	9,267	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	29,093,776	3,246,810,115		47,545,243	379,480	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part III Date/Time Prepared: 11/30/2023 3:00 pm		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	956,096	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	42,035	0	31.02	
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	0	0	294,903	0	31.03	
31.04	03102	BURN INTENSIVE CARE UNIT	0	0	0	15,530	0	31.04	
32.00	03200	CORONARY CARE UNIT	0	0	0	15,934	0	32.00	
43.00	04300	NURSERY	0	0	0	20,131	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	1,344,629	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	956,096	70,708	13.52	2,306	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT		42,035	2,704	15.55	249	31.02	
31.03	03101	CARDIO INTENSIVE CARE UNIT		294,903	18,970	15.55	359	31.03	
31.04	03102	BURN INTENSIVE CARE UNIT		15,530	999	15.55	0	31.04	
32.00	03200	CORONARY CARE UNIT		15,934	1,025	15.55	5	32.00	
43.00	04300	NURSERY		20,131	1,295	15.55	1,201	43.00	
200.00		Total (lines 30 through 199)		1,344,629	95,701		4,120	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	31,177						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0						31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,872						31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	5,582						31.03
31.04	03102	BURN INTENSIVE CARE UNIT	0						31.04
32.00	03200	CORONARY CARE UNIT	78						32.00
43.00	04300	NURSERY	18,676						43.00
200.00		Total (lines 30 through 199)	59,385						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	54.01
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	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	0	0	76.00
76.01	03050	SLEEP LAB	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03020	WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		124,482	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
200.00		Total (lines 50 through 199)	0	0	0	0	124,482	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet D
Part IV
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	598,625,897	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,626,123	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	70,831,396	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	164,584,657	0.000000	54.00
54.01	05401	PET SCAN	0	0	0	6,313,010	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	32,300,947	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	165,719,965	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	281,827,407	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	104,723,823	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	48,155,633	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	95,971,610	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,490,580	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	78,855,953	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	497,420,191	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	640,790,073	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	13,418,402	0.000000	74.00
76.00	03140	CARDIAC CATH LAB	0	0	0	155,858,411	0.000000	76.00
76.01	03050	SLEEP LAB	0	0	0	56,044,875	0.000000	76.01
76.02	03950	CARDIAC REHAB	0	0	0	4,524,424	0.000000	76.02
76.03	03020	WOUND CARE	0	0	0	1,193,333	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,107,071	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	181,241,507	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	124,482	124,482	29,184,827	0.004265	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	124,482	124,482	3,246,810,115		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,544,614	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,789,777	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	815,174	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,000,608	0	0	0	54.00
54.01	05401 PET SCAN	0.000000	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	101,420	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	2,009,757	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	6,470,945	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,274,436	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	748,269	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,003,410	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	51,356	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,733,115	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,529,596	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	12,709,666	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	300,086	0	0	0	74.00
76.00	03140 CARDIAC CATH LAB	0.000000	1,165,888	0	0	0	76.00
76.01	03050 SLEEP LAB	0.000000	410,306	0	0	0	76.01
76.02	03950 CARDIAC REHAB	0.000000	24,216	0	0	0	76.02
76.03	03020 WOUND CARE	0.000000	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	80,672	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	1,596,245	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.004265	185,687	792	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		47,545,243	792	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	--

		Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.111378	0	2,226,295	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.448870	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.011626	0	298,576	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115637	0	1,332,792	0	0	54.00
54.01	05401 PET SCAN	0.070361	0	68,396	0	0	54.01
56.00	05600 RADIOISOTOPE	0.046298	0	185,764	0	0	56.00
57.00	05700 CT SCAN	0.026097	0	2,168,996	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.112601	0	2,092,828	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.102296	0	123,532	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.198074	0	991,628	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.037179	0	634,372	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2.243055	0	15,264	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.085671	0	188,493	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.128796	0	1,183,590	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065746	0	8,428,453	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.338811	0	46,395	0	0	74.00
76.00	03140 CARDIAC CATH LAB	0.056980	0	575,360	0	0	76.00
76.01	03050 SLEEP LAB	0.009163	0	267,283	0	0	76.01
76.02	03950 CARDIAC REHAB	0.516327	0	26,460	0	0	76.02
76.03	03020 WOUND CARE	1.605396	0	14,967	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.831299	0	129,965	0	0	90.00
91.00	09100 EMERGENCY	0.107483	0	4,185,722	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.349215	0	688,213	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.538070	0	558,483			95.00
200.00	Subtotal (see instructions)		0	26,431,827	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	26,431,827	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/30/2023 3:00 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	247,960	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,471	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	154,120	0	54.00
54.01	05401 PET SCAN	4,812	0	54.01
56.00	05600 RADIOISOTOPE	8,601	0	56.00
57.00	05700 CT SCAN	56,604	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	235,655	0	60.00
65.00	06500 RESPIRATORY THERAPY	12,637	0	65.00
66.00	06600 PHYSICAL THERAPY	196,416	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	23,585	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	34,238	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,148	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	152,442	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	554,137	0	73.00
74.00	07400 RENAL DIALYSIS	15,719	0	74.00
76.00	03140 CARDIAC CATH LAB	32,784	0	76.00
76.01	03050 SLEEP LAB	2,449	0	76.01
76.02	03950 CARDIAC REHAB	13,662	0	76.02
76.03	03020 WOUND CARE	24,028	0	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	108,040	0	90.00
91.00	09100 EMERGENCY	449,894	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	240,334	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	300,503		95.00
200.00	Subtotal (see instructions)	2,888,239	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only charges	0		201.00
202.00	Net Charges (line 200 - line 201)	2,888,239	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/30/2023 3:00 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)		70,708	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,708	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)		61,502	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)		15,776	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)		78,279,118	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)		78,279,118	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)		78,279,118	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)		1,107.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,465,294	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)		17,465,294	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/30/2023 3:00 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	6,456,626	2,704	2,387.81	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	41,587,631	18,970	2,192.28	4,599	10,082,296	43.03
43.04	BURN INTENSIVE CARE UNIT	4,195,891	999	4,200.09	127	533,411	43.04
44.00	CORONARY CARE UNIT	13,546,518	1,025	13,216.12	284	3,753,378	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					46,302,008	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)					78,136,387	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)					4,396,390	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,711,188	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,107,578	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					70,028,809	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/30/2023 3:00 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,206	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,107.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,191,778	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,186,999	78,279,118	0.142912	10,191,778	1,456,527	90.00
91.00	Nursing Program cost	0	78,279,118	0.000000	10,191,778	0	91.00
92.00	Allied health cost	956,096	78,279,118	0.012214	10,191,778	124,482	92.00
93.00	All other Medical Education	0	78,279,118	0.000000	10,191,778	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/30/2023 3:00 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)		70,708	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,708	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)		61,502	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,306	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)		1,295	15.00
16.00	Nursery days (title V or XIX only)		1,201	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)		78,279,118	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)		78,279,118	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)		78,279,118	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)		1,107.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,552,926	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)		2,552,926	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/30/2023 3:00 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1,063,823	1,295	821.48	1,201	986,597	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	6,456,626	2,704	2,387.81	249	594,565	43.02
43.03	CARDIO INTENSIVE CARE UNIT	41,587,631	18,970	2,192.28	359	787,029	43.03
43.04	BURN INTENSIVE CARE UNIT	4,195,891	999	4,200.09	0	0	43.04
44.00	CORONARY CARE UNIT	13,546,518	1,025	13,216.12	5	66,081	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					5,223,405	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)					10,210,603	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)					690,042	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					380,272	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,070,314	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,140,289	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/30/2023 3:00 pm	
		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,206	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,107.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,191,778	89.00
	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,186,999	78,279,118	0.142912	10,191,778	1,456,527	90.00
91.00	Nursing Program cost	0	78,279,118	0.000000	10,191,778	0	91.00
92.00	Allied health cost	956,096	78,279,118	0.012214	10,191,778	124,482	92.00
93.00	All other Medical Education	0	78,279,118	0.000000	10,191,778	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	--

