

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: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/30/2024 3:06 pm
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2024 Time: 3:06 pm

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ESKENAZI HEALTH (15-0024) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
		1.00	2.00			
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	6,295,856	213,248	0	0
2.00	SUBPROVIDER - IPF	0	34,611	0	0	0
3.00	SUBPROVIDER - IRF	0	0	0	0	0
4.00	SUBPROVIDER (OTHER)	0	0	0	0	0
5.00	SWING BED - SNF	0	0	0	0	0
6.00	SWING BED - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	TOTAL	0	6,330,467	213,248	0	0

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: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 3:06 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 720 ESKENAZI AVENUE			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARION			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ESKENAZI HEALTH	150024	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		PSYCHIATRIC UNIT	15S024	26900	4	01/01/1984	N	P	P	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
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2023	12/31/2023		20.00	
21.00	Type of Control (see instructions)						9			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	Y		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: 15-0024			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 3:06 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.	20,486	1,922	26	124	29,365	824	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	

60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	

61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	

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

						1.00
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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
62.01	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
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: 15-0024

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

Worksheet S-2
Part I
Date/Time Prepared:
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	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. 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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. 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	152.22	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)	FAMILY MED, INTERNAL MED, PEDIATRICS	1350, 1400, 1408, 1450, 2000	0.00	60.55	0.000000	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 3:06 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.	Y	Y			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	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.	Y	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.	Y	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.	Y	Y			98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)					107.01	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00	
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N	111.00	
					1.00	2.00	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.		Y			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.			2		118.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 3:06 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	1	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.		Y	N
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			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: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 3:06 pm		
							1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
161.10	CORF		N	N	N	N	161.10	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 3:06 pm		
		Y/N	Date					
		1.00	2.00					
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE								
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.								
COMPLETED BY ALL HOSPITALS								
Provider Organization and Operation								
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00	
		Y/N	Date					
		1.00	2.00					
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00	
		Y/N	Type					
		1.00	2.00					
Financial Data and Reports								
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00	
		Y/N	Legal Oper.					
		1.00	2.00					
Approved Educational Activities								
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00	
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y					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.					N	15.00	
		Part A		Part B				
		Y/N	Date	Y/N	Date			
		1.00	2.00	3.00	4.00			
PS&R Data								
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2019	Y	04/30/2019		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.	Y		Y			18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 3:06 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	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.	LESLIE		MALLORY	41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3786		LESLIE.MALLORY@ESKENAZIHEALTH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0024

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2024 3:06 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 OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	194	70,810	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)		194	70,810	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	34.01	33	12,045	0.00	0	11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		314	114,610	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	30	10,950		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		344				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)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,079	11,750	48,271		1.00
2.00	HMO and other (see instructions)	13,964	28,280			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)	5,079	11,750	48,271		7.00
8.00	INTENSIVE CARE UNIT	2,487	2,885	20,309		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	168	322	3,036		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0	2,397	6,168		11.01
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		6,289	6,566		13.00
14.00	Total (see instructions)	7,734	23,643	84,350	201.79	4,379.00
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF	1,363	1,286	10,023	0.95	58.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00
21.00	OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00
24.00	HOSPICE	0	0	0	0.00	0.00
24.10	HOSPICE (non-distinct part)	0	0	0		24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				202.74	4,437.00
28.00	Observation Bed Days		3,547	9,393		28.00
29.00	Ambulance Trips	11,540				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	824	1,615		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,253	3,288	15,140	1.00
2.00	HMO and other (see instructions)			1,988	4,633		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	NEONATAL INTENSIVE CARE UNIT						11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	5.00	0	1,253	3,288	15,140	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	113	522	1,066	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	5.00					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: 15-0024

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 3:06 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	366,051,042	0	366,051,042	9,227,258.83	39.67
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		2,048,987	0	2,048,987	26,939.01	76.06
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	16,117,324	16,117,324	419,724.66	38.40
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)		74,219,410	1,370,513	75,589,923	2,285,945.36	33.07
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		16,117,324	0	16,117,324	419,724.66	38.40
12.00	Contract labor: Top level management and other management and administrative services		675,281	0	675,281	2,080.00	324.65
13.00	Contract Labor: Physician-Part A - Administrative		5,414,069	0	5,414,069	42,009.08	128.88
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		10,157,485	0	10,157,485	258,821.71	39.25
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)		67,713,174	0	67,713,174		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		16,435,724	0	16,435,724		
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		615,674	0	615,674		
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)		3,705,218	0	3,705,218		
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: 15-0024

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 3:06 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	4,282,138	0	4,282,138	90,634.91	47.25	26.00
27.00	Administrative & General	65,821,973	0	65,821,973	1,742,185.31	37.78	27.00
28.00	Administrative & General under contract (see inst.)	5,339,551	0	5,339,551	61,704.28	86.53	28.00
29.00	Maintenance & Repairs	2,166,359	0	2,166,359	51,590.00	41.99	29.00
30.00	Operation of Plant	7,929,449	0	7,929,449	210,244.86	37.72	30.00
31.00	Laundry & Linen Service	296,359	0	296,359	11,946.28	24.81	31.00
32.00	Housekeeping	5,416,298	0	5,416,298	205,365.46	26.37	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	3,134,801	0	3,134,801	130,316.69	24.06	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	2,891,197	0	2,891,197	103,044.74	28.06	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,597,745	0	3,597,745	61,217.89	58.77	38.00
39.00	Central Services and Supply	730,861	0	730,861	27,118.29	26.95	39.00
40.00	Pharmacy	11,306,473	-498,298	10,808,175	200,839.79	53.81	40.00
41.00	Medical Records & Medical Records Library	3,957,442	0	3,957,442	107,339.28	36.87	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2024 3:06 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	369,341,606	-16,117,324	353,224,282	8,842,299.44	39.95	1.00
2.00	Excluded area salaries (see instructions)	74,219,410	1,370,513	75,589,923	2,285,945.36	33.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	295,122,196	-17,487,837	277,634,359	6,556,354.08	42.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,364,159	0	32,364,159	722,635.45	44.79	4.00
5.00	Subtotal wage-related costs (see inst.)	71,418,392	0	71,418,392	0.00	25.72	5.00
6.00	Total (sum of lines 3 thru 5)	398,904,747	-17,487,837	381,416,910	7,278,989.53	52.40	6.00
7.00	Total overhead cost (see instructions)	116,870,646	-498,298	116,372,348	3,003,547.78	38.74	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	11,765,240	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)	13,689,133	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	95,900	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)	34,876,953	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	80,953	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,660,015	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	778,929	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	21,489,362	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	52,290	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	275,797	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	84,764,572	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: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/30/2024 3:06 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 3:06 pm
				1.00
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.260815	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		279,680,774	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?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		77,278,299	5.00
6.00	Medicaid charges		1,114,150,318	6.00
7.00	Medicaid cost (line 1 times line 6)		290,587,115	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		1,586,136	9.00
10.00	Stand-alone CHIP charges		7,429,988	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		1,937,852	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		351,716	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 (see instructions)		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)		351,716	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	172,908,872	3,529,109	176,437,981
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	45,097,227	1,440,869	46,538,096
22.00	Payments received from patients for amounts previously written off as charity care	3,163	0	3,163
23.00	Cost of charity care (see instructions)	45,094,064	1,440,869	46,534,933
				1.00
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		2,825,058	25.01
26.00	Bad debt amount (see instructions)		77,691,874	26.00
27.00	Medicare reimbursable bad debts (see instructions)		784,643	27.00
27.01	Medicare allowable bad debts (see instructions)		1,207,144	27.01
28.00	Non-Medicare bad debt amount (see instructions)		76,484,730	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		20,370,866	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		66,905,799	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		67,257,515	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 3:06 pm
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				1.00		
PART II - HOSPITAL DATA						
Uncompensated and Indigent Care Cost-to-Charge Ratio						
1.00	Cost to charge ratio (see instructions)			0.259238	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid				2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid				5.00	
6.00	Medicaid charges				6.00	
7.00	Medicaid cost (line 1 times line 6)				7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)				8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP				9.00	
10.00	Stand-alone CHIP charges				10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)				11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)				12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)				13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)				14.00	
15.00	State or local indigent care program cost (line 1 times line 14)				15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)				16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care				17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations				18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)						
20.00	Charity care charges and uninsured discounts (see instructions)	172,397,418	3,524,935	175,922,353	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	44,691,962	1,432,239	46,124,201	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	3,163	0	3,163	22.00	
23.00	Cost of charity care (see instructions)	44,688,799	1,432,239	46,121,038	23.00	
				1.00		
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
25.01	Charges for insured patients' liability (see instructions)			2,825,058	25.01	
26.00	Bad debt amount (see instructions)			76,852,724	26.00	
27.00	Medicare reimbursable bad debts (see instructions)			750,640	27.00	
27.01	Medicare allowable bad debts (see instructions)			1,154,832	27.01	
28.00	Non-Medicare bad debt amount (see instructions)			75,697,892	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			20,027,962	29.00	
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			66,149,000	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			66,149,000	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		56,862,254	56,862,254	0	56,862,254	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,282,138	4,156,120	8,438,258	0	8,438,258	4.00
5.01 00540 NONPATIENT TELEPHONES	328,325	1,623,640	1,951,965	0	1,951,965	5.01
5.02 00560 PURCHASING RECEIVING AND STORES	4,284,489	4,960,843	9,245,332	0	9,245,332	5.02
5.03 00570 ADMINISTRATION	12,613,443	5,256,093	17,869,536	0	17,869,536	5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE	8,557,908	8,731,927	17,289,835	0	17,289,835	5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL	40,037,808	106,842,237	146,880,045	-18,378,877	128,501,168	5.05
6.00 00600 MAINTENANCE & REPAIRS	2,166,359	7,108,380	9,274,739	0	9,274,739	6.00
7.00 00700 OPERATION OF PLANT	7,929,449	20,502,096	28,431,545	0	28,431,545	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	296,359	1,836,451	2,132,810	0	2,132,810	8.00
9.00 00900 HOUSEKEEPING	5,416,298	3,837,618	9,253,916	0	9,253,916	9.00
10.00 01000 DIETARY	3,134,801	2,286,480	5,421,281	0	5,421,281	10.00
11.00 01100 CAFETERIA	2,891,197	2,692,012	5,583,209	0	5,583,209	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,597,745	2,815,179	6,412,924	0	6,412,924	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	730,861	1,908,448	2,639,309	0	2,639,309	14.00
15.00 01500 PHARMACY	11,306,473	40,997,537	52,304,010	-518,965	51,785,045	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,957,442	2,006,554	5,963,996	0	5,963,996	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	16,193,369	16,193,369	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	518,965	518,965	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	47,788,835	27,315,684	75,104,519	-2,859,486	72,245,033	30.00
31.00 03100 INTENSIVE CARE UNIT	17,312,031	12,249,653	29,561,684	-20,172	29,541,512	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	3,718,117	2,412,881	6,130,998	-40,497	6,090,501	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	4,821,504	3,068,594	7,890,098	-1,531	7,888,567	34.01
40.00 04000 SUBPROVIDER - IPF	4,651,062	1,790,211	6,441,273	505,777	6,947,050	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	3,787,666	3,787,666	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,120,720	36,937,499	48,058,219	-17,894,181	30,164,038	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	1,232,667	1,983,704	3,216,371	-16,461	3,199,910	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,351,378	11,585,840	21,937,218	-2,003,871	19,933,347	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	282,020	484,067	766,087	0	766,087	56.00
57.00 05700 CT SCAN	1,693,251	1,196,191	2,889,442	-428	2,889,014	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,382,940	15,690,700	22,073,640	-5,652	22,067,988	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,750,059	2,750,059	0	2,750,059	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	5,438,665	2,835,226	8,273,891	-60	8,273,831	65.00
65.01 03560 PULMONARY FUNCTION TESTING	396,300	179,624	575,924	0	575,924	65.01
66.00 06600 PHYSICAL THERAPY	5,125,681	2,038,440	7,164,121	-798,094	6,366,027	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,605,879	886,348	3,492,227	493,572	3,985,799	67.00
68.00 06800 SPEECH PATHOLOGY	977,323	382,311	1,359,634	191,201	1,550,835	68.00
69.00 06900 ELECTROCARDIOLOGY	1,048,451	569,166	1,617,617	0	1,617,617	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	891,113	891,113	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,059,590	19,059,590	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	277,639	277,639	73.00
73.01 07301 RETAIL PHARMACIES	7,346,802	59,393,700	66,740,502	0	66,740,502	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	0	1,825,330	1,825,330	0	1,825,330	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	8,008,657	3,546,991	11,555,648	-2,471,563	9,084,085	90.01
90.02	09002	OB/GYN CLINIC	1,163,810	635,447	1,799,257	260,946	2,060,203	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	638,220	667,519	1,305,739	251,511	1,557,250	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	2,454,362	3,680,976	6,135,338	654,480	6,789,818	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,568,043	1,602,997	3,171,040	834,534	4,005,574	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	399,279	531,177	930,456	45,697	976,153	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	91,727	166,553	258,280	12	258,292	90.17
90.18	09018	PSYCHIATRIC CLINIC	15,350,515	8,161,679	23,512,194	-1,270,842	22,241,352	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	143,705	61,128	204,833	1,516	206,349	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	334,255	351,814	686,069	52,409	738,478	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	75,116	36,745	111,861	3,077	114,938	90.24
90.25	09025	WOUND/OSTOMY CLINIC	218,278	73,637	291,915	7,037	298,952	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1,364,885	1,617,922	2,982,807	84,131	3,066,938	90.26
90.27	09027	TRANSGENDER CLINIC	549,932	374,597	924,529	37,162	961,691	90.27
91.00	09100	EMERGENCY	18,322,343	8,308,706	26,631,049	1,189,041	27,820,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	1,974,846	1,466,131	3,440,977	0	3,440,977	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	24,146,629	13,786,850	37,933,479	-28,368	37,905,111	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,629,323	505,069,966	825,699,289	-968,603	824,730,686	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	73,272	52,702	125,974	0	125,974	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,623	218,369	231,992	0	231,992	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	501,158	218,802	719,960	0	719,960	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2024 3:06 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	
193.05	19305	0	0	0	0	0	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	6,547,438	4,372,970	10,920,408	855,644	11,776,052	193.07
193.08	19308	7,525,053	5,018,629	12,543,682	0	12,543,682	193.08
193.09	19309	138,741	797,581	936,322	112,959	1,049,281	193.09
193.10	19310	2,682,817	1,131,731	3,814,548	0	3,814,548	193.10
193.11	19311	27,939,617	50,565,327	78,504,944	0	78,504,944	193.11
200.00		366,051,042	567,446,077	933,497,119	0	933,497,119	200.00
TOTAL (SUM OF LINES 118 through 199)							

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2024 3:06 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	7,784,239	64,646,493	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-34,178	8,404,080	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,951,965	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-22	9,245,310	5.02
5.03	00570	ADMINISTRATIVE	-452	17,869,084	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,715	17,286,120	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	28,050,419	156,551,587	5.05
6.00	00600	MAINTENANCE & REPAIRS	-4,593,665	4,681,074	6.00
7.00	00700	OPERATION OF PLANT	-1,466,677	26,964,868	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-15,005	2,117,805	8.00
9.00	00900	HOUSEKEEPING	0	9,253,916	9.00
10.00	01000	DIETARY	0	5,421,281	10.00
11.00	01100	CAFETERIA	-3,997,049	1,586,160	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-342,359	6,070,565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,639,309	14.00
15.00	01500	PHARMACY	-48,451	51,736,594	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-59,417	5,904,579	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	16,193,369	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	518,965	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,180,479	62,064,554	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,778,175	27,763,337	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-2,816	6,087,685	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-363,703	7,524,864	34.01
40.00	04000	SUBPROVIDER - IPF	-1,929,838	5,017,212	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	3,787,666	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	30,164,038	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	-555,335	2,644,575	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-40,146	19,893,201	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	766,087	56.00
57.00	05700	CT SCAN	0	2,889,014	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	22,067,988	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	2,750,059	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,273,831	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	575,924	65.01
66.00	06600	PHYSICAL THERAPY	-47,314	6,318,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,985,799	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,550,835	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,617,617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	891,113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,059,590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	277,639	73.00
73.01	07301	RETAIL PHARMACIES	-198,649	66,541,853	73.01
74.00	07400	RENAL DIALYSIS	0	1,825,330	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	6.00	7.00	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	-1,022,751	8,061,334	90.01
90.02	09002 OB/GYN CLINIC	-469,786	1,590,417	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	-144,883	1,412,367	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	-138,223	6,651,595	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	4,005,574	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	-1,419,010	-442,857	90.13
90.14	09014 URGENT VISITCLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	-140,308	117,984	90.17
90.18	09018 PSYCHIATRIC CLINIC	-5,233,244	17,008,108	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	206,349	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	738,478	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	-957	113,981	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	298,952	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	-737,484	2,329,454	90.26
90.27	09027 TRANSGENDER CLINIC	-33,410	928,281	90.27
91.00	09100 EMERGENCY	-2,831,144	24,988,946	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	-201,273	3,239,704	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-309,952	37,595,159	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	-2,505,212	822,225,474	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 RETAIL SPA	0	125,974	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	231,992	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	719,960	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	11,776,052	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	12,543,682	193.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet A Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
193.09	19309 DME	0	1,049,281	193.09
193.10	19310 PROFESSIONAL BILLING	0	3,814,548	193.10
193.11	19311 FQHC	-379,715	78,125,229	193.11
200.00	TOTAL (SUM OF LINES 118 through 199)	-2,884,927	930,612,192	200.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2024 3:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - INTERNS AND RESIDENTS EXPENSE					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	16,193,369	1.00
	O		0	16,193,369	
E - NON REIMBURSEABLE PSYCH PROGRAMS					
1.00	SUBPROVIDER - IPF	40.00	316,286	189,512	1.00
2.00	MIDTOWN NRCCS	193.07	535,052	320,592	2.00
	O		851,338	510,104	
G - THERAPY ADMINISTRATION RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	392,119	101,453	1.00
2.00	SPEECH PATHOLOGY	68.00	147,062	44,139	2.00
3.00	DME	193.09	20,877	92,082	3.00
	O		560,058	237,674	
I - SPECIALTY CLINIC ADMIN RECLASS					
1.00	OB/GYN CLINIC	90.02	134,883	64,121	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	151,718	72,124	2.00
3.00	SPECIALTY CLINIC	90.10	339,438	161,361	3.00
4.00	ENDOSCOPY CLINIC	90.12	495,551	235,575	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	23,770	11,300	5.00
6.00	DIETARY CLINIC	90.20	798	379	6.00
7.00	OP BURN CLINIC	90.22	28,197	13,404	7.00
8.00	PLASTICS CLINIC	90.24	1,671	795	8.00
9.00	WOUND/OSTOMY CLINIC	90.25	4,937	2,347	9.00
10.00	WCOE/SENIOR CARE CLINIC	90.26	46,956	22,322	10.00
11.00	TRANSGENDER CLINIC	90.27	19,253	9,153	11.00
	O		1,247,172	592,881	
K - PICC LINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	0	955,508	1.00
	O		0	955,508	
N - PHARMACY ED RECLASS					
1.00	PARAMED ED PRGM-PHARMACY	23.01	498,298	20,667	1.00
	O		498,298	20,667	
P - SUPPLY & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	891,113	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,059,590	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	277,639	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
	O		0	20,228,342	
Q - FAMILY BEGINNINGS					
1.00	NURSERY	43.00	2,726,427	1,061,239	1.00
	O		2,726,427	1,061,239	
R - HEALTH CONNECTIONS					
1.00	OB/GYN CLINIC	90.02	40,354	21,779	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	41,731	22,523	2.00
3.00	SPECIALTY CLINIC	90.10	102,957	55,567	3.00
4.00	ENDOSCOPY CLINIC	90.12	135,457	73,107	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	6,940	3,746	5.00
6.00	CHC CLINIC	90.17	8	4	6.00
7.00	PSYCHIATRIC CLINIC	90.18	58,842	31,758	7.00
8.00	DIETARY CLINIC	90.20	220	119	8.00
9.00	OP BURN CLINIC	90.22	7,034	3,797	9.00
10.00	PLASTICS CLINIC	90.24	397	214	10.00
11.00	WOUND/OSTOMY CLINIC	90.25	527	285	11.00

