

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: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/29/2024 2:25 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.

Date: 5/29/2024 Time: 2:25 pm

Contractor use only

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

6. Date Received:
 7. Contractor No.

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

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

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH NORTH HOSPITAL (15-0161) 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	Cara Breidster		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	Cara Breidster			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	-132,931	31,597	0	0
2.00	SUBPROVIDER - IPF	0	0	0	0	0
3.00	SUBPROVIDER - IRF	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
200.00	TOTAL	0	-132,931	31,597	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: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:25 pm
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1.00	2.00	3.00	4.00	
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 11700 NORTH MERIDIAN ST	PO Box:		
2.00	City: CARMEL	State: IN	Zip Code: 46032-4656	County: HAMILTON

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:25 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.	1,209	706	6	25	6,037	17		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.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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.	N				60.00
		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)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings				
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0161

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

		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
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		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
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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	

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	0.00	0.000000	66.00
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?			68.00	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N	0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.			0.00	0
			V	XIX	
			1.00	2.00	
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
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00

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		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y			98.06
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)	N					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)						107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N				0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:25 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	423,734	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: IU HEALTH, INC	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 W. 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	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: 15-0161		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:25 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y 1,284	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 2:25 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					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	04/02/2024	Y	04/02/2024		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0161

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2024 2:25 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.				N	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?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-556-3910		RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