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		40,978,117		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		0		31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		25,366,339		31.03
31.04	03102 BURN INTENSIVE CARE UNIT		1,237,719		31.04
32.00	03200 CORONARY CARE UNIT		1,549,016		32.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.111378	89,120,387	9,926,050	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.448870	44,761	20,092	52.00
53.00	05300 ANESTHESIOLOGY	0.011626	9,675,954	112,493	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115637	16,194,224	1,872,651	54.00
54.01	05401 PET SCAN	0.070361	14,328	1,008	54.01
56.00	05600 RADIOISOTOPE	0.046298	1,565,740	72,491	56.00
57.00	05700 CT SCAN	0.026097	17,655,343	460,751	57.00
58.00	05800 MRI	0.000000	0	0	58.00
60.00	06000 LABORATORY	0.112601	44,461,645	5,006,426	60.00
65.00	06500 RESPIRATORY THERAPY	0.102296	23,819,585	2,436,648	65.00
66.00	06600 PHYSICAL THERAPY	0.198074	8,929,115	1,768,626	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.037179	12,650,304	470,326	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2.243055	229,531	514,851	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.085671	15,510,720	1,328,819	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.128796	94,711,006	12,198,399	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065746	85,489,967	5,620,623	73.00
74.00	07400 RENAL DIALYSIS	0.338811	3,860,830	1,308,092	74.00
76.00	03140 CARDIAC CATH LAB	0.056980	14,942,228	851,408	76.00
76.01	03050 SLEEP LAB	0.009163	3,970,944	36,386	76.01
76.02	03950 CARDIAC REHAB	0.516327	620,153	320,202	76.02
76.03	03020 WOUND CARE	1.605396	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.831299	77,507	64,431	90.00
91.00	09100 EMERGENCY	0.107483	11,953,402	1,284,788	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.349215	1,793,871	626,447	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		457,291,545	46,302,008	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)		457,291,545		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/30/2023 3:00 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		5,057,281		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		1,373,464		31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		5,145,691		31.03
31.04	03102 BURN INTENSIVE CARE UNIT		417,753		31.04
32.00	03200 CORONARY CARE UNIT		59,422		32.00
43.00	04300 NURSERY		341,342		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.111378	6,544,614	728,926	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.448870	1,789,777	803,377	52.00
53.00	05300 ANESTHESIOLOGY	0.011626	815,174	9,477	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115637	2,000,608	231,344	54.00
54.01	05401 PET SCAN	0.070361	0	0	54.01
56.00	05600 RADIOISOTOPE	0.046298	101,420	4,696	56.00
57.00	05700 CT SCAN	0.026097	2,009,757	52,449	57.00
58.00	05800 MRI	0.000000	0	0	58.00
60.00	06000 LABORATORY	0.112601	6,470,945	728,635	60.00
65.00	06500 RESPIRATORY THERAPY	0.102296	4,274,436	437,258	65.00
66.00	06600 PHYSICAL THERAPY	0.198074	748,269	148,213	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.037179	1,003,410	37,306	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2.243055	51,356	115,194	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.085671	1,733,115	148,478	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.128796	3,529,596	454,598	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.065746	12,709,666	835,610	73.00
74.00	07400 RENAL DIALYSIS	0.338811	300,086	101,672	74.00
76.00	03140 CARDIAC CATH LAB	0.056980	1,165,888	66,432	76.00
76.01	03050 SLEEP LAB	0.009163	410,306	3,760	76.01
76.02	03950 CARDIAC REHAB	0.516327	24,216	12,503	76.02
76.03	03020 WOUND CARE	1.605396	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.831299	80,672	67,063	90.00
91.00	09100 EMERGENCY	0.107483	1,596,245	171,569	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.349215	185,687	64,845	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		47,545,243	5,223,405	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)		47,545,243		202.00

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

Provider CCN: 15-0017

Period: From 07/01/2022 To 06/30/2023

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2023 3:00 pm

Cost Center Description		Heart	Hospital	PPS			
Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,107.08	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0.00	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	0.00	0.00	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	2,387.81	0.00	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	2,192.28	4.00	8,769	2.03
2.04	BURN INTENSIVE CARE UNIT	43.04	0	4,200.09	0.00	0	2.04
3.00	CORONARY CARE UNIT	44.00	0	13,216.12	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		4.00	8,769	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.111378	449,630	50,079	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.448870	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.011626	34,037	396	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.115637	7,523	870	12.00	
12.01	PET SCAN	54.01	0.070361	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.046298	5,604	259	14.00	
15.00	CT SCAN	57.00	0.026097	31,130	812	15.00	
16.00	MRI	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.112601	76,376	8,600	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.102296	24,770	2,534	23.00	
24.00	PHYSICAL THERAPY	66.00	0.198074	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.037179	12,949	481	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	2.243055	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.085671	4,295	368	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.128796	6,643	856	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.065746	79,015	5,195	31.00	
32.00	RENAL DIALYSIS	74.00	0.338811	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	CARDIAC CATH LAB	76.00	0.056980	48,233	2,748	34.00	
34.01	SLEEP LAB	76.01	0.009163	0	0	34.01	
34.02	CARDIAC REHAB	76.02	0.516327	0	0	34.02	
34.03	WOUND CARE	76.03	1.605396	0	0	34.03	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.831299	0	0	37.00	
38.00	EMERGENCY	91.00	0.107483	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.349215	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			780,205	73,198	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0017 Component CCN:	Period: From 07/01/2022 To 06/30/2023	Worksheet D-4 Date/Time Prepared: 11/30/2023 3:00 pm
---	---	---	--