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2024 3:06 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00	WCOE/SENIOR CARE CLINIC	90.26	9,660	5,214		12.00
13.00	TRANSGENDER CLINIC	90.27	5,687	3,069		13.00
			409,814	221,182		
U - TRAUMA ONCALL						
1.00	EMERGENCY	91.00	0	1,230,000		1.00
			0	1,230,000		
500.00	Grand Total: Increases		6,293,107	41,250,966		500.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2024 3:06 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - INTERNS AND RESIDENTS EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	16,193,369	0		1.00
	0		0	16,193,369			
E - NON REIMBURSEABLE PSYCH PROGRAMS							
1.00	PSYCHIATRIC CLINIC	90.18	851,338	510,104	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		851,338	510,104			
G - THERAPY ADMINISTRATION RECLASS							
1.00	PHYSICAL THERAPY	66.00	560,058	237,674	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
	0		560,058	237,674			
I - SPECIALTY CLINIC ADMIN RECLASS							
1.00	MEDICINE CLINIC	90.01	1,247,172	592,881	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
5.00	0	0.00	0	0	0		5.00
6.00	0	0.00	0	0	0		6.00
7.00	0	0.00	0	0	0		7.00
8.00	0	0.00	0	0	0		8.00
9.00	0	0.00	0	0	0		9.00
10.00	0	0.00	0	0	0		10.00
11.00	0	0.00	0	0	0		11.00
	0		1,247,172	592,881			
K - PICC LINE EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	955,508	0		1.00
	0		0	955,508			
N - PHARMACY ED RECLASS							
1.00	PHARMACY	15.00	498,298	20,667	0		1.00
	0		498,298	20,667			
P - SUPPLY & IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	27,328	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	20,172	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	0	40,497	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,531	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	21	0		5.00
6.00	OPERATING ROOM	50.00	0	17,894,181	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	16,461	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,003,871	0		8.00
9.00	CT SCAN	57.00	0	428	0		9.00
10.00	LABORATORY	60.00	0	5,652	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	60	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	362	0		12.00
13.00	MEDICINE CLINIC	90.01	0	514	0		13.00
14.00	OB/GYN CLINIC	90.02	0	191	0		14.00
15.00	OPHTHALMOLOGY CLINIC	90.07	0	36,585	0		15.00
16.00	SPECIALTY CLINIC	90.10	0	4,843	0		16.00
17.00	ENDOSCOPY CLINIC	90.12	0	105,156	0		17.00
18.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	59	0		18.00
19.00	OP BURN CLINIC	90.22	0	23	0		19.00
20.00	WOUND/OSTOMY CLINIC	90.25	0	1,059	0		20.00
21.00	EMERGENCY	91.00	0	40,959	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	28,368	0		22.00
23.00	WCOE/SENIOR CARE CLINIC	90.26	0	21	0		23.00
	0		0	20,228,342			
Q - FAMILY BEGINNINGS							
1.00	ADULTS & PEDIATRICS	30.00	2,726,427	1,061,239	0		1.00
	0		2,726,427	1,061,239			
R - HEALTH CONNECTIONS							
1.00	MEDICINE CLINIC	90.01	409,814	221,182	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
5.00	0	0.00	0	0	0		5.00
6.00	0	0.00	0	0	0		6.00
7.00	0	0.00	0	0	0		7.00
8.00	0	0.00	0	0	0		8.00
9.00	0	0.00	0	0	0		9.00
10.00	0	0.00	0	0	0		10.00
11.00	0	0.00	0	0	0		11.00
12.00	0	0.00	0	0	0		12.00

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2024 3:06 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00		0.00	0	0	0	13.00
			409,814	221,182		
U - TRAUMA ONCALL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,230,000	0	1.00
			0	1,230,000		
500.00	Grand Total: Decreases		6,293,107	41,250,966		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2024 3:06 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	9,224,207	0	0	0	1.00
2.00	Land Improvements	84,377,902	852,390	0	852,390	2.00
3.00	Buildings and Fixtures	450,486,695	5,887,555	0	5,887,555	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	246,096,097	1,013,092	0	1,013,092	5.00
6.00	Movable Equipment	289,039,977	48,240,127	0	48,240,127	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,079,224,878	55,993,164	0	55,993,164	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,079,224,878	55,993,164	0	55,993,164	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,224,207	0			1.00
2.00	Land Improvements	84,958,153	0			2.00
3.00	Buildings and Fixtures	454,326,657	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	245,788,176	0			5.00
6.00	Movable Equipment	301,426,324	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,095,723,517	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,095,723,517	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2024 3:06 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	56,862,254	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	56,862,254	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	56,862,254				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	56,862,254				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2024 3:06 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	56,862,254	0	56,862,254	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	56,862,254	0	56,862,254	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	64,646,493	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	64,646,493	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	64,646,493	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	64,646,493	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-31,676,639				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	98,478,281				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 CABLE TV COSTS	A	-77,857	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.00
33.01 NON ALLOWABLE ADVERTISING	A	-16,160	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 NON ALLOWABLE ADVERTISING	A	-22	PURCHASING RECEIVING AND STORES		5.02	0 33.02
33.03 NON ALLOWABLE ADVERTISING	A	-2,820,683	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.03
33.04 NON ALLOWABLE ADVERTISING	A	-3,344	CASHIERING/ACCOUNTS RECEIVABLE		5.04	0 33.04
33.05 NON ALLOWABLE ADVERTISING	A	-8,139	CAFETERIA		11.00	0 33.05
33.06 NON ALLOWABLE ADVERTISING	A	-1,857	NURSING ADMIN STRATION		13.00	0 33.06
33.07 NON ALLOWABLE ADVERTISING	A	-670	PHARMACY		15.00	0 33.07
33.08 NON ALLOWABLE ADVERTISING	A	-2,816	BURN INTENSIVE CARE UNIT		33.00	0 33.08
33.09 NON ALLOWABLE ADVERTISING	A	-5,897	EMERGENCY		91.00	0 33.09
33.10 NON ALLOWABLE ADVERTISING	A	-11,295	AMBULANCE SERVICES		95.00	0 33.10
33.11 NON ALLOWABLE ADVERTISING	A	0			0.00	0 33.11
33.12 NON ALLOWABLE ADVERTISING	A	0			0.00	0 33.12
33.13 PARKING LOT	A	-1,675,203	CAP REL COSTS-BLDG & FIXT		1.00	9 33.13
33.14 PARKING LOT	A	-492,396	OPERATION OF PLANT		7.00	0 33.14
33.15 IUMG SERVICES	A	-129,352	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.15
33.16 IUMG SERVICES	A	-224,713	NURSING ADMIN STRATION		13.00	0 33.16
33.17 IUMG SERVICES	A	-10,075,622	ADULTS & PEDIATRICS		30.00	0 33.17
33.18 IUHP SERVICES	A	-1,778,175	INTENSIVE CARE UNIT		31.00	0 33.18
33.19 IUHP SERVICES	A	-363,703	NEONATAL INTENSIVE CARE UNIT		34.01	0 33.19
33.20 IUHP SERVICES	A	-1,274,759	SUBPROVIDER - IPF		40.00	0 33.20
33.21 IUHP SERVICES	A	-555,335	ANESTHESIOLOGY		53.00	0 33.21
33.22 IUHP SERVICES	A	-176,740	MEDICINE CLINIC		90.01	0 33.22
33.23 IUHP SERVICES	A	-469,786	OB/GYN CLINIC		90.02	0 33.23
33.24 IUMG SERVICES	A	-144,883	OPHTHALMOLOGY CLINIC		90.07	0 33.24
33.25 IUMG SERVICES	A	-138,223	SPECIALTY CLINIC		90.10	0 33.25
33.26 IUMG SERVICES	A	-1,419,010	OCCUPATIONAL THERAPY CLINIC		90.13	0 33.26
33.27 IUMG SERVICES	A	-140,308	CHC CLINIC		90.17	0 33.27
33.28 IUMG SERVICES	A	-105,679	PSYCHIATRIC CLINIC		90.18	0 33.28
33.29 IUMG SERVICES	A	-698,809	WCOE/SENIOR CARE CLINIC		90.26	0 33.29
33.30 IUMG SERVICES	A	-10,991	TRANSGENDER CLINIC		90.27	0 33.30
33.31 IUMG SERVICES	A	-1,201,994	EMERGENCY		91.00	0 33.31
33.32 IUMG SERVICES	A	-201,273	OBSERVATION BEDS (DISTINCT PART)-CD		92.01	0 33.32
33.33 IUMG SERVICES	A	-379,715	FQHC		193.11	0 33.33
33.34 IUMG SERVICES	A	-846,011	MEDICINE CLINIC		90.01	0 33.34
33.35 IUMG SERVICES	A	-28,470,053	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.35
33.36 HEALTH CONNECTIONS	A	-4,593,665	MAINTENANCE & REPAIRS		6.00	0 33.36
33.37 MISCELLANEOUS REVENUE	B	-18,018	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.37
33.38 MISCELLANEOUS REVENUE	B	-371	CASHIERING/ACCOUNTS RECEIVABLE		5.04	0 33.38
33.39 MISCELLANEOUS REVENUE	B	-1,417,698	OTHER ADMIN STRATIVE AND GENERAL		5.05	0 33.39
33.40 MISCELLANEOUS REVENUE	B	-974,281	OPERATION OF PLANT		7.00	0 33.40
33.41 MISCELLANEOUS REVENUE	B	-15,005	LAUNDRY & LINEN SERVICE		8.00	0 33.41
33.42 MISCELLANEOUS REVENUE	B	-3,988,910	CAFETERIA		11.00	0 33.42
33.43 MISCELLANEOUS REVENUE	B	-79,810	NURSING ADMIN STRATION		13.00	0 33.43
33.44 MISCELLANEOUS REVENUE	B	-47,781	PHARMACY		15.00	0 33.44
33.45 MISCELLANEOUS REVENUE	B	-59,417	MEDICAL RECORDS & LIBRARY		16.00	0 33.45
33.46 MISCELLANEOUS REVENUE	B	-104,857	ADULTS & PEDIATRICS		30.00	0 33.46
33.47 MISCELLANEOUS REVENUE	B	-40,146	RADIOLOGY-DIAGNOSTIC		54.00	0 33.47
33.48 MISCELLANEOUS REVENUE	B	-47,314	PHYSICAL THERAPY		66.00	0 33.48
33.49 MISCELLANEOUS REVENUE	B	-198,649	RETAIL PHARMACIES		73.01	0 33.49
33.50 MISCELLANEOUS REVENUE	B	-3,853,614	PSYCHIATRIC CLINIC		90.18	0 33.50
33.51 MISCELLANEOUS REVENUE	B	-957	PLASTICS CLINIC		90.24	0 33.51
33.52 MISCELLANEOUS REVENUE	B	-22,419	TRANSGENDER CLINIC		90.27	0 33.52
33.54 MISCELLANEOUS REVENUE	B	-3,527	EMERGENCY		91.00	0 33.54
33.55 MISCELLANEOUS REVENUE	B	-298,657	AMBULANCE SERVICES		95.00	0 33.55
33.56 MISCELLANEOUS REVENUE	B	0			0.00	0 33.56
33.57 MISCELLANEOUS REVENUE	B	0			0.00	0 33.57
33.58 MISCELLANEOUS REVENUE	B	0			0.00	0 33.58
33.59 MISCELLANEOUS REVENUE	B	0			0.00	0 33.59

Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet A-8 Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,884,927			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: 15-0024
 Period: From 01/01/2023 To 12/31/2023
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2024 3:06 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	HHC CAPITAL COSTS	9,459,442	0 1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	HHC OPERATING COSTS	89,018,839	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			98,478,281	0 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	G	HEALTH AND HOSP	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 15-0024

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2024 3:06 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	9,459,442	9		1.00
2.00	89,018,839	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	98,478,281			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0024

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2024 3:06 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	5.03	ADMITTING	452	452	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	28,052,777	28,052,777	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	35,979	35,979	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	655,079	655,079	0	0	0	4.00
5.00	90.18	PSYCHIATRIC CLINIC	1,273,951	1,273,951	0	0	0	5.00
6.00	90.26	WCOE/SENIOR CARE CLINIC	38,675	38,675	0	0	0	6.00
7.00	91.00	EMERGENCY	2,133,941	715,785	514,215	171,400	17,520	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			32,190,854	30,772,698	514,215		17,520	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	5.03	ADMITTING	0	0	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	90.18	PSYCHIATRIC CLINIC	0	0	0	0	0	5.00
6.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	1,443,715	72,186	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,443,715	72,186	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	5.03	ADMITTING	0	0	0	452		1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	28,052,777		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	35,979		3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	655,079		4.00
5.00	90.18	PSYCHIATRIC CLINIC	0	0	0	1,273,951		5.00
6.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	38,675		6.00
7.00	91.00	EMERGENCY	0	1,443,715	0	1,619,726		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,443,715	0	31,676,639		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	64,646,493	64,646,493			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,404,080	529,641	0	8,933,721	4.00
5.01 00540	NONPATIENT TELEPHONES	1,951,965	8,148	0	8,108	1,968,221 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	9,245,310	606,791	0	105,805	14,441 5.02
5.03 00570	ADMITTING	17,869,084	245,027	0	311,489	34,789 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	17,286,120	550,356	0	211,338	65,640 5.04
5.05 00591	OTHER ADMINISTRATION AND GENERAL	156,551,587	4,934,052	0	988,734	284,879 5.05
6.00 00600	MAINTENANCE & REPAIRS	4,681,074	562,646	0	53,498	1,313 6.00
7.00 00700	OPERATION OF PLANT	26,964,868	8,533,689	0	195,818	28,553 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,117,805	0	0	7,319	0 8.00
9.00 00900	HOUSEKEEPING	9,253,916	517,581	0	133,755	4,595 9.00
10.00 01000	DIETARY	5,421,281	815,775	0	77,414	11,815 10.00
11.00 01100	CAFETERIA	1,586,160	836,581	0	71,398	6,564 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	6,070,565	204,243	0	88,846	3,938 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,639,309	15,789	0	18,049	6,236 14.00
15.00 01500	PHARMACY	51,736,594	996,357	0	266,908	27,569 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,904,579	146,565	0	97,729	20,020 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	16,193,369	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	518,965	0	0	12,305	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	62,064,554	7,102,332	0	1,112,656	125,045 30.00
31.00 03100	INTENSIVE CARE UNIT	27,763,337	2,520,009	0	427,521	65,312 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	6,087,685	1,073,415	0	91,819	33,476 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	7,524,864	1,307,992	0	119,067	8,205 34.01
40.00 04000	SUBPROVIDER - I PF	5,017,212	1,156,410	0	122,669	27,569 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	3,787,666	403,514	0	67,329	8,533 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	30,164,038	2,478,074	0	274,626	68,594 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	2,644,575	289,033	0	30,441	11,487 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,893,201	1,570,511	0	255,627	38,071 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	766,087	160,375	0	6,964	3,282 56.00
57.00 05700	CT SCAN	2,889,014	141,732	0	41,815	3,282 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	2,626 59.00
60.00 06000	LABORATORY	22,067,988	883,119	0	157,627	24,287 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,750,059	87,506	0	0	2,297 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	8,273,831	131,191	0	134,308	7,549 65.00
65.01 03560	PULMONARY FUNCTION TESTING	575,924	0	0	9,787	2,297 65.01
66.00 06600	PHYSICAL THERAPY	6,318,713	402,179	0	112,748	19,692 66.00
67.00 06700	OCCUPATIONAL THERAPY	3,985,799	229,744	0	74,036	1,641 67.00
68.00 06800	SPEECH PATHOLOGY	1,550,835	13,533	0	27,767	656 68.00
69.00 06900	ELECTROCARDIOLOGY	1,617,617	700,465	0	25,891	17,395 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	891,113	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,059,590	0	0	0	0 72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	277,639	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	66,541,853	516,937	0	181,429	8,533	73.01
74.00	07400 RENAL DIALYSIS	1,825,330	476,245	0	0	985	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	8,061,334	1,164,143	0	156,854	42,338	90.01
90.02	09002 OB/GYN CLINIC	1,590,417	539,538	0	33,068	20,020	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,412,367	445,127	0	20,538	8,205	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	6,651,595	1,444,937	0	71,535	41,025	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	4,005,574	807,673	0	54,306	16,410	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	-442,857	201,205	0	10,619	4,595	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	117,984	14,040	0	2,265	96,819	90.17
90.18	09018 PSYCHIATRIC CLINIC	17,008,108	1,120,965	0	359,510	201,844	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	206,349	230	0	3,574	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	738,478	166,037	0	9,124	328	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	113,981	414	0	1,906	2,626	90.24
90.25	09025 WOUND/OSTOMY CLINIC	298,952	783	0	5,525	0	90.25
90.26	09026 WC/OE/SENIOR CARE CLINIC	2,329,454	221,183	0	35,104	52,840	90.26
90.27	09027 TRANSGENDER CLINIC	928,281	68,449	0	14,196	0	90.27
91.00	09100 EMERGENCY	24,988,946	3,232,212	0	452,470	77,455	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	3,239,704	240,516	0	48,769	3,282	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	37,595,159	568,906	0	596,301	22,974	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	822,225,474	51,383,915	0	7,798,304	1,581,927	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,641	190.00
190.01	19001 RETAIL SPA	125,974	30,565	0	1,809	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	231,992	47,781	0	336	42,010	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	719,960	28,770	0	12,376	12,800	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	11,776,052	1,591,502	0	174,902	12,472	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	12,543,682	372,489	0	185,831	44,964	193.08
193.09 19309 DME	1,049,281	57,724	0	3,942	3,282	193.09
193.10 19310 PROFESSIONAL BILLING	3,814,548	75,308	0	66,252	11,815	193.10
193.11 19311 FQHC	78,125,229	11,058,439	0	689,969	257,310	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	930,612,192	64,646,493	0	8,933,721	1,968,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	9,972,347					5.02
5.03	00570	ADMINISTRATIVE	11,488	18,471,877				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	20,797	0	18,134,251			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	220,054	0	0	162,979,306	162,979,306	5.05
6.00	00600	MAINTENANCE & REPAIRS	310,967	0	0	5,609,498	1,190,700	6.00
7.00	00700	OPERATION OF PLANT	225,402	0	0	35,948,330	7,630,572	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,957	0	0	2,150,081	456,387	8.00
9.00	00900	HOUSEKEEPING	72,493	0	0	9,982,340	2,118,901	9.00
10.00	01000	DIETARY	13,469	0	0	6,339,754	1,345,708	10.00
11.00	01100	CAFETERIA	50,309	0	0	2,551,012	541,491	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,130	0	0	6,374,722	1,353,130	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,411	0	0	2,698,794	572,860	14.00
15.00	01500	PHARMACY	234,117	0	0	53,261,545	11,305,562	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,932	0	0	6,175,825	1,310,911	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	16,193,369	3,437,285	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	0	531,270	112,770	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,556,025	1,409,597	1,252,844	74,623,053	15,839,862	30.00
31.00	03100	INTENSIVE CARE UNIT	764,148	879,867	782,023	33,202,217	7,047,669	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	202,228	473,470	420,818	8,382,911	1,779,399	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	220,252	204,003	181,317	9,565,700	2,030,463	34.01
40.00	04000	SUBPROVIDER - IPF	76,058	175,452	155,941	6,731,311	1,428,822	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	104,184	63,077	56,063	4,490,366	953,148	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	620,746	2,165,628	1,924,802	37,696,508	8,001,649	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	158,059	319,251	283,749	3,736,595	793,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	621,142	1,343,926	1,194,477	24,916,955	5,288,997	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	13,865	62,746	55,769	1,069,088	226,930	56.00
57.00	05700	CT SCAN	32,285	683,933	607,877	4,399,938	933,953	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,626	557	59.00
60.00	06000	LABORATORY	265,610	1,774,630	1,577,285	26,750,546	5,678,205	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,826	176,593	156,956	3,191,237	677,388	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	353,750	599,780	533,083	10,033,492	2,129,759	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,855	35,040	31,143	669,046	142,015	65.01
66.00	06600	PHYSICAL THERAPY	83,783	160,328	142,499	7,239,942	1,536,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,256	94,844	84,297	4,505,617	956,385	67.00
68.00	06800	SPEECH PATHOLOGY	5,150	32,385	28,783	1,659,109	352,171	68.00
69.00	06900	ELECTROCARDIOLOGY	53,280	378,597	336,495	3,129,740	664,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	148,947	485,932	431,895	1,957,887	415,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	460,707	352,611	313,400	20,186,308	4,284,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,276	1,554,930	1,382,016	3,288,861	698,110	73.00
73.01	07301	RETAIL PHARMACIES	90,319	1,451,012	1,289,654	70,079,737	14,875,475	73.01
74.00	07400	RENAL DIALYSIS	21,391	49,914	44,363	2,418,228	513,305	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2023