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Period:
From 01/01/2023
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Worksheet S-2
Part II
Date/Time Prepared:
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		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.	DI RECTOR OF GOVERNMENT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	130	47,450	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)		130	47,450	0.00	0	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	34.00	0	0	0.00	0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	0	0.00	0	11.01
11.02	PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		153	55,845	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		153				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		12	4,380			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 2:25 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)	8,102	680	29,263		1.00
2.00	HMO and other (see instructions)	6,237	5,957			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)	8,102	680	29,263		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	0	0	0		11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		11.01
11.02	PREMATURE INTENSIVE CARE UNIT	0	473	4,154		11.02
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		873	3,952		13.00
14.00	Total (see instructions)	8,102	2,026	37,369	0.00	903.48
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			346		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	903.48
28.00	Observation Bed Days		43	3,049		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	17	1,544		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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		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	1,808	123	10,327	1.00
2.00	HMO and other (see instructions)			1,121	1,286		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	PEDIATRIC INTENSIVE CARE UNIT						11.01
11.02	PREMATURE INTENSIVE CARE UNIT						11.02
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,808	123	10,327	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2024 2:25 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	70,937,468	-292,298	70,645,170	1,875,209.51	37.67
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		181,388	0	181,388	1,943.63	93.32
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		145,289	708,596	853,885	11,073.31	77.11
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,252,593	0	2,252,593	15,071.29	149.46
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		30,516,971	0	30,516,971	527,975.00	57.80
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)		20,664,512	0	20,664,512		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		91,098	0	91,098		
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		32,147	0	32,147		
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)		7,397,498	0	7,397,498		
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: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2024 2:25 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	2,000	0	2,000	0.00	0.00	26.00
27.00	Administrative & General	4,666,754	-495,485	4,171,269	90,473.65	46.10	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	3,618.95	0.00	28.00
29.00	Maintenance & Repairs	1,588,338	-684	1,587,654	40,025.07	39.67	29.00
30.00	Operation of Plant	1,152,068	-113,449	1,038,619	39,676.22	26.18	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,058,517	-10,767	2,047,750	104,374.41	19.62	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,065,505	-974,842	1,090,663	103,498.50	10.54	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	964,930	964,930	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,666,104	-11,121	1,654,983	34,430.55	48.07	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	4,063,639	-26,234	4,037,405	87,624.49	46.08	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	1,488,966	-4,918	1,484,048	34,293.83	43.27	42.00
43.00	Other General Service	274,092	0	274,092	13,461.29	20.36	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2024 2:25 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	70,756,080	-292,298	70,463,782	1,876,884.83	37.54	1.00
2.00	Excluded area salaries (see instructions)	145,289	708,596	853,885	11,073.31	77.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,610,791	-1,000,894	69,609,897	1,865,811.52	37.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,769,564	0	32,769,564	543,046.29	60.34	4.00
5.00	Subtotal wage-related costs (see inst.)	28,062,010	0	28,062,010	0.00	40.31	5.00
6.00	Total (sum of lines 3 thru 5)	131,442,365	-1,000,894	130,441,471	2,408,857.81	54.15	6.00
7.00	Total overhead cost (see instructions)	19,025,983	-672,570	18,353,413	551,476.96	33.28	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2024 2:25 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	2,682,272	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,591,309	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	0	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)	301,422	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	665,337	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	5,547,417	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,787,757	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: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/29/2024 2:25 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			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 2:25 pm