Cost Center Description	Heart		Hospital		PPS	
	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)

Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program

42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	4	0	43.03
43.04	BURN INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00

Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4		Organ Acquisition Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00	

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program

49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

Cost Center Description	Cost		Charges	
	Part A	Part B	Part A	Part B
	1.00	2.00	3.00	4.00

PART III - SUMMARY OF COSTS AND CHARGES

56.00	Routine and Ancillary from Part I	81,967		780,205		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,022,956		518,222		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (see instructions)	2,104,923		1,298,427		61.00

Cost Center Description	Usable Organs		Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)
	1.00	2.00	
62.00	10		62.00
63.00	5		63.00
64.00	0.500000		64.00

Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
65.00	1,052,462		649,214		65.00
66.00	13,293		0		66.00
67.00	1,039,169		649,214		67.00
68.00	0	0	0	0	68.00
69.00	1,039,169	0	649,214	0	69.00

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

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

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet D-4

Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description	Heart		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	0	4		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs (see instructions)		6		73.00
74.00	Total (sum of lines 70 through 73)	0	10		74.00
75.00	Organs Transplanted	0	6		75.00
76.00	Organs sold to other hospitals	0	0	0	76.00
77.00	Organs sold to OPOs	0	4	13,293	77.00
78.00	Organs sold to transplant hospitals	0	0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals	0	0	0	79.00
80.00	Organs sold outside the U.S.	0	0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs used for research	0	0	0	82.00
83.00	Unusable/Discarded organs (see instructions)	0	0		83.00
84.00	Total (see instructions)	0	10		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/30/2023 3:00 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)		13,249,709	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		37,125,144	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)		1,615,410	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,000,437	2.04
3.00	Managed Care Simulated Payments		64,904,499	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		369.86	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)		10.13	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).		4.60	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)		14.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		23.46	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)		14.73	12.00
13.00	Total allowable FTE count for the prior year.		20.01	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.		20.01	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.25	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		18.25	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.049343	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.039915	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039915	21.00
22.00	IME payment adjustment (see instructions)		1,086,586	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,399,990	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).		3.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.73	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)		3.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.008111	26.00
27.00	IME payments adjustment factor. (see instructions)		0.002163	27.00
28.00	IME add-on adjustment amount (see instructions)		108,961	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		140,388	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,195,547	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,540,378	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.86	31.00
32.00	Sum of lines 30 and 31		27.23	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.68	33.00
34.00	Disproportionate share adjustment (see instructions)		1,470,946	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/30/2023 3:00 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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,883,350	2,113,122	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	474,708	1,580,499	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,055,207		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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	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)	58,712,400		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		60,252,778	49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		4,712,493	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).		1,139,930	52.00
53.00	Nursing and Allied Health Managed Care payment		245,392	53.00
54.00	Special add-on payments for new technologies		117,386	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)		1,039,169	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).		291,197	57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		7,651	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,805,996	59.00
60.00	Primary payer payments		34,913	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,771,083	61.00
62.00	Deductibles billed to program beneficiaries		3,975,656	62.00
63.00	Coinsurance billed to program beneficiaries		233,566	63.00
64.00	Allowable bad debts (see instructions)		174,264	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		113,272	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,061	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,675,133	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	MSP PASS THROUGH RECONCILIATION		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)		0	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: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/30/2023 3:00 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)		63,675,133	71.00
71.01	Sequestration adjustment (see instructions)		1,273,503	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		62,586,307	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)		-184,677	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		9,928,263	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. I, 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	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	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. II, 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