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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	120,228	187,566	166,708	9,899,171	2,101,248	90.01
90.02	09002 OB/GYN CLINIC	107,155	0	82,619	2,372,817	503,666	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	25,155	96,128	85,438	2,092,958	444,262	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	294,726	237,163	210,790	8,951,771	1,900,148	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	164,397	312,028	277,330	5,637,718	1,196,690	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	19,609	15,986	14,209	-176,634	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	5,744	0	17	236,869	50,279	90.17
90.18	09018 PSYCHIATRIC CLINIC	99,628	0	120,471	18,910,526	4,014,043	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	396	507	451	211,507	44,896	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	35,058	0	14,402	963,427	204,502	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	10,894	914	812	131,547	27,923	90.24
90.25	09025 WOUND/OSTOMY CLINIC	7,725	1,214	1,079	315,278	66,922	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	31,295	0	19,777	2,689,653	570,919	90.26
90.27	09027 TRANSGENDER CLINIC	29,116	0	11,643	1,051,685	223,236	90.27
91.00	09100 EMERGENCY	650,060	2,545,969	2,262,369	34,209,481	7,261,475	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	146,856	130,525	3,809,652	808,656	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	171,923	0	1,468,057	40,423,320	8,580,456	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,984,777	18,471,877	18,134,246	806,453,610	136,624,566	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,641	348	190.00
190.01	19001 RETAIL SPA	14,063	0	0	172,411	36,597	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	322,119	68,375	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	198	0	0	774,104	164,315	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	60,807	0	1	13,615,736	2,890,144	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	101,015	0	0	13,247,981	2,812,083	193.08
193.09	19309	DME	94,677	0	3	1,208,909	256,609	193.09
193.10	19310	PROFESSIONAL BILLING	1,783	0	0	3,969,706	842,630	193.10
193.11	19311	FQHC	715,027	0	1	90,845,975	19,283,639	193.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,972,347	18,471,877	18,134,251	930,612,192	162,979,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600	6,800,198					6.00
7.00	00700	1,014,350	44,593,252				7.00
8.00	00800	0	0	2,606,468			8.00
9.00	00900	61,522	474,167	0	12,636,930		9.00
10.00	01000	96,966	747,349	0	483,887	9,013,664	10.00
11.00	01100	99,440	766,410	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	24,277	187,111	421,812	29,543	0	13.00
14.00	01400	1,877	14,465	0	0	0	14.00
15.00	01500	118,431	912,784	0	475,986	0	15.00
16.00	01600	17,421	134,271	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	844,213	6,506,597	758,465	2,968,168	5,708,808	30.00
31.00	03100	299,539	2,308,633	347,246	1,042,907	2,010,910	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	127,591	983,378	126,437	450,640	300,615	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	155,473	1,198,280	22,832	358,224	0	34.01
40.00	04000	137,456	1,059,412	0	295,681	993,331	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	47,963	369,668	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	294,554	2,270,216	209,470	1,127,423	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	34,356	264,790	0	112,495	0	53.00
54.00	05400	186,678	1,438,779	73,983	647,404	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	19,063	146,923	0	78,014	0	56.00
57.00	05700	16,847	129,844	0	59,334	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	104,971	809,044	0	362,750	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	10,401	80,166	0	35,469	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	15,594	120,186	0	52,915	0	65.00
65.01	03560	0	0	0	0	0	65.01
66.00	06600	47,805	368,445	0	11,110	0	66.00
67.00	06700	27,308	210,474	0	85,668	0	67.00
68.00	06800	1,609	12,398	0	0	0	68.00
69.00	06900	83,260	641,711	0	280,704	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	07301	61,445	473,577	0	0	0	73.01
74.00	07400	56,608	436,298	29,057	62,625	0	74.00
75.00	07500	0	0	0	0	0	75.00
77.00	07700	0	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	138,375	1,066,496	0	525,527	0	90.01
90.02	09002 OB/GYN CLINIC	64,132	494,282	0	212,564	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	52,910	407,790	0	135,949	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	171,751	1,323,737	0	401,346	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	96,003	739,927	52,268	273,297	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	23,916	184,328	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	1,669	12,862	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	133,243	1,026,940	0	80,401	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	27	211	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	19,736	152,110	0	48,718	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	49	380	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	93	717	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	26,291	202,630	0	106,159	0	90.26
90.27	09027 TRANSGENDER CLINIC	8,136	62,708	0	165	0	90.27
91.00	09100 EMERGENCY	384,194	2,961,098	492,011	1,213,914	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	28,589	220,342	0	100,563	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	67,623	521,187	72,887	10,204	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,223,755	32,443,121	2,606,468	12,129,754	9,013,664	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	7,489	0	190.00
190.01	19001 RETAIL SPA	3,633	28,001	0	12,509	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,679	43,773	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	3,420	26,357	0	52,668	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	24,194	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MDTOWN NRCCS	189,173	1,458,009	0	51,104	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	44,276	341,245	0	154,959	0	193.08
193.09	19309 DME	6,861	52,882	0	34,152	0	193.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

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Part I
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
193.10	19310	PROFESSIONAL BILLING	8,951	68,991	0	0	0	193.10
193.11	19311	FQHC	1,314,450	10,130,873	0	170,101	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,800,198	44,593,252	2,606,468	12,636,930	9,013,664	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	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
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,958,353					11.00
12.00	01200		0				12.00
13.00	01300	57,665	0	8,448,260			13.00
14.00	01400	25,544	0	0	3,313,540		14.00
15.00	01500	189,185	0	0	0	66,263,493	15.00
16.00	01600	101,110	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	19,811	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	833,119	0	3,508,233	0	0	30.00
31.00	03100	319,186	0	1,344,084	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	70,265	0	295,885	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	83,733	0	352,596	0	0	34.01
40.00	04000	112,815	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	47,284	0	199,112	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	243,871	0	1,026,934	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	27,376	0	0	0	0	53.00
54.00	05400	203,180	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	5,747	0	0	0	0	56.00
57.00	05700	30,507	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	145,418	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	101,517	0	0	0	0	65.00
65.01	03560	8,329	0	0	0	0	65.01
66.00	06600	101,787	0	0	0	0	66.00
67.00	06700	60,838	0	0	0	0	67.00
68.00	06800	21,711	0	0	0	0	68.00
69.00	06900	23,039	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	809,546	0	71.00
72.00	07200	0	0	0	2,503,994	0	72.00
73.00	07300	0	0	0	0	66,263,493	73.00
73.01	07301	141,056	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	85,636	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	36,895	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	27,253	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	92,147	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	53,495	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	12,093	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	1,962	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	68,881	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	3,551	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	10,636	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	1,248	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	4,223	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	42,666	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	16,546	0	0	0	0	90.27
91.00	09100 EMERGENCY	371,018	0	1,562,347	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	37,775	0	159,069	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,840,118	0	8,448,260	3,313,540	66,263,493	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	2,397	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	332	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	14,034	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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To 12/31/2023

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309	DME	4,573	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	90,577	0	0	0	0	193.10
193.11	19311	FQHC	6,322	0	0	0	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,958,353	0	8,448,260	3,313,540	66,263,493	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	7,739,538					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	534,641	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	333,722	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	179,581	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	77,376	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	66,547	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	23,924	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	821,393	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	121,088	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	509,733	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	23,799	0	0	0	0	56.00
57.00 05700 CT SCAN	259,407	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	673,093	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	66,980	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	227,489	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	13,290	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	60,810	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	35,973	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	12,283	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	143,597	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	184,307	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	133,741	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	589,764	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	550,349	0	0	0	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2023

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
					16.00				17.00
74.00	07400	RENAL DIALYSIS	18,932	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	71,141	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	35,257	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	36,460	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	89,953	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	118,348	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	6,063	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	7	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	51,410	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	192	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	6,146	0	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	347	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	461	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	8,440	0	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	4,968	0	0	0	4,968	0	90.27
91.00	09100	EMERGENCY	966,342	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	55,701	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	626,481	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,739,536	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	0	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
				16.00				17.00
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	1	0	0	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309	DME	1	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311	FQHC	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,739,538	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	19,630,654				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			0		23.00
23.01 02301	PARAMED PRGM-PHARMACY				663,851	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,605,577	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	837,326	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	465,181	0	0	0	34.01
40.00 04000	SUBPROVIDER - IPF	93,036	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	372,145	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,046,798	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	930,363	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	558,218	0	0	0	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
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	186,073	0	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	663,851	73.00
73.01 07301	RETAIL PHARMACIES	0	0	0	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					
74.00 07400 RENAL DIALYSIS	0	0	0	0	3,535,053	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 MEDICINE CLINIC	372,145	0	0	0	14,259,739	90.01	
90.02 09002 OB/GYN CLINIC	1,488,580	0	0	0	5,208,193	90.02	
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03	
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04	
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05	
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	3,197,582	90.07	
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08	
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09	
90.10 09010 SPECIALTY CLINIC	930,363	0	0	0	13,861,216	90.10	
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11	
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	8,167,746	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	49,766	90.13	
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14	
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15	
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16	
90.17 09017 CHC CLINIC	1,302,508	0	0	0	1,606,156	90.17	
90.18 09018 PSYCHIATRIC CLINIC	279,109	0	0	0	24,564,553	90.18	
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19	
90.20 09020 DIETARY CLINIC	0	0	0	0	260,384	90.20	
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21	
90.22 09022 OP BURN CLINIC	0	0	0	0	1,405,275	90.22	
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23	
90.24 09024 PLASTICS CLINIC	93,036	0	0	0	254,530	90.24	
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	387,694	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC	93,036	0	0	0	3,739,794	90.26	
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	1,367,444	90.27	
91.00 09100 EMERGENCY	2,139,834	0	0	0	51,561,714	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	5,220,347	92.01	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	50,302,158	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	18,793,328	0	0	663,851	764,909,557	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	9,478	190.00	
190.01 19001 RETAIL SPA	0	0	0	0	255,548	190.01	
191.00 19100 RESEARCH	372,145	0	0	0	372,145	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	440,278	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	1,034,898	193.01	
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02	
193.03 19303 UNUSED SPACE	0	0	0	0	24,194	193.03	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
		SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES APPRV	PRGM COSTS APPRV				
		21.00	22.00	23.00	23.01	24.00	
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	18,204,167	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	16,600,544	193.08
193.09	19309 DME	0	0	0	0	1,563,987	193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	0	4,980,855	193.10
193.11	19311 FOHC	465,181	0	0	0	122,216,541	193.11
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	19,630,654	0	0	663,851	930,612,192	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,605,577	30.00
31.00	03100	INTENSIVE CARE UNIT	-837,326	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-465,181	34.01
40.00	04000	SUBPROVIDER - IPF	-93,036	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	-372,145	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-2,046,798	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	-930,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-558,218	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-186,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	RETAIL PHARMACIES	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
74.00	07400	RENAL DIALYSIS	0	3,535,053	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	-372,145	13,887,594	90.01
90.02	09002	OB/GYN CLINIC	-1,488,580	3,719,613	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	3,197,582	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	-930,363	12,930,853	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	8,167,746	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	49,766	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	-1,302,508	303,648	90.17
90.18	09018	PSYCHIATRIC CLINIC	-279,109	24,285,444	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	260,384	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	1,405,275	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	-93,036	161,494	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	387,694	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	-93,036	3,646,758	90.26
90.27	09027	TRANSGENDER CLINIC	0	1,367,444	90.27
91.00	09100	EMERGENCY	-2,139,834	49,421,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	5,220,347	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	50,302,158	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-18,793,328	746,116,229	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,478	190.00
190.01	19001	RETAIL SPA	0	255,548	190.01
191.00	19100	RESEARCH	-372,145	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	440,278	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	1,034,898	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	24,194	193.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	18,204,167	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	16,600,544	193.08
193.09	19309	DME	0	1,563,987	193.09
193.10	19310	PROFESSIONAL BILLING	0	4,980,855	193.10
193.11	19311	FQHC	-465,181	121,751,360	193.11
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-19,630,654	910,981,538	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	6,930	529,641	0	536,571	4.00
5.01 00540	NONPATIENT TELEPHONES	686	8,148	0	8,834	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	142,810	606,791	0	749,601	5.02
5.03 00570	ADMINISTRATIVE	4,347	245,027	0	249,374	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	8,238	550,356	0	558,594	5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	4,127,081	4,934,052	0	9,061,133	5.05
6.00 00600	MAINTENANCE & REPAIRS	333,382	562,646	0	896,028	6.00
7.00 00700	OPERATION OF PLANT	300,485	8,533,689	0	8,834,174	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	12,997	517,581	0	530,578	9.00
10.00 01000	DIETARY	0	815,775	0	815,775	10.00
11.00 01100	CAFETERIA	168,108	836,581	0	1,004,689	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	485,559	204,243	0	689,802	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,357	15,789	0	18,146	14.00
15.00 01500	PHARMACY	205,158	996,357	0	1,201,515	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	146,565	0	146,565	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	736,837	7,102,332	0	7,839,169	30.00
31.00 03100	INTENSIVE CARE UNIT	121,896	2,520,009	0	2,641,905	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	61,889	1,073,415	0	1,135,304	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	16,304	1,307,992	0	1,324,296	34.01
40.00 04000	SUBPROVIDER - I PF	18,371	1,156,410	0	1,174,781	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	403,514	0	403,514	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,537,508	2,478,074	0	4,015,582	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	193,489	289,033	0	482,522	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,893,940	1,570,511	0	3,464,451	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	160,375	0	160,375	56.00
57.00 05700	CT SCAN	350,894	141,732	0	492,626	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	220,772	883,119	0	1,103,891	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	21,728	87,506	0	109,234	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	289,415	131,191	0	420,606	65.00
65.01 03560	PULMONARY FUNCTION TESTING	28,024	0	0	28,024	65.01
66.00 06600	PHYSICAL THERAPY	25,856	402,179	0	428,035	66.00
67.00 06700	OCCUPATIONAL THERAPY	7,601	229,744	0	237,345	67.00
68.00 06800	SPEECH PATHOLOGY	0	13,533	0	13,533	68.00
69.00 06900	ELECTROCARDIOLOGY	156,854	700,465	0	857,319	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
73.01 07301 RETAIL PHARMACIES	5,560	516,937	0	522,497	10,895	73.01
74.00 07400 RENAL DIALYSIS	7,581	476,245	0	483,826	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	105,395	1,164,143	0	1,269,538	9,420	90.01
90.02 09002 OB/GYN CLINIC	13,375	539,538	0	552,913	1,986	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	50,996	445,127	0	496,123	1,233	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	51,848	1,444,937	0	1,496,785	4,296	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	26,019	807,673	0	833,692	3,261	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	309	201,205	0	201,514	638	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	4,812	14,040	0	18,852	136	90.17
90.18 09018 PSYCHIATRIC CLINIC	144,705	1,120,965	0	1,265,670	21,590	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	230	0	230	215	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	166,037	0	166,037	548	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	414	0	414	114	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	783	0	783	332	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	2,572	221,183	0	223,755	2,108	90.26
90.27 09027 TRANSGENDER CLINIC	0	68,449	0	68,449	853	90.27
91.00 09100 EMERGENCY	242,025	3,232,212	0	3,474,237	27,172	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	240,516	0	240,516	2,929	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	1,490,008	568,906	0	2,058,914	35,809	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	13,624,721	51,383,915	0	65,008,636	468,386	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	30,565	0	30,565	109	190.01
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	47,781	0	47,781	20	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	23,524	28,770	0	52,294	743	193.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	21,738	1,591,502	0	1,613,240	10,503	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	372,489	0	372,489	11,160	193.08
193.09 19309 DME	0	57,724	0	57,724	237	193.09
193.10 19310 PROFESSIONAL BILLING	0	75,308	0	75,308	3,979	193.10
193.11 19311 FOHC	495,788	11,058,439	0	11,554,227	41,434	193.11
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	14,165,771	64,646,493	0	78,812,264	536,571	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm		
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	9,321					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	68	756,023				5.02
5.03	00570	ADMINING	165	871	269,116			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	311	1,577	0	573,173		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	1,344	16,683	0	0	9,138,536	5.05
6.00	00600	MAINTENANCE & REPAIRS	6	23,575	0	0	66,764	6.00
7.00	00700	OPERATION OF PLANT	135	17,088	0	0	427,857	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,892	0	0	25,590	8.00
9.00	00900	HOUSEKEEPING	22	5,496	0	0	118,810	9.00
10.00	01000	DIETARY	56	1,021	0	0	75,456	10.00
11.00	01100	CAFETERIA	31	3,814	0	0	30,362	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	19	541	0	0	75,872	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30	1,472	0	0	32,121	14.00
15.00	01500	PHARMACY	131	17,749	0	0	633,919	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	95	526	0	0	73,505	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	192,733	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	6,323	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	592	117,963	20,548	39,531	888,164	30.00
31.00	03100	INTENSIVE CARE UNIT	309	57,932	12,826	24,675	395,173	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	159	15,331	6,902	13,278	99,773	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	39	16,698	2,974	5,721	113,851	34.01
40.00	04000	SUBPROVIDER - IPF	131	5,766	2,558	4,920	80,116	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	40	7,898	919	1,769	53,444	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	325	47,060	31,569	60,733	448,664	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	54	11,983	4,654	8,953	44,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180	47,090	19,591	37,689	296,562	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16	1,051	915	1,760	12,724	56.00
57.00	05700	CT SCAN	16	2,448	9,970	19,180	52,368	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12	0	0	0	31	59.00
60.00	06000	LABORATORY	115	20,136	25,869	49,768	318,385	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11	1,351	2,574	4,952	37,982	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	36	26,818	8,743	16,820	119,419	65.00
65.01	03560	PULMONARY FUNCTION TESTING	11	1,126	511	983	7,963	65.01
66.00	06600	PHYSICAL THERAPY	93	6,352	2,337	4,496	86,170	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	2,673	1,383	2,660	53,626	67.00
68.00	06800	SPEECH PATHOLOGY	3	390	472	908	19,747	68.00
69.00	06900	ELECTROCARDIOLOGY	82	4,039	5,519	10,617	37,250	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,292	7,084	13,627	23,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,927	5,140	9,889	240,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,631	22,667	43,606	39,144	73.00
73.01	07301	RETAIL PHARMACIES	40	6,847	21,152	40,692	834,089	73.01
74.00	07400	RENAL DIALYSIS	5	1,622	728	1,400	28,782	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	201	9,115	2,734	5,260	117,820	90.01
90.02	09002	OB/GYN CLINIC	95	8,124	0	2,607	28,241	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	39	1,907	1,401	2,696	24,910	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	194	22,344	3,457	6,651	106,544	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	78	12,463	4,549	8,750	67,100	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	22	1,487	233	448	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	459	435	0	1	2,819	90.17
90.18	09018	PSYCHIATRIC CLINIC	956	7,553	0	3,801	225,073	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	30	7	14	2,517	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	2	2,658	0	454	11,467	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	12	826	13	26	1,566	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	586	18	34	3,752	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	250	2,373	0	624	32,012	90.26
90.27	09027	TRANSGENDER CLINIC	0	2,207	0	367	12,517	90.27
91.00	09100	EMERGENCY	367	49,282	36,958	72,374	407,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	16	0	2,141	4,118	45,342	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	109	13,034	0	46,321	481,118	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,490	681,153	269,116	573,173	7,660,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	0	0	20	190.00
190.01	19001	RETAIL SPA	0	1,066	0	0	2,052	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	199	0	0	0	3,834	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	61	15	0	0	9,213	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	59	4,610	0	0	162,054	193.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	213	7,658	0	0	157,677	193.08
193.09	19309	DME	16	7,178	0	0	14,388	193.09
193.10	19310	PROFESSIONAL BILLING	56	135	0	0	47,247	193.10
193.11	19311	FQHC	1,219	54,208	0	0	1,081,320	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,321	756,023	269,116	573,173	9,138,536	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	989,586					6.00
7.00	00700	OPERATION OF PLANT	147,611	9,438,624				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	27,922			8.00
9.00	00900	HOUSEKEEPING	8,953	100,362	0	772,253		9.00
10.00	01000	DIETARY	14,111	158,184	0	29,571	1,098,823	10.00
11.00	01100	CAFETERIA	14,471	162,219	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,533	39,604	4,519	1,805	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	273	3,062	0	0	0	14.00
15.00	01500	PHARMACY	17,234	193,200	0	29,088	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,535	28,420	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	122,852	1,377,189	8,124	181,387	695,940	30.00
31.00	03100	INTENSIVE CARE UNIT	43,590	488,646	3,720	63,733	245,143	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	18,567	208,142	1,354	27,539	36,647	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	22,625	253,628	245	21,891	0	34.01
40.00	04000	SUBPROVIDER - I PF	20,003	224,235	0	18,069	121,093	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,980	78,244	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,864	480,515	2,244	68,898	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	5,000	56,045	0	6,875	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,166	304,532	793	39,563	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,774	31,098	0	4,768	0	56.00
57.00	05700	CT SCAN	2,452	27,483	0	3,626	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	15,276	171,243	0	22,168	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,514	16,968	0	2,168	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,269	25,439	0	3,234	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	6,957	77,985	0	679	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,974	44,549	0	5,235	0	67.00
68.00	06800	SPEECH PATHOLOGY	234	2,624	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,116	135,825	0	17,154	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	8,942	100,237	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	8,238	92,347	311	3,827	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	20,137	225,735	0	32,115	0	90.01
90.02	09002 OB/GYN CLINIC	9,333	104,620	0	12,990	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	7,700	86,313	0	8,308	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	24,994	280,183	0	24,527	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	13,971	156,613	560	16,701	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	3,480	39,015	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	243	2,722	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	19,390	217,363	0	4,913	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	4	45	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	2,872	32,196	0	2,977	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	7	80	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	14	152	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	3,826	42,889	0	6,487	0	90.26
90.27	09027 TRANSGENDER CLINIC	1,184	13,273	0	10	0	90.27
91.00	09100 EMERGENCY	55,909	626,747	5,271	74,183	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	4,160	46,638	0	6,145	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	9,841	110,315	781	624	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	760,179	6,866,924	27,922	741,258	1,098,823	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	458	0	190.00
190.01	19001 RETAIL SPA	529	5,927	0	764	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	826	9,265	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	498	5,579	0	3,219	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	1,479	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	27,529	308,603	0	3,123	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	6,443	72,228	0	9,470	0	193.08
193.09	19309 DME	998	11,193	0	2,087	0	193.09