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.193896	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		41,612,881	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		0	5.00
6.00	Medicaid charges		202,083,453	6.00
7.00	Medicaid cost (line 1 times line 6)		39,183,173	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		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		10,475	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		92,818	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		17,997	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		7,522	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)		7,522	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)	12,054,363	1,325,381	13,379,744
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,337,293	640,272	2,977,565
22.00	Payments received from patients for amounts previously written off as charity care	38,406	1,892	40,298
23.00	Cost of charity care (see instructions)	2,298,887	638,380	2,937,267
			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)		849,901	25.01
26.00	Bad debt amount (see instructions)		9,860,047	26.00
27.00	Medicare reimbursable bad debts (see instructions)		143,399	27.00
27.01	Medicare allowable bad debts (see instructions)		220,613	27.01
28.00	Non-Medicare bad debt amount (see instructions)		9,639,434	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		1,946,262	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		4,883,529	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,891,051	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 2:25 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)		0.193896	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)	12,054,363	1,325,381	13,379,744	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,337,293	640,272	2,977,565	21.00
22.00	Payments received from patients for amounts previously written off as charity care	38,406	1,892	40,298	22.00
23.00	Cost of charity care (see instructions)	2,298,887	638,380	2,937,267	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)			849,901	25.01
26.00	Bad debt amount (see instructions)			9,860,047	26.00
27.00	Medicare reimbursable bad debts (see instructions)			143,399	27.00
27.01	Medicare allowable bad debts (see instructions)			220,613	27.01
28.00	Non-Medicare bad debt amount (see instructions)			9,639,434	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			1,946,262	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			4,883,529	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,883,529	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/29/2024 2:25 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	NEW CAP REL COSTS-BLDG & FIXT		0	0	11,429,975	11,429,975	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	0	0	1.01
1.02	00102	MOB LEASED SPACE		0	0	0	0	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,223,551	10,223,551	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,000	811,263	813,263	12,629,892	13,443,155	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	56,696	56,696	0	56,696	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	408,919	153,764	562,683	-92,804	469,879	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	4,257,835	67,275,961	71,533,796	-10,874,374	60,659,422	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,588,338	7,191,819	8,780,157	-541,163	8,238,994	6.00
7.00	00700	OPERATION OF PLANT	1,152,068	4,333,403	5,485,471	-366,827	5,118,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	182,265	182,265	0	182,265	8.00
9.00	00900	HOUSEKEEPING	2,058,517	1,740,088	3,798,605	-547,881	3,250,724	9.00
10.00	01000	DIETARY	2,065,505	1,222,149	3,287,654	-1,850,713	1,436,941	10.00
11.00	01100	CAFETERIA	0	0	0	1,272,236	1,272,236	11.00
13.00	01300	NURSING ADMINISTRATION	1,666,104	2,423,449	4,089,553	-1,475,168	2,614,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	191,618	191,618	5,548,537	5,740,155	14.00
15.00	01500	PHARMACY	4,063,639	44,632,857	48,696,496	-43,827,132	4,869,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,488,966	849,661	2,338,627	-279,554	2,059,073	17.00
18.00	01850	PATIENT TRANSPORTATION	274,092	107,169	381,261	-39,517	341,744	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,219,722	25,121,122	39,340,844	-4,847,832	34,493,012	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,961,900	1,985,638	4,947,538	-704,066	4,243,472	34.02
43.00	04300	NURSERY	0	0	0	1,288,884	1,288,884	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,449,582	41,175,869	47,625,451	-26,340,378	21,285,073	50.00
51.00	05100	RECOVERY ROOM	2,475,605	3,199,552	5,675,157	-643,933	5,031,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,320,978	4,004,138	8,325,116	-1,879,377	6,445,739	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,274,711	6,734,218	12,008,929	-5,161,166	6,847,763	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,178,254	5,147,342	9,325,596	-2,849,892	6,475,704	55.00
56.00	05600	RADIOISOTOPE	282,607	291,486	574,093	-181,176	392,917	56.00
60.00	06000	LABORATORY	962,571	14,307,934	15,270,505	-185,641	15,084,864	60.00
65.00	06500	RESPIRATORY THERAPY	2,454,075	2,085,232	4,539,307	-865,911	3,673,396	65.00