		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 (cols. 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	13,249,709	13,249,708			13,249,708	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,125,144		37,125,144		37,125,144	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	1,615,410	965,707			965,707	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,000,437		2,728,233		2,728,233	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	64,904,499	0	64,904,499		64,904,499	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.039915	0.039915	0.039915			5.00
6.00	IME payment adjustment (see instructions)	22.00	1,086,586	285,796	800,790		1,086,586	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,399,990	0	1,399,990		1,399,990	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	0.002163	0.002163	0.002163			7.00
8.00	IME adjustment (see instructions)	28.00	108,961	28,659	80,302		108,961	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	140,388	0	140,388		140,388	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,195,547	314,455	881,092		1,195,547	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,540,378	0	1,540,378		1,540,378	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1168	0.1168	0.1168			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,470,946	386,892	1,084,054		1,470,946	11.00
11.01	Uncompensated care payments	36.00	2,055,207	474,708	1,580,499		2,055,207	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	58,712,400	15,391,470	43,320,930		58,712,400	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	60,252,778	15,391,470	44,861,308		60,252,778	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,712,493	6,019,423	-1,306,930		4,712,493	16.00
17.00	Special add-on payments for new technologies	54.00	117,386	75,475	41,911		117,386	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	-1	1		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0		0	18.00
19.00	SUBTOTAL			21,486,367	43,596,290		65,082,657	19.00

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	3,791,815	4,883,677	-1,091,862	3,791,815	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	609,370	734,797	-125,427	609,370	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	0.0255	0.0255	0.0255		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	96,691	124,533	-27,842	96,691	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0566	0.0566	0.0566		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	214,617	276,416	-61,799	214,617	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	4,712,493	6,019,423	-1,306,930	4,712,493	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	0	285,570	-285,570	0	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: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/30/2023 3:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,954	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,678,140	2.00
3.00	OPPS or REH payments		18,221,257	3.00
4.00	Outlier payment (see instructions)		35,132	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 from Wkst. D, Pt. IV, col. 13, line 200		7,080	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,954	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		36,386	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)		36,386	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)		36,386	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,432	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)		2,954	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)		18,263,469	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		43,085	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,020,419	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)		15,202,919	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		254,707	28.00
28.50	REH facility payment amount		0	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)		15,457,626	30.00
31.00	Primary payer payments		4,910	31.00
32.00	Subtotal (line 30 minus line 31)		15,452,716	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)		162,779	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		105,806	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,068	36.00
37.00	Subtotal (see instructions)		15,558,522	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-27	38.00
39.00	OTHER ADJUSTMENTS (PS&R ADJUSTMENT)		-13	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)		15,558,536	40.00
40.01	Sequestration adjustment (see instructions)		311,171	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		15,280,755	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-33,390	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/30/2023 3:00 pm
		Title XVIII	Hospital PPS
			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: 15-0017		Period: From 07/01/2022 To 06/30/2023		Worksheet E-1 Part I Date/Time Prepared: 11/30/2023 3:00 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		61,814,907		15,280,755	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	03/01/2023	771,400		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)		771,400		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)		62,586,307		15,280,755	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		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		184,677		33,390	6.02	
7.00	Total Medicare program liability (see instructions)		62,401,630		15,247,365	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: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/30/2023 3:00 pm
	Title XVIII	Hospital	PPS

	1.00
--	------

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days (see instructions)	2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days (see instructions)	4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2023 3:00 pm
		Title XIX	Hospital	PPS
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		2,888,239	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	2,888,239	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	2,888,239	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	47,545,243	26,431,827	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	47,545,243	26,431,827	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	47,545,243	26,431,827	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	47,545,243	23,543,588	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	2,888,239	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	60,177	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	60,177	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	60,177	2,888,239	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	60,177	2,888,239	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	60,177	2,888,239	36.00
37.00	PPS PAYMENT METHODOLOGY ADJUSTMENT	-60,177	-2,888,239	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/30/2023 3:00 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			4.60	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			13.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			23.46	6.00
7.00	Enter the lesser of line 5 or line 6			13.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	23.46	0.00	23.46	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if worksheet S-2, Part I, line 68, is "Y", see instructions.	13.55	0.00	13.55	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	13.55	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.52	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.52	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.20	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	16.20	0.00		17.00
18.00	Per resident amount	123,684.14	118,757.54		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	2,003,683	0	2,003,683	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.70	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.91	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.70	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			120,558.25	23.00
24.00	Multiply line 22 time line 23			446,066	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,449,749	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/30/2023 3:00 pm
--	-----------------------	---	--