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
193.10	19310	PROFESSIONAL BILLING	1,303	14,603	0	0	0	193.10
193.11	19311	FQHC	191,281	2,144,302	0	10,395	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	989,586	9,438,624	27,922	772,253	1,098,823	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	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	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,219,874					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	17,771	0	838,801			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,872	0	0	64,060		14.00
15.00	01500	PHARMACY	58,302	0	0	0	2,167,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,160	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	6,105	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	256,750	0	348,321	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	98,366	0	133,450	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	21,654	0	29,378	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	25,804	0	35,008	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	34,767	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,572	0	19,769	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,155	0	101,961	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	8,437	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,615	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,771	0	0	0	0	56.00
57.00	05700	CT SCAN	9,401	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	44,815	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,285	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,567	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	31,368	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,749	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,691	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,100	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	15,651	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,409	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,167,167	73.00
73.01	07301	RETAIL PHARMACIES	43,470	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	26,391	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	11,370	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	8,399	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	28,398	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	16,486	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	3,727	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	605	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	21,228	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	1,094	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,278	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	385	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	1,301	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	13,149	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	5,099	0	0	0	0	90.27
91.00	09100 EMERGENCY	114,339	0	155,121	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	11,641	0	15,793	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,183,437	0	838,801	64,060	2,167,167	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	739	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	102	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	4,325	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDTOWN NRCCS	0	0	0	0	0	193.07

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm		
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
			11.00	12.00	13.00	14.00	15.00		
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	0	193.08
193.09	19309	DME	1,409	0	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	27,914	0	0	0	0	0	193.10
193.11	19311	FQHC	1,948	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,219,874	0	838,801	64,060	2,167,167		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	288,675					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,961	0	0			30.00
31.00 03100 INTENSIVE CARE UNIT	12,460	0	0			31.00
32.00 03200 CORONARY CARE UNIT	0	0	0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	6,705	0	0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	2,889	0	0			34.01
40.00 04000 SUBPROVIDER - I PF	2,485	0	0			40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
43.00 04300 NURSERY	893	0	0			43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0			44.00
45.00 04500 NURSING FACILITY	0	0	0			45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	30,667	0	0			50.00
51.00 05100 RECOVERY ROOM	0	0	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00 05300 ANESTHESIOLOGY	4,521	0	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,031	0	0			54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0			54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00 05600 RADIOISOTOPE	889	0	0			56.00
57.00 05700 CT SCAN	9,685	0	0			57.00
58.00 05800 MRI	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	25,130	0	0			60.00
60.01 06001 BLOOD LABORATORY	0	0	0			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,501	0	0			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	8,493	0	0			65.00
65.01 03560 PULMONARY FUNCTION TESTING	496	0	0			65.01
66.00 06600 PHYSICAL THERAPY	2,270	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	1,343	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	459	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	5,361	0	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,881	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,993	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,019	0	0			73.00
73.01 07301 RETAIL PHARMACIES	20,547	0	0			73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			16.00			
74.00 07400 RENAL DIALYSIS	707	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0		77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 MEDICINE CLINIC	2,656	0	0	0		90.01
90.02 09002 OB/GYN CLINIC	1,316	0	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	1,361	0	0	0		90.07
90.08 09008 ENT CLINIC	0	0	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0		90.09
90.10 09010 SPECIALTY CLINIC	3,358	0	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	4,419	0	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	226	0	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0		90.16
90.17 09017 CHC CLINIC	0	0	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	1,919	0	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0		90.19
90.20 09020 DIETARY CLINIC	7	0	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0		90.21
90.22 09022 OP BURN CLINIC	229	0	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0		90.23
90.24 09024 PLASTICS CLINIC	13	0	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	17	0	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	315	0	0	0		90.26
90.27 09027 TRANSGENDER CLINIC	185	0	0	0		90.27
91.00 09100 EMERGENCY	35,798	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	2,080	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	23,390	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0		113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	288,675	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 19001 RETAIL SPA	0	0	0	0		190.01
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0		193.01
193.02 19302 RENTAL SPACE	0	0	0	0		193.02
193.03 19303 UNUSED SPACE	0	0	0	0		193.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

Period:
From 01/01/2023
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
				(SPECIFY)			
		16.00	17.00	18.00	19.00	20.00	
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0		193.04
193.05	19305 LV BEAUTY	0	0	0	0		193.05
193.06	19306 LV DAYCARE	0	0	0	0		193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0		193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0		193.08
193.09	19309 DME	0	0	0	0		193.09
193.10	19310 PROFESSIONAL BILLING	0	0	0	0		193.10
193.11	19311 FOHC	0	0	0	0		193.11
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	288,675	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	192,733				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			0		23.00
23.01 02301	PARAMED PRGM-PHARMACY				13,167	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				11,983,384	30.00
31.00 03100	INTENSIVE CARE UNIT				4,247,602	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				1,626,247	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT				1,832,819	34.01
40.00 04000	SUBPROVIDER - IPF				1,696,291	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				592,085	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				5,422,729	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				635,345	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				4,334,614	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC				0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				218,559	56.00
57.00 05700	CT SCAN				631,766	57.00
58.00 05800	MRI				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				43	59.00
60.00 06000	LABORATORY				1,806,262	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				179,255	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				671,228	65.00
65.01 03560	PULMONARY FUNCTION TESTING				42,269	65.01
66.00 06600	PHYSICAL THERAPY				653,513	66.00
67.00 06700	OCCUPATIONAL THERAPY				375,991	67.00
68.00 06800	SPEECH PATHOLOGY				46,728	68.00
69.00 06900	ELECTROCARDIOLOGY				1,093,937	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				77,838	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				343,615	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				2,300,234	73.00
73.01 07301	RETAIL PHARMACIES				1,609,408	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

Period:
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00	23.01				
74.00 07400 RENAL DIALYSIS						621,793	74.00	
75.00 07500 ASC (NON-DISTINCT PART)						0	75.00	
77.00 07700 ALLOGENEIC HSCT ACQUISITION						0	77.00	
78.00 07800 CAR T-CELL IMMUNOTHERAPY						0	78.00	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC						0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						0	89.00	
90.00 09000 CLINIC						0	90.00	
90.01 09001 MEDICINE CLINIC						1,721,122	90.01	
90.02 09002 OB/GYN CLINIC						733,595	90.02	
90.03 09003 ORTHO CLINIC						0	90.03	
90.04 09004 PEDIATRICS CLINIC						0	90.04	
90.05 09005 DENTISTRY CLINIC						0	90.05	
90.06 09006 DERMATOLOGY CLINIC						0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC						640,390	90.07	
90.08 09008 ENT CLINIC						0	90.08	
90.09 09009 GERIATRIC CLINIC						0	90.09	
90.10 09010 SPECIALTY CLINIC						2,001,731	90.10	
90.11 09011 NEUROLOGY CLINIC						0	90.11	
90.12 09012 ENDOSCOPY CLINIC						1,138,643	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC						250,790	90.13	
90.14 09014 URGENT VISIT CLINIC						0	90.14	
90.15 09015 SENIOR CARE CLINIC						0	90.15	
90.16 09016 WOMENS VISIT CLINIC						0	90.16	
90.17 09017 CHC CLINIC						26,272	90.17	
90.18 09018 PSYCHIATRIC CLINIC						1,789,456	90.18	
90.19 09019 ORAL SURGERY CLINIC						0	90.19	
90.20 09020 DIETARY CLINIC						4,163	90.20	
90.21 09021 CENTER OF EXCELLENCE						0	90.21	
90.22 09022 OP BURN CLINIC						222,718	90.22	
90.23 09023 BARIATRIC CLINIC						0	90.23	
90.24 09024 PLASTICS CLINIC						3,456	90.24	
90.25 09025 WOUND/OSTOMY CLINIC						6,989	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC						327,788	90.26	
90.27 09027 TRANSGENDER CLINIC						104,144	90.27	
91.00 09100 EMERGENCY						5,134,919	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD						381,519	92.01	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS						0	94.00	
95.00 09500 AMBULANCE SERVICES						2,780,256	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED						0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS						0	98.00	
99.00 09900 CMHC						0	99.00	
99.10 09910 CORF						0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM						0	100.00	
101.00 10100 HOME HEALTH AGENCY						0	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM						0	102.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION						0	105.00	
106.00 10600 HEART ACQUISITION						0	106.00	
107.00 10700 LIVER ACQUISITION						0	107.00	
108.00 10800 LUNG ACQUISITION						0	108.00	
109.00 10900 PANCREAS ACQUISITION						0	109.00	
110.00 11000 INTESTINAL ACQUISITION						0	110.00	
111.00 11100 ISLET ACQUISITION						0	111.00	
113.00 11300 INTEREST EXPENSE						0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF						0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)						0	115.00	
116.00 11600 HOSPICE						0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	60,311,506	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						486	190.00	
190.01 19001 RETAIL SPA						41,751	190.01	
191.00 19100 RESEARCH						0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES						62,027	192.00	
193.00 19300 NONPAID WORKERS						0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS						75,947	193.01	
193.02 19302 RENTAL SPACE						0	193.02	
193.03 19303 UNUSED SPACE						1,479	193.03	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

Period:
From 01/01/2023
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00					
193.04	19304	SENIOR CONNECTIONS-NRCC			23.00	23.01	24.00	0	193.04
193.05	19305	LV BEAUTY						0	193.05
193.06	19306	LV DAYCARE						0	193.06
193.07	19307	MIDTOWN NRCCS						2,129,721	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR						637,338	193.08
193.09	19309	DME						95,230	193.09
193.10	19310	PROFESSIONAL BILLING						170,545	193.10
193.11	19311	FQHC						15,080,334	193.11
200.00		Cross Foot Adjustments	192,733	0	0	13,167	205,900	200.00	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00	201.00
202.00		TOTAL (sum lines 118 through 201)	192,733	0	0	13,167	78,812,264	202.00	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	11,983,384
31.00	03100	INTENSIVE CARE UNIT	0	4,247,602
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	1,626,247
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,832,819
40.00	04000	SUBPROVIDER - IPF	0	1,696,291
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	592,085
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,422,729
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	635,345
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,334,614
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	218,559
57.00	05700	CT SCAN	0	631,766
58.00	05800	MRI	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	43
60.00	06000	LABORATORY	0	1,806,262
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	179,255
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	671,228
65.01	03560	PULMONARY FUNCTION TESTING	0	42,269
66.00	06600	PHYSICAL THERAPY	0	653,513
67.00	06700	OCCUPATIONAL THERAPY	0	375,991
68.00	06800	SPEECH PATHOLOGY	0	46,728
69.00	06900	ELECTROCARDIOLOGY	0	1,093,937
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	77,838
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	343,615
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,300,234
73.01	07301	RETAIL PHARMACIES	0	1,609,408

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
74.00	07400	RENAL DIALYSIS	0	621,793	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	1,721,122	90.01
90.02	09002	OB/GYN CLINIC	0	733,595	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	640,390	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	2,001,731	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	1,138,643	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	250,790	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	26,272	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	1,789,456	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	4,163	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	222,718	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	3,456	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	6,989	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	327,788	90.26
90.27	09027	TRANSGENDER CLINIC	0	104,144	90.27
91.00	09100	EMERGENCY	0	5,134,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	381,519	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	2,780,256	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	60,311,506	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	486	190.00
190.01	19001	RETAIL SPA	0	41,751	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,027	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	75,947	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	1,479	193.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	2,129,721	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	637,338	193.08
193.09	19309	DME	0	95,230	193.09
193.10	19310	PROFESSIONAL BILLING	0	170,545	193.10
193.11	19311	FQHC	0	15,080,334	193.11
200.00		Cross Foot Adjustments	0	205,900	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	78,812,264	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,404,389	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,506	0	361,768,904		4.00
5.01 00540	NONPATIENT TELEPHONES	177	0	328,325	5,997	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	13,182	0	4,284,489	44	50,348 5.02
5.03 00570	ADMITTING	5,323	0	12,613,443	106	58 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,956	0	8,557,908	200	105 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	107,188	0	40,037,808	868	1,111 5.05
6.00 00600	MAINTENANCE & REPAIRS	12,223	0	2,166,359	4	1,570 6.00
7.00 00700	OPERATION OF PLANT	185,387	0	7,929,449	87	1,138 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	296,359	0	126 8.00
9.00 00900	HOUSEKEEPING	11,244	0	5,416,298	14	366 9.00
10.00 01000	DIETARY	17,722	0	3,134,801	36	68 10.00
11.00 01100	CAFETERIA	18,174	0	2,891,197	20	254 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,437	0	3,597,745	12	36 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	343	0	730,861	19	98 14.00
15.00 01500	PHARMACY	21,645	0	10,808,176	84	1,182 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,184	0	3,957,442	61	35 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	498,298	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	154,292	0	45,062,408	381	7,856 30.00
31.00 03100	INTENSIVE CARE UNIT	54,745	0	17,312,031	199	3,858 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	23,319	0	3,718,117	102	1,021 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	28,415	0	4,821,504	25	1,112 34.01
40.00 04000	SUBPROVIDER - I PF	25,122	0	4,967,348	84	384 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	8,766	0	2,726,427	26	526 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	53,834	0	11,120,720	209	3,134 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	6,279	0	1,232,667	35	798 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,118	0	10,351,378	116	3,136 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	3,484	0	282,020	10	70 56.00
57.00 05700	CT SCAN	3,079	0	1,693,251	10	163 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	8	0 59.00
60.00 06000	LABORATORY	19,185	0	6,382,940	74	1,341 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,901	0	0	7	90 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,850	0	5,438,665	23	1,786 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	396,300	7	75 65.01
66.00 06600	PHYSICAL THERAPY	8,737	0	4,565,622	60	423 66.00
67.00 06700	OCCUPATIONAL THERAPY	4,991	0	2,997,998	5	178 67.00
68.00 06800	SPEECH PATHOLOGY	294	0	1,124,385	2	26 68.00
69.00 06900	ELECTROCARDIOLOGY	15,217	0	1,048,451	53	269 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	752 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,326 72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	375	73.00
73.01	07301	RETAIL PHARMACIES	11,230	0	7,346,802	26	456	73.01
74.00	07400	RENAL DIALYSIS	10,346	0	0	3	108	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	25,290	0	6,351,670	129	607	90.01
90.02	09002	OB/GYN CLINIC	11,721	0	1,339,047	61	541	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,670	0	831,669	25	127	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	31,390	0	2,896,757	125	1,488	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	17,546	0	2,199,051	50	830	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	4,371	0	429,989	14	99	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	305	0	91,735	295	29	90.17
90.18	09018	PSYCHIATRIC CLINIC	24,352	0	14,558,019	615	503	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	5	0	144,723	0	2	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	3,607	0	369,486	1	177	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	9	0	77,184	8	55	90.24
90.25	09025	WOUND/OSTOMY CLINIC	17	0	223,742	0	39	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	4,805	0	1,421,501	161	158	90.26
90.27	09027	TRANSGENDER CLINIC	1,487	0	574,873	0	147	90.27
91.00	09100	EMERGENCY	70,217	0	18,322,343	236	3,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	5,225	0	1,974,846	10	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	12,359	0	24,146,629	70	868	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,116,271	0	315,791,256	4,820	45,362	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5	0	190.00
190.01	19001	RETAIL SPA	664	0	73,272	0	71	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,038	0	13,623	128	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	625	0	501,158	39	1	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	34,574	0	7,082,490	38	307	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	8,092	0	7,525,053	137	510	193.08
193.09	19309	DME	1,254	0	159,618	10	478	193.09
193.10	19310	PROFESSIONAL BILLING	1,636	0	2,682,817	36	9	193.10
193.11	19311	FQHC	240,235	0	27,939,617	784	3,610	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	64,646,493	0	8,933,721	1,968,221	9,972,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.031757	0.000000	0.024695	328.200934	198.068384	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			536,571	9,321	756,023	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001483	1.554277	15.015949	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	2,564,317,065					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,832,513,257				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	-162,979,306	767,809,520		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	5,609,498	1,242,834	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	35,948,330	185,387	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,150,081	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,982,340	11,244	9.00
10.00	01000	DIETARY	0	0	0	6,339,754	17,722	10.00
11.00	01100	CAFETERIA	0	0	0	2,551,012	18,174	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,374,722	4,437	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,698,794	343	14.00
15.00	01500	PHARMACY	0	0	0	53,261,545	21,645	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,175,825	3,184	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	16,193,369	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	531,270	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,695,764	195,695,764	0	74,623,053	154,292	30.00
31.00	03100	INTENSIVE CARE UNIT	122,152,917	122,152,917	0	33,202,217	54,745	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	65,732,311	65,732,311	0	8,382,911	23,319	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,321,987	28,321,987	0	9,565,700	28,415	34.01
40.00	04000	SUBPROVIDER - IPF	24,358,207	24,358,207	0	6,731,311	25,122	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,757,094	8,757,094	0	4,490,366	8,766	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	300,656,400	300,656,400	0	37,696,508	53,834	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	44,321,991	44,321,991	0	3,736,595	6,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,578,649	186,578,649	0	24,916,955	34,118	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,711,140	8,711,140	0	1,069,088	3,484	56.00
57.00	05700	CT SCAN	94,951,158	94,951,158	0	4,399,938	3,079	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,626	0	59.00
60.00	06000	LABORATORY	246,373,789	246,373,789	0	26,750,546	19,185	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,516,655	24,516,655	0	3,191,237	1,901	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	83,268,134	83,268,134	0	10,033,492	2,850	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,864,580	4,864,580	0	669,046	0	65.01
66.00	06600	PHYSICAL THERAPY	22,258,459	22,258,459	0	7,239,942	8,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,167,324	13,167,324	0	4,505,617	4,991	67.00
68.00	06800	SPEECH PATHOLOGY	4,495,974	4,495,974	0	1,659,109	294	68.00
69.00	06900	ELECTROCARDIOLOGY	52,560,969	52,560,969	0	3,129,740	15,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,462,443	67,462,443	0	1,957,887	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,953,417	48,953,417	0	20,186,308	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,872,574	215,872,574	0	3,288,861	0	73.00
73.01	07301	RETAIL PHARMACIES	201,445,529	201,445,529	0	70,079,737	11,230	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
74.00	07400	RENAL DIALYSIS	6,929,550	6,929,550	0	2,418,228	10,346	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	26,039,959	26,039,959	0	9,899,171	25,290	90.01
90.02	09002	OB/GYN CLINIC	0	12,905,260	0	2,372,817	11,721	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,345,591	13,345,591	0	2,092,958	9,670	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	32,925,620	32,925,620	0	8,951,771	31,390	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	43,319,213	43,319,213	0	5,637,718	17,546	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,219,416	2,219,416	176,634	0	4,371	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	2,664	0	236,869	305	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	18,817,681	0	18,910,526	24,352	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	70,416	70,416	0	211,507	5	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	2,249,620	0	963,427	3,607	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	126,851	126,851	0	131,547	9	90.24
90.25	09025	WOUND/OSTOMY CLINIC	168,609	168,609	0	315,278	17	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	3,089,220	0	2,689,653	4,805	90.26
90.27	09027	TRANSGENDER CLINIC	0	1,818,577	0	1,051,685	1,487	90.27
91.00	09100	EMERGENCY	353,306,157	353,306,157	0	34,209,481	70,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	20,388,218	20,388,218	0	3,809,652	5,225	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	229,312,302	0	40,423,320	12,359	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,564,317,065	2,832,512,389	-162,802,672	643,650,938	954,716	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,641	0	190.00
190.01	19001	RETAIL SPA	0	0	0	172,411	664	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	322,119	1,038	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	774,104	625	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	191	0	13,615,736	34,574	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	13,247,981	8,092	193.08
193.09	19309	DME	0	506	0	1,208,909	1,254	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	3,969,706	1,636	193.10
193.11	19311	FQHC	0	171	0	90,845,975	240,235	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,471,877	18,134,251		162,979,306	6,800,198	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007203	0.006402		0.212265	5.471526	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	269,116	573,173		9,138,536	989,586	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000105	0.000202		0.011902	0.796233	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,057,447				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,176,511			8.00
9.00	00900	HOUSEKEEPING	11,244	0	153,559		9.00
10.00	01000	DIETARY	17,722	0	5,880	382,867	10.00
11.00	01100	CAFETERIA	18,174	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	4,202,213	12.00
13.00	01300	NURSING ADMINISTRATION	4,437	352,231	359	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	343	0	0	0	14.00
15.00	01500	PHARMACY	21,645	0	5,784	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,184	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	154,292	633,350	36,068	242,489	30.00
31.00	03100	INTENSIVE CARE UNIT	54,745	289,965	12,673	85,416	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23,319	105,580	5,476	12,769	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,415	19,066	4,353	0	34.01
40.00	04000	SUBPROVIDER - I PF	25,122	0	3,593	42,193	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	8,766	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,834	174,916	13,700	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	6,279	0	1,367	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,118	61,779	7,867	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,484	0	948	0	56.00
57.00	05700	CT SCAN	3,079	0	721	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	19,185	0	4,408	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,901	0	431	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,850	0	643	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	8,737	0	135	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,991	0	1,041	0	67.00
68.00	06800	SPEECH PATHOLOGY	294	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,217	0	3,411	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
73.01	07301	RETAIL PHARMACIES	11,230	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	10,346	24,264	761	0	74.00