66.00	06600	PHYSICAL THERAPY	1,952,198	636,127	2,588,325	-423,311	2,165,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	622,157	149,315	771,472	-99,693	671,779	67.00
68.00	06800	SPEECH PATHOLOGY	508,057	214,049	722,106	-171,720	550,386	68.00
69.00	06900	ELECTROCARDIOLOGY	475,810	484,775	960,585	-255,311	705,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	225,016	345,780	570,796	-71,806	498,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,356,156	10,356,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,788,488	10,788,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,106,333	46,106,333	73.00
74.00	07400	RENAL DIALYSIS	0	166,599	166,599	0	166,599	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,096,366	6,854,788	7,951,154	-4,401,591	3,549,563	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,306,587	6,445,553	9,752,140	-1,294,773	8,457,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,792,179	250,521,679	321,313,858	-628,658	320,685,200	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	75	58	133	-2	131	192.00
192.01	19201	OTHER NON-REIMBURSABLE	57,186	609,471	666,657	-142,196	524,461	192.01
192.02	19202	CHILD BIRTH EDUCATION	88,028	64,643	152,671	-13,622	139,049	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	85,969	85,969	-78,948	7,021	192.04
192.05	19205	PHYSICIAN PRACTICE	0	231,819	231,819	-32,911	198,908	192.05
192.06	19206	TIPTON HOSPITAL	0	0	0	319,888	319,888	192.06
192.07	19207	WEST HOSPITAL	0	0	0	216,065	216,065	192.07
192.08	19208	SAXONY HOSPITAL	0	0	0	360,384	360,384	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	70,937,468	251,513,639	322,451,107	0	322,451,107	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	974,193	12,404,168	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	10,389,398	10,389,398	1.01
1.02	00102	MOB LEASED SPACE	0	0	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,082,423	11,305,974	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-307,116	13,136,039	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	9,736,455	9,793,151	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,045,643	2,045,643	5.03
5.04	00570	ADMINISTRATIVE	1,773,836	2,243,715	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-30,256,955	30,402,467	5.05
6.00	00600	MAINTENANCE & REPAIRS	-658,709	7,580,285	6.00
7.00	00700	OPERATION OF PLANT	-13,800	5,104,844	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	182,265	8.00
9.00	00900	HOUSEKEEPING	0	3,250,724	9.00
10.00	01000	DIETARY	-8,380	1,428,561	10.00
11.00	01100	CAFETERIA	0	1,272,236	11.00
13.00	01300	NURSING ADMINISTRATION	-15,430	2,598,955	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,740,155	14.00
15.00	01500	PHARMACY	-41,840	4,827,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-16,559	2,042,514	17.00
18.00	01850	PATIENT TRANSPORTATION	-35,399	306,345	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,021,944	27,471,068	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-637,092	3,606,380	34.02
43.00	04300	NURSERY	0	1,288,884	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,222,527	18,062,546	50.00
51.00	05100	RECOVERY ROOM	0	5,031,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-332,560	6,113,179	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-67,338	6,780,425	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-851,617	5,624,087	55.00
56.00	05600	RADIOISOTOPE	0	392,917	56.00
60.00	06000	LABORATORY	-52,216	15,032,648	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,673,396	65.00
66.00	06600	PHYSICAL THERAPY	11,167	2,176,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	671,779	67.00
68.00	06800	SPEECH PATHOLOGY	-48,605	501,781	68.00
69.00	06900	ELECTROCARDIOLOGY	-163,217	542,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	498,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,356,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,788,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,106,333	73.00
74.00	07400	RENAL DIALYSIS	0	166,599	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-110,981	3,438,582	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,341,361	7,116,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,190,531	301,494,669	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	131	192.00
192.01	19201	OTHER NON-REIMBURSABLE	-443,118	81,343	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	139,049	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-1,752,628	-1,745,607	192.04
192.05	19205	PHYSICIAN PRACTICE	0	198,908	192.05
192.06	19206	TIPTON HOSPITAL	0	319,888	192.06
192.07	19207	WEST HOSPITAL	0	216,065	192.07
192.08	19208	SAXONY HOSPITAL	0	360,384	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,386,277	301,064,830	200.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2024 2:25 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,016,135	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	757,844	2.00	
3.00		0.00	0	0	3.00	
	0		0	3,773,979		
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,413,840	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,465,707	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	0		0	17,879,547		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,682,016	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
	0		0	12,682,016		
E - LABOR AND DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	333,135	96,400	1.00	
2.00	NURSERY	43.00	36,862	10,667	2.00	
	0		369,997	107,067		