		Title XVIII		Hospital	PPS	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	20,786	14,430	14,430		26.00
27.00	Total Inpatient Days (see instructions)	85,553	85,553	85,553		27.00
28.00	Ratio of inpatient days to total inpatient days	0.242961	0.168667	0.168667		28.00
29.00	Program direct GME amount	595,193	413,192	413,192	1,421,577	29.00
29.01	Percent reduction for MA DGME		3.26	3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		13,470	13,470	26,940	30.00
31.00	Net Program direct GME amount				1,394,637	31.00
					1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)						
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				13,418,402	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY						
Part A Reasonable Cost						
37.00	Reasonable cost (see instructions)				78,136,387	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)				1,039,169	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)				0	39.00
40.00	Primary payer payments (see instructions)				34,913	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				79,140,643	41.00
Part B Reasonable Cost						
42.00	Reasonable cost (see instructions)				17,688,174	42.00
43.00	Primary payer payments (see instructions)				4,910	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				17,683,264	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				96,823,907	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.817367	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.182633	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48.00	Total program GME payment (line 31)				1,394,637	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				1,139,930	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				254,707	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/30/2023 3:00 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: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet G

Date/Time Prepared:
11/30/2023 3:00 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	-5,665,226	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	130,285,488	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-25,263,963	0	0	0	6.00
7.00	Inventory	16,440,326	0	0	0	7.00
8.00	Prepaid expenses	6,040,312	0	0	0	8.00
9.00	Other current assets	1,766,168	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)	123,603,105	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,390,515	0	0	0	12.00
13.00	Land improvements	5,519,766	0	0	0	13.00
14.00	Accumulated depreciation	-3,276,856	0	0	0	14.00
15.00	Buildings	243,744,295	0	0	0	15.00
16.00	Accumulated depreciation	-76,094,308	0	0	0	16.00
17.00	Leasehold improvements	78,703,717	0	0	0	17.00
18.00	Accumulated depreciation	-31,828,913	0	0	0	18.00
19.00	Fixed equipment	16,138,472	0	0	0	19.00
20.00	Accumulated depreciation	-10,627,307	0	0	0	20.00
21.00	Automobiles and trucks	1,625,909	0	0	0	21.00
22.00	Accumulated depreciation	-1,485,113	0	0	0	22.00
23.00	Major movable equipment	109,587,001	0	0	0	23.00
24.00	Accumulated depreciation	-71,154,527	0	0	0	24.00
25.00	Minor equipment depreciable	33,633,884	0	0	0	25.00
26.00	Accumulated depreciation	-24,996,246	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)	283,880,289	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	22,489,052	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,489,052	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	429,972,446	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,436,215	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,724,140	0	0	0	38.00
39.00	Payroll taxes payable	-5,224	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,889,905	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-1,388,950,312	0	0	0	43.00
44.00	Other current liabilities	6,427,281	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-1,344,477,995	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	198,484	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,862,298	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,060,782	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-1,338,417,213	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,768,389,659				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)	1,768,389,659	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	429,972,446	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-1

Date/Time Prepared:
11/30/2023 3:00 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		1,741,763,194		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		26,626,465			2.00
3.00	Total (sum of line 1 and line 2)		1,768,389,659		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,768,389,659		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,768,389,659		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2023 3:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	168,592,068		168,592,068	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	168,592,068		168,592,068	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	12,265,263		12,265,263	11.02
11.03	CARDIO INTENSIVE CARE UNIT	109,211,001		109,211,001	11.03
11.04	BURN INTENSIVE CARE UNIT	9,667,242		9,667,242	11.04
12.00	CORONARY CARE UNIT	5,672,647		5,672,647	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	136,816,153		136,816,153	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	305,408,221		305,408,221	17.00
18.00	Ancillary services	1,821,641,808	1,208,933,328	3,030,575,136	18.00
19.00	Outpatient services	59,484,231	158,049,174	217,533,405	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	24,098	13,858,507	13,882,605	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	IP CONTRACTED HOSPICE	372,205	0	372,205	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	2,186,930,563	1,380,841,009	3,567,771,572	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		557,930,537		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)		557,930,537		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0017

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-3

Date/Time Prepared:
11/30/2023 3:00 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	3,567,771,572	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,987,704,652	2.00
3.00	Net patient revenues (line 1 minus line 2)	580,066,920	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	557,930,537	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,136,383	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	OTHER REVENUE	4,490,082	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	4,490,082	25.00
26.00	Total (line 5 plus line 25)	26,626,465	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)	26,626,465	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0017	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/30/2023 3:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,791,815	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		609,370	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)		238.03	3.00
4.00	Number of interns & residents (see instructions)		21.25	4.00
5.00	Indirect medical education percentage (see instructions)		2.55	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)		96,691	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		4.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.86	8.00
9.00	Sum of lines 7 and 8		27.23	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.66	10.00
11.00	Disproportionate share adjustment (see instructions)		214,617	11.00
12.00	Total prospective capital payments (see instructions)		4,712,493	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