COST ALLOCATION - STATISTICAL BASIS

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5/30/2024 3:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	25,290	0	6,386	0	90,912	90.01
90.02	09002 OB/GYN CLINIC	11,721	0	2,583	0	39,168	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	9,670	0	1,652	0	28,932	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	31,390	0	4,877	0	97,824	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	17,546	43,646	3,321	0	56,791	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	4,371	0	0	0	12,838	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	305	0	0	0	2,083	90.17
90.18	09018 PSYCHIATRIC CLINIC	24,352	0	977	0	73,125	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	5	0	0	0	3,770	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,607	0	592	0	11,291	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	9	0	0	0	1,325	90.24
90.25	09025 WOUND/OSTOMY CLINIC	17	0	0	0	4,483	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	4,805	0	1,290	0	45,295	90.26
90.27	09027 TRANSGENDER CLINIC	1,487	0	2	0	17,565	90.27
91.00	09100 EMERGENCY	70,217	410,850	14,751	0	393,875	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	5,225	0	1,222	0	40,102	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	12,359	60,864	124	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	769,329	2,176,511	147,396	382,867	4,076,694	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	91	0	0	190.00
190.01	19001 RETAIL SPA	664	0	152	0	2,545	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,038	0	0	0	352	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	625	0	640	0	14,899	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	294	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	34,574	0	621	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	8,092	0	1,883	0	0	193.08
193.09	19309 DME	1,254	0	415	0	4,855	193.09
193.10	19310 PROFESSIONAL BILLING	1,636	0	0	0	96,157	193.10
193.11	19311 FOHC	240,235	0	2,067	0	6,711	193.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	44,593,252	2,606,468	12,636,930	9,013,664	3,958,353	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.170673	1.197544	82.293646	23.542546	0.941969	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,438,624	27,922	772,253	1,098,823	1,219,874	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.925860	0.012829	5.029031	2.869986	0.290293	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	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
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
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
12.00	01200	0					12.00
13.00	01300	0	2,129,846				13.00
14.00	01400	0	0	3,078			14.00
15.00	01500	0	0	0	100		15.00
16.00	01600	0	0	0	0	2,832,513,257	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	884,442	0	0	195,695,764	30.00
31.00	03100	0	338,850	0	0	122,152,917	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	74,594	0	0	65,732,311	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	88,891	0	0	28,321,987	34.01
40.00	04000	0	0	0	0	24,358,207	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	50,197	0	0	8,757,094	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	258,895	0	0	300,656,400	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	44,321,991	53.00
54.00	05400	0	0	0	0	186,578,649	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	8,711,140	56.00
57.00	05700	0	0	0	0	94,951,158	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	246,373,789	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	24,516,655	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	83,268,134	65.00
65.01	03560	0	0	0	0	4,864,580	65.01
66.00	06600	0	0	0	0	22,258,459	66.00
67.00	06700	0	0	0	0	13,167,324	67.00
68.00	06800	0	0	0	0	4,495,974	68.00
69.00	06900	0	0	0	0	52,560,969	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	752	0	67,462,443	71.00
72.00	07200	0	0	2,326	0	48,953,417	72.00
73.00	07300	0	0	0	100	215,872,574	73.00
73.01	07301	0	0	0	0	201,445,529	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	6,929,550	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	0	0	26,039,959	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	0	12,905,260	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	13,345,591	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0	0	0	0	32,925,620	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	43,319,213	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	2,219,416	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	0	2,664	90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0	0	0	18,817,681	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	70,416	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	0	2,249,620	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	0	0	0	126,851	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	0	168,609	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	3,089,220	90.26
90.27	09027 TRANSGENDER CLINIC	0	0	0	0	1,818,577	90.27
91.00	09100 EMERGENCY	0	393,875	0	0	353,306,157	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	40,102	0	0	20,388,218	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	229,312,302	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	2,129,846	3,078	100	2,832,512,389	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	0	0	0	191	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309	DME	0	0	0	0	506	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311	FQHC	0	0	0	0	171	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	8,448,260	3,313,540	66,263,493	7,739,538	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3.966606	1,076.523717	662,634.930000	0.002732	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	838,801	64,060	2,167,167	288,675	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.393832	20.812216	21,671.670000	0.000102	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00			18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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	0				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0			18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING PROGRAM	0			0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPROV	0				211 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPROV	0				22.00
23.00 02300	PARAMED PRGM-AMBULANCE	0				23.00
23.01 02301	PARAMED PRGM-PHARMACY	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	71 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	9 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	5 34.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	1 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	4 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	22 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	10 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	2 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		17.00	18.00	19.00	20.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	16	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	10	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	14	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	3	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	1	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	1	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	23	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	202	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	4	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00			18.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	0 193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	0 193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	0 193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	0 193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	0 193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	0 193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	0 193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	0 193.08
193.09 19309 DME	0	0	0	0	0	0 193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	0 193.10
193.11 19311 FQHC	0	0	0	0	5	5 193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	19,630,654	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	93,036,274882	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	192,733	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	913.426540	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00560 PURCHASING RECEIVING AND STORES				5.02
5.03 00570 ADMITTING				5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING PROGRAM				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	211			22.00
23.00 02300 PARAMED PRGM-AMBULANCE		100		23.00
23.01 02301 PARAMED PRGM-PHARMACY			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	71	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	9	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	5	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	1	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	4	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	22	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	10	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	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	2	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2024 3:06 pm

	Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS			
		APPRV (ASSIGNED TIME)			
		22.00	23.00	23.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01	07301 RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	4	0	0	90.01
90.02	09002 OB/GYN CLINIC	16	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	10	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17	09017 CHC CLINIC	14	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	3	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	1	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0	0	0	90.27
91.00	09100 EMERGENCY	23	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	100	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	202	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	190.01
191.00	19100 RESEARCH	4	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00	23.00	23.01	
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	0	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	193.08
193.09	19309	DME	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	193.10
193.11	19311	FQHC	5	0	0	193.11
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	663,851	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	6,638.510000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	13,167	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	131.670000	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: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 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		112,125,159		0	112,125,159	30.00
31.00	03100 INTENSIVE CARE UNIT		48,256,113		0	48,256,113	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		12,696,702		0	12,696,702	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT		13,844,677		0	13,844,677	34.01
40.00	04000 SUBPROVIDER - I/PF		10,825,375		0	10,825,375	40.00
41.00	04100 SUBPROVIDER - I/RF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		6,131,465		0	6,131,465	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		51,692,018		0	51,692,018	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0		0	0	52.00
53.00	05300 ANESTHESIOLOGY		5,089,848		0	5,089,848	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		33,265,709		0	33,265,709	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC		0		0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
56.00	05600 RADIOISOTOPE		1,569,564		0	1,569,564	56.00
57.00	05700 CT SCAN		5,829,830		0	5,829,830	57.00
58.00	05800 MRI		0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,183		0	3,183	59.00
60.00	06000 LABORATORY		34,524,027		0	34,524,027	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0		0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		4,061,641		0	4,061,641	63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	12,680,952	0	0	12,680,952	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	832,680	0	0	832,680	65.01
66.00	06600 PHYSICAL THERAPY	0	9,366,685	0	0	9,366,685	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,882,263	0	0	5,882,263	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,059,281	0	0	2,059,281	68.00
69.00	06900 ELECTROCARDIOLOGY		4,966,385		0	4,966,385	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,367,331		0	3,367,331	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,108,890		0	27,108,890	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		71,504,079		0	71,504,079	73.00
73.01	07301 RETAIL PHARMACIES		86,181,639		0	86,181,639	73.01
74.00	07400 RENAL DIALYSIS		3,535,053		0	3,535,053	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0		0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0		0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		0		0	0	90.00
90.01	09001 MEDICINE CLINIC		13,887,594		0	13,887,594	90.01
90.02	09002 OB/GYN CLINIC		3,719,613		0	3,719,613	90.02
90.03	09003 ORTHO CLINIC		0		0	0	90.03
90.04	09004 PEDIATRICS CLINIC		0		0	0	90.04
90.05	09005 DENTISTRY CLINIC		0		0	0	90.05
90.06	09006 DERMATOLOGY CLINIC		0		0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC		3,197,582		0	3,197,582	90.07
90.08	09008 ENT CLINIC		0		0	0	90.08
90.09	09009 GERIATRIC CLINIC		0		0	0	90.09
90.10	09010 SPECIALTY CLINIC		12,930,853		0	12,930,853	90.10
90.11	09011 NEUROLOGY CLINIC		0		0	0	90.11
90.12	09012 ENDOSCOPY CLINIC		8,167,746		0	8,167,746	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC		49,766		0	49,766	90.13
90.14	09014 URGENT VISIT CLINIC		0		0	0	90.14
90.15	09015 SENIOR CARE CLINIC		0		0	0	90.15
90.16	09016 WOMENS VISIT CLINIC		0		0	0	90.16
90.17	09017 CHC CLINIC		303,648		0	303,648	90.17
90.18	09018 PSYCHIATRIC CLINIC		24,285,444		0	24,285,444	90.18
90.19	09019 ORAL SURGERY CLINIC		0		0	0	90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 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	
90.20	09020	DIETARY CLINIC	260,384		260,384	0	260,384	90.20
90.21	09021	CENTER OF EXCELLENCE	0		0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,405,275		1,405,275	0	1,405,275	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	161,494		161,494	0	161,494	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,694		387,694	0	387,694	90.25
90.26	09026	WCQE/SENIOR CARE CLINIC	3,646,758		3,646,758	0	3,646,758	90.26
90.27	09027	TRANSGENDER CLINIC	1,367,444		1,367,444	0	1,367,444	90.27
91.00	09100	EMERGENCY	49,421,880		49,421,880	0	49,421,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,264,313		18,264,313		18,264,313	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	5,220,347		5,220,347	0	5,220,347	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	50,302,158		50,302,158	0	50,302,158	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	764,380,542	0	764,380,542	0	764,380,542	200.00
201.00		Less Observation Beds	18,264,313		18,264,313		18,264,313	201.00
202.00		Total (see instructions)	746,116,229	0	746,116,229	0	746,116,229	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 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	195,695,764		195,695,764		30.00
31.00	03100	INTENSIVE CARE UNIT	122,152,917		122,152,917		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	65,732,311		65,732,311		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,321,987		28,321,987		34.01
40.00	04000	SUBPROVIDER - I/PF	24,358,207		24,358,207		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	8,757,094		8,757,094		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	114,336,003	186,320,397	300,656,400	0.171931	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,454,492	24,867,499	44,321,991	0.114838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,452,661	125,125,988	186,578,649	0.178293	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,163,926	7,547,215	8,711,141	0.180179	56.00
57.00	05700	CT SCAN	33,152,049	61,799,110	94,951,159	0.061398	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	86,207,044	160,166,745	246,373,789	0.140129	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,451,366	6,065,289	24,516,655	0.165669	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	72,656,854	10,611,280	83,268,134	0.152291	65.00
65.01	03560	PULMONARY FUNCTION TESTING	150,006	4,714,574	4,864,580	0.171172	65.01
66.00	06600	PHYSICAL THERAPY	8,421,906	13,836,553	22,258,459	0.420815	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,344,428	5,822,896	13,167,324	0.446732	67.00
68.00	06800	SPEECH PATHOLOGY	2,548,783	1,947,191	4,495,974	0.458028	68.00
69.00	06900	ELECTROCARDIOLOGY	20,165,607	32,395,362	52,560,969	0.094488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,046,331	28,416,112	67,462,443	0.049914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,005,587	16,947,830	48,953,417	0.553769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,015,443	108,857,131	215,872,574	0.331233	73.00
73.01	07301	RETAIL PHARMACIES	0	201,445,529	201,445,529	0.427816	73.01
74.00	07400	RENAL DIALYSIS	6,077,862	851,688	6,929,550	0.510142	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	78,299	25,961,660	26,039,959	0.533319	90.01
90.02	09002	OB/GYN CLINIC	59,510	12,845,750	12,905,260	0.288225	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	196,876	13,148,715	13,345,591	0.239598	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	77,141	32,848,479	32,925,620	0.392729	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,329,321	39,989,892	43,319,213	0.188548	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,219,416	2,219,416	0.022423	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	2,664	2,664	113.981982	90.17
90.18	09018	PSYCHIATRIC CLINIC	130,524	18,687,157	18,817,681	1.290565	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	547	69,869	70,416	3.697796	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	0.000000	90.21
90.22	09022	OP BURN CLINIC	9,849	2,239,771	2,249,620	0.624672	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	PLASTICS CLINIC	197	126,654	126,851	1.273100	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	142,717	25,892	168,609	2.299367	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	7,424	3,081,796	3,089,220	1.180479	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	786	1,817,791	1,818,577	0.751931	0.000000	90.27
91.00	09100	EMERGENCY	91,188,079	262,118,077	353,306,156	0.139884	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,287,874	25,913,710	28,201,584	0.647634	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	1,966,044	18,422,174	20,388,218	0.256047	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	229,312,302	229,312,302	0.219361	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	1,174,143,816	1,686,570,158	2,860,713,974			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,174,143,816	1,686,570,158	2,860,713,974			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 3:06 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171931		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.114838		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.180179		56.00
57.00	05700	CT SCAN	0.061398		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.140129		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.152291		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172		65.01
66.00	06600	PHYSICAL THERAPY	0.420815		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732		67.00
68.00	06800	SPEECH PATHOLOGY	0.458028		68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233		73.00
73.01	07301	RETAIL PHARMACIES	0.427816		73.01
74.00	07400	RENAL DIALYSIS	0.510142		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.533319		90.01
90.02	09002	OB/GYN CLINIC	0.288225		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.392729		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	113.981982		90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	3.697796		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	0.624672		90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description			PPS Inpatient Ratio	
			11.00	
90.23	09023	BARIATRIC CLINIC	0.000000	90.23
90.24	09024	PLASTICS CLINIC	1.273100	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.299367	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.180479	90.26
90.27	09027	TRANSGENDER CLINIC	0.751931	90.27
91.00	09100	EMERGENCY	0.139884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.647634	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.219361	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100	HOME HEALTH AGENCY		101.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	112,125,159		112,125,159	0	112,125,159	30.00
31.00	03100 INTENSIVE CARE UNIT	48,256,113		48,256,113	0	48,256,113	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	12,696,702		12,696,702	0	12,696,702	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	13,844,677		13,844,677	0	13,844,677	34.01
40.00	04000 SUBPROVIDER - I/PF	10,825,375		10,825,375	0	10,825,375	40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	6,131,465		6,131,465	0	6,131,465	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	51,692,018		51,692,018	0	51,692,018	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	5,089,848		5,089,848	0	5,089,848	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	33,265,709		33,265,709	0	33,265,709	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,569,564		1,569,564	0	1,569,564	56.00
57.00	05700 CT SCAN	5,829,830		5,829,830	0	5,829,830	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,183		3,183	0	3,183	59.00
60.00	06000 LABORATORY	34,524,027		34,524,027	0	34,524,027	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,061,641		4,061,641	0	4,061,641	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	12,680,952	0	12,680,952	0	12,680,952	65.00
65.01	03560 PULMONARY FUNCTION TESTING	832,680	0	832,680	0	832,680	65.01
66.00	06600 PHYSICAL THERAPY	9,366,685	0	9,366,685	0	9,366,685	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,882,263	0	5,882,263	0	5,882,263	67.00
68.00	06800 SPEECH PATHOLOGY	2,059,281	0	2,059,281	0	2,059,281	68.00
69.00	06900 ELECTROCARDIOLOGY	4,966,385		4,966,385	0	4,966,385	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,367,331		3,367,331	0	3,367,331	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,108,890		27,108,890	0	27,108,890	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	71,504,079		71,504,079	0	71,504,079	73.00
73.01	07301 RETAIL PHARMACIES	86,181,639		86,181,639	0	86,181,639	73.01
74.00	07400 RENAL DIALYSIS	3,535,053		3,535,053	0	3,535,053	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	13,887,594		13,887,594	0	13,887,594	90.01
90.02	09002 OB/GYN CLINIC	3,719,613		3,719,613	0	3,719,613	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	3,197,582		3,197,582	0	3,197,582	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	12,930,853		12,930,853	0	12,930,853	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	8,167,746		8,167,746	0	8,167,746	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	49,766		49,766	0	49,766	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	303,648		303,648	0	303,648	90.17
90.18	09018 PSYCHIATRIC CLINIC	24,285,444		24,285,444	0	24,285,444	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
90.20	09020	DIETARY CLINIC	260,384		260,384	0	260,384	90.20
90.21	09021	CENTER OF EXCELLENCE	0		0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,405,275		1,405,275	0	1,405,275	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	161,494		161,494	0	161,494	90.24
90.25	09025	WOUND/OSTOMY CLINIC	387,694		387,694	0	387,694	90.25
90.26	09026	WCQE/SENIOR CARE CLINIC	3,646,758		3,646,758	0	3,646,758	90.26
90.27	09027	TRANSGENDER CLINIC	1,367,444		1,367,444	0	1,367,444	90.27
91.00	09100	EMERGENCY	49,421,880		49,421,880	0	49,421,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,264,313		18,264,313		18,264,313	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	5,220,347		5,220,347	0	5,220,347	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	50,302,158		50,302,158	0	50,302,158	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	764,380,542	0	764,380,542	0	764,380,542	200.00
201.00		Less Observation Beds	18,264,313		18,264,313		18,264,313	201.00
202.00		Total (see instructions)	746,116,229	0	746,116,229	0	746,116,229	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	195,695,764		195,695,764		30.00
31.00	03100	INTENSIVE CARE UNIT	122,152,917		122,152,917		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	65,732,311		65,732,311		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,321,987		28,321,987		34.01
40.00	04000	SUBPROVIDER - I/PF	24,358,207		24,358,207		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	8,757,094		8,757,094		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	114,336,003	186,320,397	300,656,400	0.171931	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,454,492	24,867,499	44,321,991	0.114838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,452,661	125,125,988	186,578,649	0.178293	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,163,926	7,547,215	8,711,141	0.180179	56.00
57.00	05700	CT SCAN	33,152,049	61,799,110	94,951,159	0.061398	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	86,207,044	160,166,745	246,373,789	0.140129	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,451,366	6,065,289	24,516,655	0.165669	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	72,656,854	10,611,280	83,268,134	0.152291	65.00
65.01	03560	PULMONARY FUNCTION TESTING	150,006	4,714,574	4,864,580	0.171172	65.01
66.00	06600	PHYSICAL THERAPY	8,421,906	13,836,553	22,258,459	0.420815	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,344,428	5,822,896	13,167,324	0.446732	67.00
68.00	06800	SPEECH PATHOLOGY	2,548,783	1,947,191	4,495,974	0.458028	68.00
69.00	06900	ELECTROCARDIOLOGY	20,165,607	32,395,362	52,560,969	0.094488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,046,331	28,416,112	67,462,443	0.049914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,005,587	16,947,830	48,953,417	0.553769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,015,443	108,857,131	215,872,574	0.331233	73.00
73.01	07301	RETAIL PHARMACIES	0	201,445,529	201,445,529	0.427816	73.01
74.00	07400	RENAL DIALYSIS	6,077,862	851,688	6,929,550	0.510142	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	78,299	25,961,660	26,039,959	0.533319	90.01
90.02	09002	OB/GYN CLINIC	59,510	12,845,750	12,905,260	0.288225	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	196,876	13,148,715	13,345,591	0.239598	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	77,141	32,848,479	32,925,620	0.392729	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,329,321	39,989,892	43,319,213	0.188548	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,219,416	2,219,416	0.022423	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	2,664	2,664	113.981982	90.17
90.18	09018	PSYCHIATRIC CLINIC	130,524	18,687,157	18,817,681	1.290565	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	547	69,869	70,416	3.697796	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 3:06 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	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	0.000000	90.21
90.22	09022	OP BURN CLINIC	9,849	2,239,771	2,249,620	0.624672	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	PLASTICS CLINIC	197	126,654	126,851	1.273100	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	142,717	25,892	168,609	2.299367	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	7,424	3,081,796	3,089,220	1.180479	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	786	1,817,791	1,818,577	0.751931	0.000000	90.27
91.00	09100	EMERGENCY	91,188,079	262,118,077	353,306,156	0.139884	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,287,874	25,913,710	28,201,584	0.647634	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	1,966,044	18,422,174	20,388,218	0.256047	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	229,312,302	229,312,302	0.219361	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0.000000	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0.000000	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0.000000	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0.000000	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	1,174,143,816	1,686,570,158	2,860,713,974			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,174,143,816	1,686,570,158	2,860,713,974			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 3:06 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171931		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.114838		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.180179		56.00
57.00	05700	CT SCAN	0.061398		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.140129		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.152291		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172		65.01
66.00	06600	PHYSICAL THERAPY	0.420815		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732		67.00
68.00	06800	SPEECH PATHOLOGY	0.458028		68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233		73.00
73.01	07301	RETAIL PHARMACIES	0.427816		73.01
74.00	07400	RENAL DIALYSIS	0.510142		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.533319		90.01
90.02	09002	OB/GYN CLINIC	0.288225		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.392729		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	113.981982		90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	3.697796		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	0.624672		90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/30/2024 3:06 pm
		Title XIX	Hospital	PPS