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2024 2:25 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - MARKETING					
1.00	OTHER NON-REIMBURSABLE	192.01	0	101,431	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	101,431	
G - NURSERY					
1.00	NURSERY	43.00	967,165	274,190	1.00
	0		967,165	274,190	
H - FMLA					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	16,807	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	684	2.00
3.00	OPERATION OF PLANT	7.00	0	10,335	3.00
4.00	HOUSEKEEPING	9.00	0	10,767	4.00
5.00	DIETARY	10.00	0	9,912	5.00
6.00	NURSING ADMINISTRATION	13.00	0	11,121	6.00
7.00	PHARMACY	15.00	0	26,234	7.00
8.00	SOCIAL SERVICE	17.00	0	4,918	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	80,089	9.00
10.00	OPERATING ROOM	50.00	0	6,943	10.00
11.00	RECOVERY ROOM	51.00	0	19,050	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,780	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,543	13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	26,027	14.00
15.00	RADIOISOTOPE	56.00	0	8,425	15.00
16.00	LABORATORY	60.00	0	7,302	16.00
17.00	RESPIRATORY THERAPY	65.00	0	3,589	17.00
18.00	PHYSICAL THERAPY	66.00	0	6,363	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	4,032	19.00
20.00	SPEECH PATHOLOGY	68.00	0	938	20.00
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	3,954	21.00
22.00	EMERGENCY	91.00	0	5,485	22.00
	0		0	292,298	
J - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,356,156	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	0		0	10,356,156	
K - NON-BILLABLE SUPPLIES					
1.00	ADMINISTRATIVE	5.04	0	28	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	581	2.00
3.00	OPERATION OF PLANT	7.00	0	63,929	3.00
4.00	HOUSEKEEPING	9.00	0	1,910	4.00
5.00	DIETARY	10.00	0	768	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,634,378	6.00
7.00	SOCIAL SERVICE	17.00	0	20	7.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
8.00	RADIO ISOTOPE	56.00	0	12,658		8.00
9.00	LABORATORY	60.00	0	4,823		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	12,524		10.00
11.00	PHYSICIAN PRACTICE	192.05	0	87		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
0			0	8,731,706		
L - BILLABLE DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,203		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	46,106,333		2.00
3.00	PHYSICIAN PRACTICE	192.05	0	156		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
0			0	46,112,692		
M - NON-BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	987,003		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
0			0	987,003		
N - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,788,488		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
9.00			0.00	0	0	9.00
				0	10,788,488	
O - NORTH TO TIPTON ISR ALLOCATION						
1.00		TIPTON HOSPITAL	192.06	250,252	69,636	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
				250,252	69,636	
P - NORTH TO WEST ISR ALLOCATION						
1.00		WEST HOSPITAL	192.07	180,665	35,400	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
				180,665	35,400	
Q - NORTH TO SAXONY ISR ALLOCATION						
1.00		SAXONY HOSPITAL	192.08	277,679	82,705	1.00
2.00			0.00	0	0	2.00
3.00			0.00	0	0	3.00
				277,679	82,705	
R - PHYSICIAN						
1.00		ADULTS & PEDIATRICS	30.00	0	93,249	1.00
				0	93,249	
T - CAFETERIA						
1.00		CAFETERIA	11.00	964,930	307,306	1.00
		TOTALS		964,930	307,306	
500.00		Grand Total: Increases		3,010,688	112,674,869	500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - LEASES						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,916,083	10	1.00
2.00	OPERATING ROOM	50.00	0	757,844	10	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	100,052	10	3.00
	0		0	3,773,979		
B - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,299	9	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	6,576,393	9	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	192,793	0	3.00
4.00	OPERATION OF PLANT	7.00	0	11,236	0	4.00
5.00	DIETARY	10.00	0	47,201	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,216,360	0	6.00
7.00	PHARMACY	15.00	0	150,588	0	7.00
8.00	SOCIAL SERVICE	17.00	0	17,260	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	397,522	0	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	55,580	0	10.00
11.00	OPERATING ROOM	50.00	0	3,102,515	0	11.00
12.00	RECOVERY ROOM	51.00	0	36,126	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	132,849	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,199,885	0	14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00	0	1,850,042	0	15.00
16.00	RADIOISOTOPE	56.00	0	63,376	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	107,056	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	58,549	0	18.00
19.00	SPEECH PATHOLOGY	68.00	0	16,156	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	131,093	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,817	0	21.00
22.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	947,473	0	22.00
23.00	EMERGENCY	91.00	0	233,060	0	23.00
24.00	OTHER NON-REIMBURSABLE	192.01	0	222,662	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	47,510	0	25.00
26.00	PHYSICIAN PRACTICE	192.05	0	33,146	0	26.00
	0		0	17,879,547		
C - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE	5.04	0	92,782	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	659,476	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	218,839	0	3.00
4.00	OPERATION OF PLANT	7.00	0	238,982	0	4.00
5.00	HOUSEKEEPING	9.00	0	545,406	0	5.00
6.00	DIETARY	10.00	0	532,044	0	6.00
7.00	CAFETERIA	11.00	0	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	258,627	0	8.00
9.00	PHARMACY	15.00	0	654,110	0	9.00
10.00	SOCIAL SERVICE	17.00	0	254,001	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	0	39,517	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,609,979	0	12.00
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	521,142	0	13.00
14.00	OPERATING ROOM	50.00	0	1,200,037	0	14.00
15.00	RECOVERY ROOM	51.00	0	367,987	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	792,049	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	806,825	0	17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	0	752,094	0	18.00
19.00	RADIOISOTOPE	56.00	0	52,199	0	19.00
20.00	LABORATORY	60.00	0	185,216	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	427,260	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	347,724	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	94,627	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	97,290	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	83,364	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,863	0	26.00
27.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	177,714	0	27.00
28.00	EMERGENCY	91.00	0	609,922	0	28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2	0	29.00
30.00	OTHER NON-REIMBURSABLE	192.01	0	20,960	0	30.00
31.00	CHILD BIRTH EDUCATION	192.02	0	5,978	0	31.00
	0		0	12,682,016		