Cost Center Description			PPS Inpatient Ratio	
			11.00	
90.23	09023	BARIATRIC CLINIC	0.000000	90.23
90.24	09024	PLASTICS CLINIC	1.273100	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.299367	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.180479	90.26
90.27	09027	TRANSGENDER CLINIC	0.751931	90.27
91.00	09100	EMERGENCY	0.139884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.647634	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.219361	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100	HOME HEALTH AGENCY		101.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0.000000	105.00
106.00	10600	HEART ACQUISITION	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0.000000	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF PROVIDER CCN: 15-0024
 REDUCTIONS FOR MEDICAID ONLY

Period: From 01/01/2023 To 12/31/2023
 Worksheet C Part II Date/Time Prepared: 5/30/2024 3:06 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	51,692,018	5,422,729	46,269,289	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	5,089,848	635,345	4,454,503	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,265,709	4,334,614	28,931,095	0	0	54.00	
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	1,569,564	218,559	1,351,005	0	0	56.00	
57.00	05700	CT SCAN	5,829,830	631,766	5,198,064	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,183	43	3,140	0	0	59.00	
60.00	06000	LABORATORY	34,524,027	1,806,262	32,717,765	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,061,641	179,255	3,882,386	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	12,680,952	671,228	12,009,724	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	832,680	42,269	790,411	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	9,366,685	653,513	8,713,172	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	5,882,263	375,991	5,506,272	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	2,059,281	46,728	2,012,553	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,966,385	1,093,937	3,872,448	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,367,331	77,838	3,289,493	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,108,890	343,615	26,765,275	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	71,504,079	2,300,234	69,203,845	0	0	73.00	
73.01	07301	RETAIL PHARMACIES	86,181,639	1,609,408	84,572,231	0	0	73.01	
74.00	07400	RENAL DIALYSIS	3,535,053	621,793	2,913,260	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	MEDICINE CLINIC	13,887,594	1,721,122	12,166,472	0	0	90.01	
90.02	09002	OB/GYN CLINIC	3,719,613	733,595	2,986,018	0	0	90.02	
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03	
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04	
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05	
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06	
90.07	09007	OPHTHALMOLOGY CLINIC	3,197,582	640,390	2,557,192	0	0	90.07	
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08	
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09	
90.10	09010	SPECIALTY CLINIC	12,930,853	2,001,731	10,929,122	0	0	90.10	
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11	
90.12	09012	ENDOSCOPY CLINIC	8,167,746	1,138,643	7,029,103	0	0	90.12	
90.13	09013	OCCUPATIONAL THERAPY CLINIC	49,766	250,790	-201,024	0	0	90.13	
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14	
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15	
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16	
90.17	09017	CHC CLINIC	303,648	26,272	277,376	0	0	90.17	
90.18	09018	PSYCHIATRIC CLINIC	24,285,444	1,789,456	22,495,988	0	0	90.18	
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19	
90.20	09020	DIETARY CLINIC	260,384	4,163	256,221	0	0	90.20	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21	
90.22	09022	OP BURN CLINIC	1,405,275	222,718	1,182,557	0	0	90.22	
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23	
90.24	09024	PLASTICS CLINIC	161,494	3,456	158,038	0	0	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	387,694	6,989	380,705	0	0	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	3,646,758	327,788	3,318,970	0	0	90.26	
90.27	09027	TRANSGENDER CLINIC	1,367,444	104,144	1,263,300	0	0	90.27	
91.00	09100	EMERGENCY	49,421,880	5,134,919	44,286,961	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,264,313	1,951,998	16,312,315	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	5,220,347	381,519	4,838,828	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	50,302,158	2,780,256	47,521,902	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	

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

Provider CCN: 15-0024

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

Worksheet C
Part II
Date/Time Prepared:
5/30/2024 3:06 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				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	560,501,051	40,285,076	520,215,975	0	0	200.00
201.00		Less Observation Beds	18,264,313	1,951,998	16,312,315	0	0	201.00
202.00		Total (line 200 minus line 201)	542,236,738	38,333,078	503,903,660	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part II Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	51,692,018	300,656,400	0.171931		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	5,089,848	44,321,991	0.114838		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	33,265,709	186,578,649	0.178293		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	1,569,564	8,711,141	0.180179		56.00
57.00	05700 CT SCAN	5,829,830	94,951,159	0.061398		57.00
58.00	05800 MRI	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,183	0	0.000000		59.00
60.00	06000 LABORATORY	34,524,027	246,373,789	0.140129		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,061,641	24,516,655	0.165669		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	12,680,952	83,268,134	0.152291		65.00
65.01	03560 PULMONARY FUNCTION TESTING	832,680	4,864,580	0.171172		65.01
66.00	06600 PHYSICAL THERAPY	9,366,685	22,258,459	0.420815		66.00
67.00	06700 OCCUPATIONAL THERAPY	5,882,263	13,167,324	0.446732		67.00
68.00	06800 SPEECH PATHOLOGY	2,059,281	4,495,974	0.458028		68.00
69.00	06900 ELECTROCARDIOLOGY	4,966,385	52,560,969	0.094488		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,367,331	67,462,443	0.049914		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,108,890	48,953,417	0.553769		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	71,504,079	215,872,574	0.331233		73.00
73.01	07301 RETAIL PHARMACIES	86,181,639	201,445,529	0.427816		73.01
74.00	07400 RENAL DIALYSIS	3,535,053	6,929,550	0.510142		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000		78.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 MEDICINE CLINIC	13,887,594	26,039,959	0.533319		90.01
90.02	09002 OB/GYN CLINIC	3,719,613	12,905,260	0.288225		90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	3,197,582	13,345,591	0.239598		90.07
90.08	09008 ENT CLINIC	0	0	0.000000		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000		90.09
90.10	09010 SPECIALTY CLINIC	12,930,853	32,925,620	0.392729		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000		90.11
90.12	09012 ENDOSCOPY CLINIC	8,167,746	43,319,213	0.188548		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	49,766	2,219,416	0.022423		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000		90.16
90.17	09017 CHC CLINIC	303,648	2,664	113.981982		90.17
90.18	09018 PSYCHIATRIC CLINIC	24,285,444	18,817,681	1.290565		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000		90.19
90.20	09020 DIETARY CLINIC	260,384	70,416	3.697796		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000		90.21
90.22	09022 OP BURN CLINIC	1,405,275	2,249,620	0.624672		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000		90.23
90.24	09024 PLASTICS CLINIC	161,494	126,851	1.273100		90.24
90.25	09025 WOUND/OSTOMY CLINIC	387,694	168,609	2.299367		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	3,646,758	3,089,220	1.180479		90.26
90.27	09027 TRANSGENDER CLINIC	1,367,444	1,818,577	0.751931		90.27
91.00	09100 EMERGENCY	49,421,880	353,306,156	0.139884		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	18,264,313	28,201,584	0.647634		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	5,220,347	20,388,218	0.256047		92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	50,302,158	229,312,302	0.219361		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00

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

Provider CCN: 15-0024

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

Worksheet C
Part II
Date/Time Prepared:
5/30/2024 3:06 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		
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	560,501,051	2,415,695,694			200.00
201.00	Less Observation Beds	18,264,313	0			201.00
202.00	Total (line 200 minus line 201)	542,236,738	2,415,695,694			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,983,384	0	11,983,384	57,664	207.81	30.00
31.00	INTENSIVE CARE UNIT	4,247,602		4,247,602	20,309	209.15	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,626,247		1,626,247	3,036	535.65	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,832,819		1,832,819	6,168	297.15	34.01
40.00	SUBPROVIDER - IPF	1,696,291	0	1,696,291	10,023	169.24	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	592,085		592,085	6,566	90.17	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	21,978,428		21,978,428	103,766		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	5,079	1,055,467				
31.00	INTENSIVE CARE UNIT	2,487	520,156				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	168	89,989				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,363	230,674				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	9,097	1,896,286				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 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)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,422,729	300,656,400	0.018036	9,235,933	166,579	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	635,345	44,321,991	0.014335	791,585	11,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,334,614	186,578,649	0.023232	6,920,558	160,778	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	218,559	8,711,141	0.025090	92,501	2,321	56.00
57.00	05700	CT SCAN	631,766	94,951,159	0.006654	3,896,192	25,925	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,806,262	246,373,789	0.007331	8,791,853	64,453	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,255	24,516,655	0.007312	1,709,106	12,497	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	671,228	83,268,134	0.008061	10,166,166	81,949	65.00
65.01	03560	PULMONARY FUNCTION TESTING	42,269	4,864,580	0.008689	0	0	65.01
66.00	06600	PHYSICAL THERAPY	653,513	22,258,459	0.029360	1,126,239	33,066	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,991	13,167,324	0.028555	818,868	23,383	67.00
68.00	06800	SPEECH PATHOLOGY	46,728	4,495,974	0.010393	266,996	2,775	68.00
69.00	06900	ELECTROCARDIOLOGY	1,093,937	52,560,969	0.020813	2,716,208	56,532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,838	67,462,443	0.001154	3,917,135	4,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,615	48,953,417	0.007019	2,134,058	14,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,300,234	215,872,574	0.010656	10,788,275	114,960	73.00
73.01	07301	RETAIL PHARMACIES	1,609,408	201,445,529	0.007989	0	0	73.01
74.00	07400	RENAL DIALYSIS	621,793	6,929,550	0.089731	711,694	63,861	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,721,122	26,039,959	0.066095	15,896	1,051	90.01
90.02	09002	OB/GYN CLINIC	733,595	12,905,260	0.056845	195	11	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	640,390	13,345,591	0.047985	26,750	1,284	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	2,001,731	32,925,620	0.060796	6,584	400	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,138,643	43,319,213	0.026285	443,544	11,659	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	250,790	2,219,416	0.112998	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	26,272	2,664	9.861862	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,789,456	18,817,681	0.095094	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,163	70,416	0.059120	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	222,718	2,249,620	0.099002	585	58	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,456	126,851	0.027245	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	6,989	168,609	0.041451	23,628	979	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	327,788	3,089,220	0.106107	2,240	238	90.26
90.27	09027	TRANSGENDER CLINIC	104,144	1,818,577	0.057267	0	0	90.27
91.00	09100	EMERGENCY	5,134,919	353,306,156	0.014534	9,248,765	134,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,951,998	28,201,584	0.069216	261,302	18,086	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	381,519	20,388,218	0.018713	138,612	2,594	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	37,504,820	2,186,383,392		74,251,468	1,010,707	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	57,664	0.00	5,079	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,309	0.00	2,487	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,036	0.00	168	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	6,168	0.00	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	10,023	0.00	1,363	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	6,566	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	103,766	0.00	9,097	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0				34.01
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description	Title XVIII						Hospital PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	663,851	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024			Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XVIII			Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	663,851	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	300,656,400	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	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	44,321,991	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	186,578,649	0.000000	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	8,711,141	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	94,951,159	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	246,373,789	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	24,516,655	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	83,268,134	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	4,864,580	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	22,258,459	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,167,324	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,495,974	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	52,560,969	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,462,443	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,953,417	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	663,851	663,851	215,872,574	0.003075	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	201,445,529	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,929,550	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	26,039,959	0.000000	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	12,905,260	0.000000	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	13,345,591	0.000000	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0.000000	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	32,925,620	0.000000	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	43,319,213	0.000000	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,219,416	0.000000	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17 09017 CHC CLINIC	0	0	0	2,664	0.000000	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	18,817,681	0.000000	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20 09020 DIETARY CLINIC	0	0	0	70,416	0.000000	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22 09022 OP BURN CLINIC	0	0	0	2,249,620	0.000000	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	126,851	0.000000	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	168,609	0.000000	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	3,089,220	0.000000	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,818,577	0.000000	90.27
91.00 09100 EMERGENCY	0	0	0	353,306,156	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	28,201,584	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	20,388,218	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description			Title XVIII		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	663,851	663,851	2,186,383,392		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9,235,933	0	9,636,883	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	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	791,585	0	892,229	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,920,558	0	7,752,044	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	92,501	0	754,254	0	56.00
57.00	05700 CT SCAN	0.000000	3,896,192	0	3,384,796	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	8,791,853	0	3,671,033	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,709,106	0	108,363	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,166,166	0	902,680	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	388,912	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,126,239	0	67,801	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	818,868	0	14,251	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	266,996	0	4,193	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,716,208	0	2,180,807	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,917,135	0	1,607,388	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,134,058	0	954,104	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003075	10,788,275	33,174	8,952,470	27,529	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	711,694	0	60,058	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	15,896	0	2,102,906	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	195	0	127,752	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	26,750	0	1,174,557	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	6,584	0	2,272,187	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	443,544	0	2,500,421	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	0	0	1,215,259	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	518	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	585	0	121,373	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	0	0	3,707	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	23,628	0	4,572	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	2,240	0	629,127	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	2,102	0	90.27
91.00	09100 EMERGENCY	0.000000	9,248,765	0	11,111,018	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	261,302	0	1,428,412	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	138,612	0	1,017,310	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0024

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2024 3:06 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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		74,251,468	33,174	65,043,487	27,529	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 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	0.171931	9,636,883	0	0	1,656,879	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114838	892,229	0	0	102,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293	7,752,044	0	0	1,382,135	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.180179	754,254	0	0	135,901	56.00
57.00	05700	CT SCAN	0.061398	3,384,796	0	0	207,820	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.140129	3,671,033	8,296	0	514,418	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669	108,363	0	0	17,952	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.152291	902,680	0	0	137,470	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172	388,912	0	0	66,571	65.01
66.00	06600	PHYSICAL THERAPY	0.420815	67,801	0	0	28,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732	14,251	0	0	6,366	67.00
68.00	06800	SPEECH PATHOLOGY	0.458028	4,193	0	0	1,921	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488	2,180,807	0	0	206,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914	1,607,388	0	0	80,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769	954,104	6,580	0	528,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233	8,952,470	3,944	192,502	2,965,353	73.00
73.01	07301	RETAIL PHARMACIES	0.427816	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.510142	60,058	0	0	30,638	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.533319	2,102,906	0	464	1,121,520	90.01
90.02	09002	OB/GYN CLINIC	0.288225	127,752	0	17	36,821	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598	1,174,557	0	0	281,422	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.392729	2,272,187	0	0	892,354	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548	2,500,421	0	0	471,449	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	113.981982	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565	1,215,259	0	0	1,568,371	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.697796	518	0	0	1,915	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.624672	121,373	0	0	75,818	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	1.273100	3,707	0	0	4,719	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.299367	4,572	0	0	10,513	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.180479	629,127	0	876	742,671	90.26
90.27	09027	TRANSGENDER CLINIC	0.751931	2,102	0	34	1,581	90.27
91.00	09100	EMERGENCY	0.139884	11,111,018	0	326	1,554,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.647634	1,428,412	0	0	925,088	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	1,017,310	0	0	260,479	92.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 pm
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.219361		0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		65,043,487	18,820	194,219	16,018,037
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		65,043,487	18,820	194,219	16,018,037

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 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	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	1,163	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
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	3,644	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,306	63,763	73.00
73.01	07301	RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	247	90.01
90.02	09002	OB/GYN CLINIC	0	5	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	1,034	90.26
90.27	09027	TRANSGENDER CLINIC	0	26	90.27
91.00	09100	EMERGENCY	0	46	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	92.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	6,113	65,121	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	6,113	65,121	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,422,729	300,656,400	0.018036	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	635,345	44,321,991	0.014335	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,334,614	186,578,649	0.023232	12,634	294	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	218,559	8,711,141	0.025090	0	0	56.00
57.00	05700	CT SCAN	631,766	94,951,159	0.006654	28,209	188	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,806,262	246,373,789	0.007331	974	7	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,255	24,516,655	0.007312	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	671,228	83,268,134	0.008061	5,544	45	65.00
65.01	03560	PULMONARY FUNCTION TESTING	42,269	4,864,580	0.008689	0	0	65.01
66.00	06600	PHYSICAL THERAPY	653,513	22,258,459	0.029360	2,708	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,991	13,167,324	0.028555	3,256	93	67.00
68.00	06800	SPEECH PATHOLOGY	46,728	4,495,974	0.010393	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,093,937	52,560,969	0.020813	22,643	471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,838	67,462,443	0.001154	667	1	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,615	48,953,417	0.007019	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,300,234	215,872,574	0.010656	421,866	4,495	73.00
73.01	07301	RETAIL PHARMACIES	1,609,408	201,445,529	0.007989	0	0	73.01
74.00	07400	RENAL DIALYSIS	621,793	6,929,550	0.089731	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,721,122	26,039,959	0.066095	0	0	90.01
90.02	09002	OB/GYN CLINIC	733,595	12,905,260	0.056845	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	640,390	13,345,591	0.047985	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	2,001,731	32,925,620	0.060796	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,138,643	43,319,213	0.026285	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	250,790	2,219,416	0.112998	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	26,272	2,664	9.861862	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,789,456	18,817,681	0.095094	72,080	6,854	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,163	70,416	0.059120	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	222,718	2,249,620	0.099002	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,456	126,851	0.027245	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	6,989	168,609	0.041451	0	0	90.25
90.26	09026	WCQE/SENIOR CARE CLINIC	327,788	3,089,220	0.106107	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	104,144	1,818,577	0.057267	0	0	90.27
91.00	09100	EMERGENCY	5,134,919	353,306,156	0.014534	226,703	3,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,201,584	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	381,519	20,388,218	0.018713	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	35,552,822	2,186,383,392		797,284	15,823	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	663,851	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23	09023	BIARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	663,851	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	300,656,400	0.000000
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00 05300 ANESTHESIOLOGY	0	0	0	44,321,991	0.000000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	186,578,649	0.000000
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
56.00 05600 RADIOISOTOPE	0	0	0	8,711,141	0.000000
57.00 05700 CT SCAN	0	0	0	94,951,159	0.000000
58.00 05800 MRI	0	0	0	0	0.000000
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00 06000 LABORATORY	0	0	0	246,373,789	0.000000
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	24,516,655	0.000000
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	83,268,134	0.000000
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	4,864,580	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	22,258,459	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,167,324	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,495,974	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	52,560,969	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,462,443	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,953,417	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	663,851	663,851	215,872,574	0.003075
73.01 07301 RETAIL PHARMACIES	0	0	0	201,445,529	0.000000
74.00 07400 RENAL DIALYSIS	0	0	0	6,929,550	0.000000
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00 09000 CLINIC	0	0	0	0	0.000000
90.01 09001 MEDICINE CLINIC	0	0	0	26,039,959	0.000000
90.02 09002 OB/GYN CLINIC	0	0	0	12,905,260	0.000000
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	13,345,591	0.000000
90.08 09008 ENT CLINIC	0	0	0	0	0.000000
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000
90.10 09010 SPECIALTY CLINIC	0	0	0	32,925,620	0.000000
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000
90.12 09012 ENDOSCOPY CLINIC	0	0	0	43,319,213	0.000000
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,219,416	0.000000
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000
90.17 09017 CHC CLINIC	0	0	0	2,664	0.000000
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	18,817,681	0.000000
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000
90.20 09020 DIETARY CLINIC	0	0	0	70,416	0.000000
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000
90.22 09022 OP BURN CLINIC	0	0	0	2,249,620	0.000000
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000
90.24 09024 PLASTICS CLINIC	0	0	0	126,851	0.000000
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	168,609	0.000000
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	3,089,220	0.000000
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,818,577	0.000000
91.00 09100 EMERGENCY	0	0	0	353,306,156	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	28,201,584	0.000000
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	20,388,218	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm		
Title XVIII			Subprovider - IPF	PPS		
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500 AMBULANCE SERVICES					95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	663,851	663,851	2,186,383,392	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,634	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	28,209	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	974	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,544	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,708	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,256	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	22,643	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	667	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003075	421,866	1,297	0	73.00
73.01	07301	RETAIL PHARMACIES	0.000000	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.000000	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0.000000	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.000000	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.000000	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	90.16
90.17	09017	CHC CLINIC	0.000000	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.000000	72,080	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.000000	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.000000	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0.000000	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.000000	0	0	0	90.27
91.00	09100	EMERGENCY	0.000000	226,703	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		797,284	1,297	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0024

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

Worksheet D
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,983,384	0	11,983,384	57,664	207.81	30.00	
31.00	INTENSIVE CARE UNIT	4,247,602		4,247,602	20,309	209.15	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	1,626,247		1,626,247	3,036	535.65	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	NEONATAL INTENSIVE CARE UNIT	1,832,819		1,832,819	6,168	297.15	34.01	
40.00	SUBPROVIDER - IPF	1,696,291	0	1,696,291	10,023	169.24	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	592,085		592,085	6,566	90.17	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	21,978,428		21,978,428	103,766		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	11,750	2,441,768					30.00
31.00	INTENSIVE CARE UNIT	2,885	603,398					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	322	172,479					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	NEONATAL INTENSIVE CARE UNIT	2,397	712,269					34.01
40.00	SUBPROVIDER - IPF	1,286	217,643					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	6,289	567,079					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	24,929	4,714,636					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm		
Title XIX				Hospital	PPS			
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,422,729	300,656,400	0.018036	52,523,819	947,320	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	635,345	44,321,991	0.014335	10,649,895	152,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,334,614	186,578,649	0.023232	25,420,092	590,560	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	218,559	8,711,141	0.025090	507,658	12,737	56.00
57.00	05700	CT SCAN	631,766	94,951,159	0.006654	14,546,430	96,792	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,806,262	246,373,789	0.007331	32,378,779	237,369	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,255	24,516,655	0.007312	6,329,100	46,278	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	671,228	83,268,134	0.008061	19,818,064	159,753	65.00
65.01	03560	PULMONARY FUNCTION TESTING	42,269	4,864,580	0.008689	55,459	482	65.01
66.00	06600	PHYSICAL THERAPY	653,513	22,258,459	0.029360	2,077	61	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,991	13,167,324	0.028555	3,807	109	67.00
68.00	06800	SPEECH PATHOLOGY	46,728	4,495,974	0.010393	284	3	68.00
69.00	06900	ELECTROCARDIOLOGY	1,093,937	52,560,969	0.020813	8,494,443	176,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,838	67,462,443	0.001154	17,405,992	20,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,615	48,953,417	0.007019	16,235,778	113,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,300,234	215,872,574	0.010656	55,310,379	589,387	73.00
73.01	07301	RETAIL PHARMACIES	1,609,408	201,445,529	0.007989	0	0	73.01
74.00	07400	RENAL DIALYSIS	621,793	6,929,550	0.089731	2,827,074	253,676	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,721,122	26,039,959	0.066095	4,153	274	90.01
90.02	09002	OB/GYN CLINIC	733,595	12,905,260	0.056845	45,052	2,561	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	640,390	13,345,591	0.047985	64,956	3,117	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	2,001,731	32,925,620	0.060796	39,840	2,422	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,138,643	43,319,213	0.026285	1,317,664	34,635	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	250,790	2,219,416	0.112998	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	26,272	2,664	9.861862	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,789,456	18,817,681	0.095094	2,067	197	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,163	70,416	0.059120	53	3	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	222,718	2,249,620	0.099002	3,591	356	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,456	126,851	0.027245	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	6,989	168,609	0.041451	62,289	2,582	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	327,788	3,089,220	0.106107	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	104,144	1,818,577	0.057267	786	45	90.27
91.00	09100	EMERGENCY	5,134,919	353,306,156	0.014534	42,028,540	610,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,951,998	28,201,584	0.069216	856,651	59,294	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	381,519	20,388,218	0.018713	1,039,369	19,450	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	37,504,820	2,186,383,392		307,974,141	4,133,813	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	57,664	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,309	0.00	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,036	0.00	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	6,168	0.00	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	10,023	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00
43.00	04300	NURSERY	0	0	6,566	0.00	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	45.00
200.00		Total (lines 30 through 199)	0	0	103,766	0.00	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0				34.01
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description	Title XIX			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	663,851	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024			Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XIX			Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	663,851	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 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	300,656,400	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	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	44,321,991	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	186,578,649	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,711,141	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	94,951,159	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	246,373,789	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	24,516,655	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,268,134	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	4,864,580	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,258,459	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,167,324	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,495,974	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	52,560,969	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,462,443	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,953,417	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	663,851	663,851	215,872,574	0.003075	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	201,445,529	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	6,929,550	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	26,039,959	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	12,905,260	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	13,345,591	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	32,925,620	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	43,319,213	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	2,219,416	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	2,664	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	18,817,681	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	70,416	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	2,249,620	0.000000	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	126,851	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	168,609	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	3,089,220	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	1,818,577	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	353,306,156	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	28,201,584	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	20,388,218	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description			Title XIX		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	663,851	663,851	2,186,383,392		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 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	52,523,819	0	74,067,371	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	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	10,649,895	0	9,932,149	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	25,420,092	0	43,670,524	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	507,658	0	2,103,237	0	56.00
57.00	05700	CT SCAN	0.000000	14,546,430	0	26,281,014	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	32,378,779	0	57,623,808	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	6,329,100	0	1,770,709	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	19,818,064	0	1,011,883	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	55,459	0	1,698,269	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	2,077	0	4,139,115	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,807	0	1,933,558	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	284	0	1,305,570	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,494,443	0	13,079,464	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	17,405,992	0	9,816,190	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	16,235,778	0	7,433,095	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003075	55,310,379	170,079	37,849,565	116,387	73.00
73.01	07301	RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	2,827,074	0	226,118	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.000000	4,153	0	8,494,828	0	90.01
90.02	09002	OB/GYN CLINIC	0.000000	45,052	0	5,082,278	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	64,956	0	3,643,383	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.000000	39,840	0	12,415,544	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.000000	1,317,664	0	12,639,319	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.000000	0	0	1,986	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.000000	2,067	0	10,771,316	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	53	0	27,789	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.000000	3,591	0	724,385	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.000000	0	0	44,949	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0.000000	62,289	0	6,644	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.000000	0	0	535,606	0	90.26
90.27	09027	TRANSGENER CLINIC	0.000000	786	0	777,248	0	90.27
91.00	09100	EMERGENCY	0.000000	42,028,540	0	130,739,370	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	856,651	0	10,583,918	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	1,039,369	0	9,416,277	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0024

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2024 3:06 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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		307,974,141	170,079	499,846,479	116,387	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 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	0.171931	74,067,371	0	0	12,734,477	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114838	9,932,149	0	0	1,140,588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293	43,670,524	0	0	7,786,149	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	0.180179	2,103,237	0	0	378,959	56.00
57.00	05700	CT SCAN	0.061398	26,281,014	0	0	1,613,602	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.140129	57,623,808	0	0	8,074,767	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669	1,770,709	0	0	293,352	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.152291	1,011,883	0	0	154,101	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172	1,698,269	0	0	290,696	65.01
66.00	06600	PHYSICAL THERAPY	0.420815	4,139,115	0	0	1,741,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732	1,933,558	0	0	863,782	67.00
68.00	06800	SPEECH PATHOLOGY	0.458028	1,305,570	0	0	597,988	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488	13,079,464	0	0	1,235,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914	9,816,190	0	0	489,965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769	7,433,095	0	0	4,116,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233	37,849,565	0	0	12,537,025	73.00
73.01	07301	RETAIL PHARMACIES	0.427816	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.510142	226,118	0	0	115,352	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.533319	8,494,828	0	0	4,530,453	90.01
90.02	09002	OB/GYN CLINIC	0.288225	5,082,278	0	0	1,464,840	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598	3,643,383	0	0	872,947	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.392729	12,415,544	0	0	4,875,944	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548	12,639,319	0	0	2,383,118	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	113.981982	1,986	0	0	226,368	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565	10,771,316	0	0	13,901,083	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.697796	27,789	0	0	102,758	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.624672	724,385	0	0	452,503	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	1.273100	44,949	0	0	57,225	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.299367	6,644	0	0	15,277	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.180479	535,606	0	0	632,272	90.26
90.27	09027	TRANSGENDER CLINIC	0.751931	777,248	0	0	584,437	90.27
91.00	09100	EMERGENCY	0.139884	130,739,370	0	0	18,288,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.647634	10,583,918	0	0	6,854,505	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	9,416,277	0	0	2,411,009	92.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost		PPS Services (see inst.)		
			Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500	AMBULANCE SERVICES	0.219361	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00		Subtotal (see instructions)		499,846,479	0	111,817,760	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		499,846,479	0	111,817,760	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 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	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	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	90.27
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	92.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 3:06 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,422,729	300,656,400	0.018036	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	635,345	44,321,991	0.014335	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,334,614	186,578,649	0.023232	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	218,559	8,711,141	0.025090	0	0	56.00
57.00	05700	CT SCAN	631,766	94,951,159	0.006654	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,806,262	246,373,789	0.007331	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,255	24,516,655	0.007312	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	671,228	83,268,134	0.008061	519	4	65.00
65.01	03560	PULMONARY FUNCTION TESTING	42,269	4,864,580	0.008689	0	0	65.01
66.00	06600	PHYSICAL THERAPY	653,513	22,258,459	0.029360	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,991	13,167,324	0.028555	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	46,728	4,495,974	0.010393	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,093,937	52,560,969	0.020813	70,253	1,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,838	67,462,443	0.001154	74,577	86	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,615	48,953,417	0.007019	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,300,234	215,872,574	0.010656	191	2	73.00
73.01	07301	RETAIL PHARMACIES	1,609,408	201,445,529	0.007989	0	0	73.01
74.00	07400	RENAL DIALYSIS	621,793	6,929,550	0.089731	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,721,122	26,039,959	0.066095	0	0	90.01
90.02	09002	OB/GYN CLINIC	733,595	12,905,260	0.056845	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	640,390	13,345,591	0.047985	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	2,001,731	32,925,620	0.060796	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,138,643	43,319,213	0.026285	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	250,790	2,219,416	0.112998	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	26,272	2,664	9.861862	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1,789,456	18,817,681	0.095094	56,374	5,361	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,163	70,416	0.059120	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	222,718	2,249,620	0.099002	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	3,456	126,851	0.027245	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	6,989	168,609	0.041451	962	40	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	327,788	3,089,220	0.106107	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	104,144	1,818,577	0.057267	0	0	90.27
91.00	09100	EMERGENCY	5,134,919	353,306,156	0.014534	198,827	2,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,201,584	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	381,519	20,388,218	0.018713	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part II Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	35,552,822	2,186,383,392		401,703	9,845	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	663,851	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	663,851	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)
	4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	300,656,400	0.000000
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00 05300 ANESTHESIOLOGY	0	0	0	44,321,991	0.000000
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	186,578,649	0.000000
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
56.00 05600 RADIOISOTOPE	0	0	0	8,711,141	0.000000
57.00 05700 CT SCAN	0	0	0	94,951,159	0.000000
58.00 05800 MRI	0	0	0	0	0.000000
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00 06000 LABORATORY	0	0	0	246,373,789	0.000000
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	24,516,655	0.000000
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00 06500 RESPIRATORY THERAPY	0	0	0	83,268,134	0.000000
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	4,864,580	0.000000
66.00 06600 PHYSICAL THERAPY	0	0	0	22,258,459	0.000000
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,167,324	0.000000
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,495,974	0.000000
69.00 06900 ELECTROCARDIOLOGY	0	0	0	52,560,969	0.000000
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,462,443	0.000000
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	48,953,417	0.000000
73.00 07300 DRUGS CHARGED TO PATIENTS	0	663,851	663,851	215,872,574	0.003075
73.01 07301 RETAIL PHARMACIES	0	0	0	201,445,529	0.000000
74.00 07400 RENAL DIALYSIS	0	0	0	6,929,550	0.000000
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00 09000 CLINIC	0	0	0	0	0.000000
90.01 09001 MEDICINE CLINIC	0	0	0	26,039,959	0.000000
90.02 09002 OB/GYN CLINIC	0	0	0	12,905,260	0.000000
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	13,345,591	0.000000
90.08 09008 ENT CLINIC	0	0	0	0	0.000000
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000
90.10 09010 SPECIALTY CLINIC	0	0	0	32,925,620	0.000000
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000
90.12 09012 ENDOSCOPY CLINIC	0	0	0	43,319,213	0.000000
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,219,416	0.000000
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000
90.17 09017 CHC CLINIC	0	0	0	2,664	0.000000
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	18,817,681	0.000000
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000
90.20 09020 DIETARY CLINIC	0	0	0	70,416	0.000000
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000
90.22 09022 OP BURN CLINIC	0	0	0	2,249,620	0.000000
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000
90.24 09024 PLASTICS CLINIC	0	0	0	126,851	0.000000
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	168,609	0.000000
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	3,089,220	0.000000
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,818,577	0.000000
91.00 09100 EMERGENCY	0	0	0	353,306,156	0.000000
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	28,201,584	0.000000
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	20,388,218	0.000000