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
E - LABOR AND DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	369,997	107,067	0		1.00
2.00		0.00	0	0	0		2.00
0			369,997	107,067			
F - MARKETING							
1.00	ADMINISTRATIVE	5.04	0	50	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	98,013	0		2.00
3.00	SOCIAL SERVICE	17.00	0	234	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	50	0		4.00
5.00	RADIOLOGY - THERAPEUTIC	55.00	0	2,681	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	403	0		6.00
0			0	101,431			
G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	967,165	274,190	0		1.00
0			967,165	274,190			
H - FMLA							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	16,807	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	684	0	0		2.00
3.00	OPERATION OF PLANT	7.00	10,335	0	0		3.00
4.00	HOUSEKEEPING	9.00	10,767	0	0		4.00
5.00	DIETARY	10.00	9,912	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	11,121	0	0		6.00
7.00	PHARMACY	15.00	26,234	0	0		7.00
8.00	SOCIAL SERVICE	17.00	4,918	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	80,089	0	0		9.00
10.00	OPERATING ROOM	50.00	6,943	0	0		10.00
11.00	RECOVERY ROOM	51.00	19,050	0	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	23,780	0	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	5,543	0	0		13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	26,027	0	0		14.00
15.00	RADIOISOTOPE	56.00	8,425	0	0		15.00
16.00	LABORATORY	60.00	7,302	0	0		16.00
17.00	RESPIRATORY THERAPY	65.00	3,589	0	0		17.00
18.00	PHYSICAL THERAPY	66.00	6,363	0	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	4,032	0	0		19.00
20.00	SPEECH PATHOLOGY	68.00	938	0	0		20.00
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	3,954	0	0		21.00
22.00	EMERGENCY	91.00	5,485	0	0		22.00
0			292,298	0			
J - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	12	0		2.00
3.00	OPERATION OF PLANT	7.00	0	34	0		3.00
4.00	HOUSEKEEPING	9.00	0	14	0		4.00
5.00	DIETARY	10.00	0	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	14	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,067,835	0		7.00
8.00	PHARMACY	15.00	0	70	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	178,648	0		9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	8,228	0		10.00
11.00	OPERATING ROOM	50.00	0	4,716,382	0		11.00
12.00	RECOVERY ROOM	51.00	0	574	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	180,494	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	150,612	0		14.00
15.00	RADIOLOGY - THERAPEUTIC	55.00	0	31,884	0		15.00
16.00	LABORATORY	60.00	0	560	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	383	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	757	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	578	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	361	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	0	0		21.00
22.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	1,992,320	0		22.00
23.00	EMERGENCY	91.00	0	25,615	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	729	0		24.00
25.00	PHYSICIAN PRACTICE	192.05	0	8	0		25.00
0			0	10,356,156			