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm
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	Title XIX	Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500 AMBULANCE SERVICES					95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	663,851	663,851	2,186,383,392	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	519	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	70,253	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	74,577	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003075	191	1	0	73.00
73.01	07301	RETAIL PHARMACIES	0.000000	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.000000	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0.000000	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	0	0	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.000000	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.000000	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	90.16
90.17	09017	CHC CLINIC	0.000000	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.000000	56,374	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.000000	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.000000	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0.000000	962	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.000000	0	0	0	90.27
91.00	09100	EMERGENCY	0.000000	198,827	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part IV Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		401,703	1	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2024 3:06 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,664	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,664	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)		48,271	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)		5,079	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)		112,125,159	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)		112,125,159	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)		112,125,159	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)		1,944.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,875,912	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)		9,875,912	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	48,256,113	20,309	2,376.09	2,487	5,909,336	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	12,696,702	3,036	4,182.05	168	702,584	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	13,844,677	6,168	2,244.60	0	0	46.01
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)					14,421,431	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)					30,909,263	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)					1,665,612	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,043,881	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,709,493	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,199,770	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,393	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,944.46	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		Cost		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	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,264,313	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,983,384	112,125,159	0.106875	18,264,313	1,951,998	90.00
91.00	Nursing Program cost	0	112,125,159	0.000000	18,264,313	0	91.00
92.00	Allied health cost	0	112,125,159	0.000000	18,264,313	0	92.00
93.00	All other Medical Education	0	112,125,159	0.000000	18,264,313	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,023	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,023	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)		10,023	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,363	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)		10,825,375	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)		10,825,375	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)		10,825,375	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)		1,080.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,472,108	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,472,108	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-S024			Date/Time Prepared: 5/30/2024 3:06 pm
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	0	47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1.00	
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						274,204	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						0	48.01
						1,746,312	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)						230,674	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						17,120	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						247,794	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,498,518	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
55.01 Permanent adjustment amount per discharge						0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)						0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,696,291	10,825,375	0.156696	0	0	90.00
91.00	Nursing Program cost	0	10,825,375	0.000000	0	0	91.00
92.00	Allied health cost	0	10,825,375	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,825,375	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2024 3:06 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,664	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,664	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)		48,271	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)		11,750	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)		6,566	15.00
16.00	Nursery days (title V or XIX only)		6,289	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)		112,125,159	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)		112,125,159	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)		112,125,159	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)		1,944.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,847,405	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)		22,847,405	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1		
		Title XIX		Hospital		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	6,131,465	6,566	933.82	6,289	5,872,794	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	48,256,113	20,309	2,376.09	2,885	6,855,020	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	12,696,702	3,036	4,182.05	322	1,346,620	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	13,844,677	6,168	2,244.60	2,397	5,380,306	46.01	
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)						61,955,301	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)						104,257,446	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)						4,496,993	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						4,303,892	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						8,800,885	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						95,456,561	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
55.01	Permanent adjustment amount per discharge						0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)						0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						9,393	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,944.46	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						18,264,313 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	11,983,384	112,125,159	0.106875	18,264,313	1,951,998	90.00
91.00	Nursing Program cost	0	112,125,159	0.000000	18,264,313	0	91.00
92.00	Allied health cost	0	112,125,159	0.000000	18,264,313	0	92.00
93.00	All other Medical Education	0	112,125,159	0.000000	18,264,313	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 3:06 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,023	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,023	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)		10,023	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,286	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)		6,566	15.00
16.00	Nursery days (title V or XIX only)		6,289	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)		10,825,375	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)		10,825,375	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)		10,825,375	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)		1,080.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,388,944	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,388,944	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1	
				Component CCN: 15-S024	Date/Time Prepared: 5/30/2024 3:06 pm		
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					113,281		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)					1,502,225		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)					217,643		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,846		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					227,489		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,274,736		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/30/2024 3:06 pm
		Title XIX	Subprovider - IPF	PPS

Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,696,291	10,825,375	0.156696	0	0	90.00
91.00	Nursing Program cost	0	10,825,375	0.000000	0	0	91.00
92.00	Allied health cost	0	10,825,375	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,825,375	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 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		14,064,578	30.00
31.00	03100	INTENSIVE CARE UNIT		16,396,349	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,527,996	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171931	9,235,933	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114838	791,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293	6,920,558	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.180179	92,501	56.00
57.00	05700	CT SCAN	0.061398	3,896,192	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140129	8,791,853	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669	1,709,106	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.152291	10,166,166	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172	0	65.01
66.00	06600	PHYSICAL THERAPY	0.420815	1,126,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732	818,868	67.00
68.00	06800	SPEECH PATHOLOGY	0.458028	266,996	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488	2,716,208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914	3,917,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769	2,134,058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233	10,788,275	73.00
73.01	07301	RETAIL PHARMACIES	0.427816	0	73.01
74.00	07400	RENAL DIALYSIS	0.510142	711,694	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.533319	15,896	90.01
90.02	09002	OB/GYN CLINIC	0.288225	195	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598	26,750	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.392729	6,584	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548	443,544	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	113.981982	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.697796	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.624672	585	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Hospital		PPS	
			1.00	2.00	3.00			
90.24	09024	PLASTICS CLINIC	1.273100	0				90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.299367	23,628			54,329	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.180479	2,240			2,644	90.26
90.27	09027	TRANSGENDER CLINIC	0.751931	0			0	90.27
91.00	09100	EMERGENCY	0.139884	9,248,765			1,293,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.647634	261,302			169,228	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	138,612			35,491	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0			0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0			0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0			0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0			0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		74,251,468			14,421,431	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0			0	201.00
202.00		Net charges (line 200 minus line 201)		74,251,468				202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		3,363,984	40.00
41.00	04100	SUBPROVIDER - IPF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171931	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114838	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293	12,634	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.180179	0	56.00
57.00	05700	CT SCAN	0.061398	28,209	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140129	974	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.152291	5,544	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172	0	65.01
66.00	06600	PHYSICAL THERAPY	0.420815	2,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732	3,256	67.00
68.00	06800	SPEECH PATHOLOGY	0.458028	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488	22,643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914	667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233	421,866	73.00
73.01	07301	RETAIL PHARMACIES	0.427816	0	73.01
74.00	07400	RENAL DIALYSIS	0.510142	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.533319	0	90.01
90.02	09002	OB/GYN CLINIC	0.288225	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.392729	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	113.981982	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565	72,080	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.697796	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.624672	0	90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	90.23
90.24	09024 PLASTICS CLINIC	1.273100	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	2.299367	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.180479	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.751931	0	0	90.27
91.00	09100 EMERGENCY	0.139884	226,703	31,712	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.647634	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		797,284	274,204	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)		797,284		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		137,553,740	30.00
31.00	03100	INTENSIVE CARE UNIT		49,662,953	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		36,113,762	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		27,072,996	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171931	52,523,819	9,030,473 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.114838	10,649,895	1,223,013 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293	25,420,092	4,532,224 54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.180179	507,658	91,469 56.00
57.00	05700	CT SCAN	0.061398	14,546,430	893,122 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.140129	32,378,779	4,537,206 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.165669	6,329,100	1,048,536 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.152291	19,818,064	3,018,113 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172	55,459	9,493 65.01
66.00	06600	PHYSICAL THERAPY	0.420815	2,077	874 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732	3,807	1,701 67.00
68.00	06800	SPEECH PATHOLOGY	0.458028	284	130 68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488	8,494,443	802,623 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914	17,405,992	868,803 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769	16,235,778	8,990,871 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233	55,310,379	18,320,623 73.00
73.01	07301	RETAIL PHARMACIES	0.427816	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.510142	2,827,074	1,442,209 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	MEDICINE CLINIC	0.533319	4,153	2,215 90.01
90.02	09002	OB/GYN CLINIC	0.288225	45,052	12,985 90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598	64,956	15,563 90.07
90.08	09008	ENT CLINIC	0.000000	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0 90.09
90.10	09010	SPECIALTY CLINIC	0.392729	39,840	15,646 90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548	1,317,664	248,443 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423	0	0 90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0 90.16
90.17	09017	CHC CLINIC	113.981982	0	0 90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565	2,067	2,668 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0 90.19
90.20	09020	DIETARY CLINIC	3.697796	53	196 90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0 90.21
90.22	09022	OP BURN CLINIC	0.624672	3,591	2,243 90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0 90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.24	09024	PLASTICS CLINIC	1.273100	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.299367	62,289	143,225	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.180479	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.751931	786	591	90.27
91.00	09100	EMERGENCY	0.139884	42,028,540	5,879,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.647634	856,651	554,796	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0.256047	1,039,369	266,127	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		307,974,141	61,955,301	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		307,974,141		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		14,651,644	40.00
41.00	04100	SUBPROVIDER - IPF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171931	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.114838	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178293	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.180179	0	56.00
57.00	05700	CT SCAN	0.061398	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140129	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.165669	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.152291	519	79 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.171172	0	65.01
66.00	06600	PHYSICAL THERAPY	0.420815	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446732	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.458028	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094488	70,253	6,638 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.049914	74,577	3,722 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.553769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331233	191	63 73.00
73.01	07301	RETAIL PHARMACIES	0.427816	0	73.01
74.00	07400	RENAL DIALYSIS	0.510142	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.533319	0	90.01
90.02	09002	OB/GYN CLINIC	0.288225	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.239598	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.392729	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.188548	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.022423	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	113.981982	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	1.290565	56,374	72,754 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.697796	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.624672	0	90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 3:06 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	90.23
90.24	09024 PLASTICS CLINIC	1.273100	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	2.299367	962	2,212	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.180479	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.751931	0	0	90.27
91.00	09100 EMERGENCY	0.139884	198,827	27,813	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.647634	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.256047	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		401,703	113,281	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)		401,703		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 3:06 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)		10,587,460	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,198,759	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)		1,836,670	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		469,909	2.04
3.00	Managed Care Simulated Payments		25,346,123	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		288.27	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)		156.43	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		156.43	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		211.18	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.41	11.00
12.00	Current year allowable FTE (see instructions)		157.84	12.00
13.00	Total allowable FTE count for the prior year.		157.93	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.		150.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.		155.47	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		155.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.539321	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.531885	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.531885	21.00
22.00	IME payment adjustment (see instructions)		3,763,684	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		6,451,602	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		54.75	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		3,763,684	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		6,451,602	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		13.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		61.36	31.00
32.00	Sum of lines 30 and 31		74.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		50.73	33.00
34.00	Disproportionate share adjustment (see instructions)		1,875,263	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.002008288	0.001944970	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	13,805,780	11,549,246	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	10,325,964	2,903,088	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	13,229,052		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	35,960,797		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)		42,412,399	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,852,117	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,753,316	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		18,183	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		33,174	58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,069,189	59.00
60.00	Primary payer payments		22,391	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,046,798	61.00
62.00	Deductibles billed to program beneficiaries		1,373,256	62.00
63.00	Coinurance billed to program beneficiaries		144,400	63.00
64.00	Allowable bad debts (see instructions)		919,859	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		597,908	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		753,484	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,127,050	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		16,144	70.93
70.94	HRR adjustment amount (see instructions)		-1,260	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 3:06 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)		442,975		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,698,959		71.00
71.01	Sequestration adjustment (see instructions)		913,979		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0		71.03
72.00	Interim payments		38,489,124		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)		6,295,856		74.00
74.01	Balance due provider/program-PARHM (see instructions)		0		74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,091,713		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000		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. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2024 3:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,587,460	0	10,587,460		10,587,460	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,198,759	0		4,198,759	4,198,759	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,836,670	0	1,836,670		1,836,670	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	469,909	0		469,909	469,909	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	25,346,123	0	17,388,240	7,957,883	25,346,123	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.531885	0.531885	0.531885	0.531885		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,763,684	0	2,694,932	1,068,752	3,763,684	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	6,451,602	0	4,426,002	2,025,600	6,451,602	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,763,684	0	2,694,932	1,068,752	3,763,684	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	6,451,602	0	4,426,002	2,025,600	6,451,602	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5073	0.5073	0.5073	0.5073		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,875,263	0	1,342,755	532,508	1,875,263	11.00
11.01	Uncompensated care payments	36.00	13,229,052	0	1,576,486	2,903,088	4,479,574	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	35,960,797	0	26,787,781	9,173,016	35,960,797	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,412,399	0	31,213,783	11,198,616	42,412,399	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,852,117	0	1,336,474	515,643	1,852,117	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2024 3:06 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	18,183	0	18,183	0	18,183	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	32,568,440	11,714,259	44,282,699	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,119,205	0	795,119	324,086	1,119,205	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	300,340	0	234,042	66,298	300,340	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2235	0.2235	0.2235	0.2235		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	250,142	0	177,709	72,433	250,142	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1630	0.1630	0.0000	0.1630		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	182,430	0	129,604	52,826	182,430	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,852,117	0	1,336,474	515,643	1,852,117	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 15-0024		Period: From 01/01/2023 To 12/31/2023		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2024 3:06 pm	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,587,460	10,587,460		10,587,460		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,198,759		4,198,759	4,198,759		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	1,836,670	1,836,670		1,836,670		2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	469,909		469,909	469,909		2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0		3.00
4.00	Managed care simulated payments	3.00	25,346,123	17,388,240	7,957,883	25,346,123		4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.531885	0.531885	0.531885			5.00
6.00	IME payment adjustment (see instructions)	22.00	3,763,684	2,694,932	1,068,752	3,763,684		6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	6,451,602	4,426,002	2,025,600	6,451,602		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0		8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,763,684	2,694,932	1,068,752	3,763,684		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	6,451,602	4,426,002	2,025,600	6,451,602		9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5073	0.5073	0.5073			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,875,263	1,342,755	532,508	1,875,263		11.00
11.01	Uncompensated care payments	36.00	13,229,052	1,576,486	2,903,088	4,479,574		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	35,960,797	26,787,781	9,173,016	35,960,797		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	42,412,399	31,213,783	11,198,616	42,412,399		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,852,117	1,336,474	515,643	1,852,117		16.00
17.00	Special add-on payments for new technologies	54.00	18,183	18,183	0	18,183		17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		18.00
19.00	SUBTOTAL			32,568,440	11,714,259	44,282,699		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2024 3:06 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,119,205	795,119	324,086	1,119,205	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	300,340	234,042	66,298	300,340	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	0.2235	0.2235	0.2235		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	250,142	177,709	72,433	250,142	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1630	0.0000	0.1630		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	182,430	129,604	52,826	182,430	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,852,117	1,336,474	515,643	1,852,117	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	16,144	0	16,144	16,144	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	-1,260	0	-1,260	-1,260	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		325,684	117,291	442,975	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		71,234	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,990,508	2.00
3.00	OPPS or REH payments		10,639,156	3.00
4.00	Outlier payment (see instructions)		199,812	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		27,529	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		71,234	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		213,039	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)		213,039	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)		213,039	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		141,805	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)		71,234	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)		10,866,497	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,316	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,099,379	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)		8,837,036	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,356,252	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		10,193,288	30.00
31.00	Primary payer payments		14,530	31.00
32.00	Subtotal (line 30 minus line 31)		10,178,758	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)		234,973	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		152,732	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,887	36.00
37.00	Subtotal (see instructions)		10,331,490	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		10,331,490	40.00
40.01	Sequestration adjustment (see instructions)		206,630	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		9,911,612	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		213,248	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		49,766	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Hospital	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,489,124		9,911,612	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,489,124		9,911,612	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		6,295,856		213,248	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,784,980		10,124,860	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024
Component CCN: 15-S024

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 3:06 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 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		1,067,978			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,067,978			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		34,611			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		1,102,589			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2023 To 12/31/2023	Worksheet E-3 Part II Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,237,614 1.00
2.00	Net IPF PPS Outlier Payments			9,289 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			200.22 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			27.460274 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,246,903 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,246,903 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,246,903 18.00
19.00	Deductibles			107,112 19.00
20.00	Subtotal (line 18 minus line 19)			1,139,791 20.00
21.00	Coinsurance			50,000 21.00
22.00	Subtotal (line 20 minus line 21)			1,089,791 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			52,312 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			34,003 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,600 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,123,794 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			1,297 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,125,091 31.00
31.01	Sequestration adjustment (see instructions)			22,502 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,067,978 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34,611 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			9,289 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/30/2024 3:06 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.			149.29	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			211.36	6.00
7.00	Enter the lesser of line 5 or line 6			149.29	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.	77.16	115.58	192.74	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.	59.77	89.52	149.29	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.33		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		1.41		10.01
11.00	Total weighted FTE count	59.77	90.85		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	59.30	91.32		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	55.45	93.26		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.17	91.81		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	58.17	91.81		17.00
18.00	Per resident amount	120,094.48	113,718.91		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	6,985,896	10,440,533	17,426,429	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			62.07	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			17,426,429	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E-4 Date/Time Prepared: 5/30/2024 3:06 pm
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	9,097	13,964		26.00
27.00	Total Inpatient Days (see instructions)	89,422	89,422		27.00
28.00	Ratio of inpatient days to total inpatient days	0.101731	0.156158		28.00
29.00	Program direct GME amount	1,772,808	2,721,276	4,494,084	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		384,516	384,516	30.00
31.00	Net Program direct GME amount			4,109,568	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)			6,929,550	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)			32,655,575	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			22,391	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			32,633,184	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,089,271	42.00
43.00	Primary payer payments (see instructions)			14,530	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,074,741	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			48,707,925	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.669977	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.330023	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			4,109,568	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			2,753,316	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,356,252	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/30/2024 3:06 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: 15-0024

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

Worksheet G

Date/Time Prepared:
5/30/2024 3:06 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	257,061,878	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	93,414,848	0	0	0	4.00
5.00	Other receivable	31,785,805	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	14,100,448	0	0	0	7.00
8.00	Prepaid expenses	14,246,505	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	410,609,484	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,224,207	0	0	0	12.00
13.00	Land improvements	84,958,153	0	0	0	13.00
14.00	Accumulated depreciation	-52,229,333	0	0	0	14.00
15.00	Buildings	454,326,658	0	0	0	15.00
16.00	Accumulated depreciation	-148,967,193	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	245,788,176	0	0	0	19.00
20.00	Accumulated depreciation	-178,539,814	0	0	0	20.00
21.00	Automobiles and trucks	8,873,615	0	0	0	21.00
22.00	Accumulated depreciation	-5,721,497	0	0	0	22.00
23.00	Major movable equipment	148,559,363	0	0	0	23.00
24.00	Accumulated depreciation	-100,252,212	0	0	0	24.00
25.00	Minor equipment depreciable	154,795,703	0	0	0	25.00
26.00	Accumulated depreciation	-87,734,548	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)	533,081,278	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	35,847,594	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	35,847,594	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	979,538,356	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-45,682,540	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-126,201,990	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-11,960,256	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-183,844,786	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-36,627,446	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-36,627,446	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-220,472,232	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-759,066,124				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)	-759,066,124	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-979,538,356	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0024

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

Worksheet G-1

Date/Time Prepared:
5/30/2024 3:06 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		845,191,570		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-86,125,445			2.00
3.00	Total (sum of line 1 and line 2)		759,066,125		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)		759,066,125		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)		759,066,125		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: 15-0024

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2024 3:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	204,452,858		204,452,858	1.00
2.00	SUBPROVIDER - IPF	24,358,207		24,358,207	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	228,811,065		228,811,065	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	122,152,917		122,152,917	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	65,732,311		65,732,311	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	28,321,987		28,321,987	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	216,207,215		216,207,215	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	445,018,280		445,018,280	17.00
18.00	Ancillary services	629,650,347	997,738,387	1,627,388,734	18.00
19.00	Outpatient services	99,475,188	459,519,466	558,994,654	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	229,312,302	229,312,302	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,174,143,815	1,686,570,155	2,860,713,970	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		933,497,119		29.00
30.00	UNMAPPED EXPENSES	21,679,385			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)		21,679,385		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)		955,176,504		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0024

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

Worksheet G-3

Date/Time Prepared:
5/30/2024 3:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,860,713,970	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,253,090,901	2.00
3.00	Net patient revenues (line 1 minus line 2)	607,623,069	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	955,176,504	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-347,553,435	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	TAX REVENUE	128,272,359	24.00
24.01	NRCC/UNMAPPED	133,155,631	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	261,427,990	25.00
26.00	Total (line 5 plus line 25)	-86,125,445	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)	-86,125,445	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0024	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/30/2024 3:06 pm
		Title XVIII	Hospital	PPS
			Urban Post 10/1	Rural Pre 10/1
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,119,205	0
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		300,340	0
2.01	Model 4 BPCI Capital DRG outlier payments		0	0
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		217.53	0
4.00	Number of interns & residents (see instructions)		155.47	0
5.00	Indirect medical education percentage (see instructions)		22.35	0
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) (see instructions)		250,142	0
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		13.20	0
8.00	Percentage of Medicaid patient days to total days (see instructions)		61.36	0
9.00	Sum of lines 7 and 8		74.56	0
10.00	Allowable disproportionate share percentage (see instructions)		16.30	0
11.00	Disproportionate share adjustment (see instructions)		182,430	0
12.00	Total prospective capital payments (see instructions)		1,852,117	0
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0
2.00	Program inpatient ancillary capital cost (see instructions)			0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0
4.00	Capital cost payment factor (see instructions)			0
5.00	Total inpatient program capital cost (line 3 x line 4)			0
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0
3.00	Net program inpatient capital costs (line 1 minus line 2)			0
4.00	Applicable exception percentage (see instructions)		0.00	0
5.00	Capital cost for comparison to payments (line 3 x line 4)			0
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	0
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0
8.00	Capital minimum payment level (line 5 plus line 7)			0
9.00	Current year capital payments (from Part I, line 12, as applicable)			0
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0
15.00	Current year allowable operating and capital payment (see instructions)			0
16.00	Current year operating and capital costs (see instructions)			0
17.00	Current year exception offset amount (see instructions)			0