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
K - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,445	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	129,521	0	2.00
3.00	CAFETERIA	11.00	0	0	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	69	0	4.00
5.00	PHARMACY	15.00	0	65,153	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	637,626	0	6.00
7.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	99,006	0	7.00
8.00	OPERATING ROOM	50.00	0	6,252,273	0	8.00
9.00	RECOVERY ROOM	51.00	0	75,963	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	214,185	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	316,264	0	11.00
12.00	RADIOLOGY - THERAPEUTIC	55.00	0	107,084	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,765	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	314,531	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	12,490	0	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	5,066	0	16.00
17.00	SPEECH PATHOLOGY	68.00	0	11,777	0	17.00
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	275,023	0	18.00
19.00	EMERGENCY	91.00	0	188,543	0	19.00
20.00	OTHER NON-REIMBURSABLE	192.01	0	5	0	20.00
21.00	CHILD BIRTH EDUCATION	192.02	0	7,644	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	14,273	0	22.00
	0		0	8,731,706		
L - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49,336	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	96	0	2.00
3.00	OPERATION OF PLANT	7.00	0	14,030	0	3.00
4.00	HOUSEKEEPING	9.00	0	4,254	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	18	0	5.00
6.00	PHARMACY	15.00	0	43,944,214	0	6.00
7.00	SOCIAL SERVICE	17.00	0	8,079	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	112,600	0	8.00
9.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	1,000	0	9.00
10.00	OPERATING ROOM	50.00	0	404,039	0	10.00
11.00	RECOVERY ROOM	51.00	0	19,531	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,110	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,268,276	0	13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	30,930	0	14.00
15.00	RADIOISOTOPE	56.00	0	78,121	0	15.00
16.00	LABORATORY	60.00	0	555	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	16,254	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	3,063	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	52,700	0	19.00
20.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	46,939	0	20.00
21.00	EMERGENCY	91.00	0	34,436	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	2,111	0	22.00
23.00	PHYSICIAN PRACTICE	192.05	0	0	0	23.00
	0		0	46,112,692		
M - NON-BILLABLE DRUGS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	153	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	10	0	2.00
3.00	OPERATION OF PLANT	7.00	0	232	0	3.00
4.00	HOUSEKEEPING	9.00	0	117	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	80	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,284	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	192,428	0	7.00
8.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	19,110	0	8.00
9.00	OPERATING ROOM	50.00	0	116,480	0	9.00
10.00	RECOVERY ROOM	51.00	0	143,752	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60,626	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	110,459	0	12.00
13.00	RADIOLOGY - THERAPEUTIC	55.00	0	74,551	0	13.00
14.00	RADIOISOTOPE	56.00	0	138	0	14.00
15.00	LABORATORY	60.00	0	9	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	24	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	147	0	17.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
18.00	ELECTROCARDIOLOGY	69.00	0	100	0	18.00
19.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	41,781	0	19.00
20.00	EMERGENCY	91.00	0	203,197	0	20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	14,325	0	21.00
	O		0	987,003		
N - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,925	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	408	0	2.00
3.00	OPERATING ROOM	50.00	0	9,790,808	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,178	0	4.00
5.00	RADIOLOGY - THERAPEUTIC	55.00	0	626	0	5.00
6.00	LABORATORY	60.00	0	4,124	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	581	0	7.00
8.00	SPEECH PATHOLOGY	68.00	0	46,497	0	8.00
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	920,341	0	9.00
	O		0	10,788,488		
O - NORTH TO TIPTON ISR ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	131,148	16,145	0	1.00
2.00	OPERATION OF PLANT	7.00	53,440	31,852	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	65,664	21,639	0	3.00
	O		250,252	69,636		
P - NORTH TO WEST ISR ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	142,591	11,428	0	1.00
2.00	OPERATION OF PLANT	7.00	38,074	23,972	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	0	0	3.00
	O		180,665	35,400		
Q - NORTH TO SAXONY ISR ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	204,939	25,229	0	1.00
2.00	OPERATION OF PLANT	7.00	11,600	7,304	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	61,140	50,172	0	3.00
	O		277,679	82,705		
R - PHYSICIAN						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	93,249	0	1.00
	O		0	93,249		
T - CAFETERIA						
1.00	DIETARY	10.00	964,930	307,306	0	1.00
	TOTALS		964,930	307,306		
500.00	Grand Total: Decreases		3,302,986	112,382,571		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	12,041,302	0	0	0	0	2.00
3.00	Buildings and Fixtures	196,283,882	0	0	0	0	3.00
4.00	Building Improvements	15,931,212	101,614	0	101,614	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	117,431,720	3,663,988	0	3,663,988	1,035,257	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	341,688,116	3,765,602	0	3,765,602	1,035,257	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	341,688,116	3,765,602	0	3,765,602	1,035,257	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	12,041,302	0				2.00
3.00	Buildings and Fixtures	196,283,882	0				3.00
4.00	Building Improvements	16,032,826	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	120,060,451	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	344,418,461	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	344,418,461	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2024 2:25 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2024 2:25 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	NEW CAP REL COSTS-BLDG & FIXT	224,358,010	0	224,358,010	0.651411	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	120,060,451	0	120,060,451	0.348589	0	2.00
3.00	Total (sum of lines 1-2)	344,418,461	0	344,418,461	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,388,033	3,016,135	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	40,288,303	-29,898,905	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,548,130	757,844	2.00
3.00	Total (sum of lines 1-2)	0	0	0	60,224,466	-26,124,926	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	12,404,168	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	10,389,398	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,305,974	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	34,099,540	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2024 2:25 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01	0 1.01
1.02	Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02	0 1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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	-14,130,084			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	58,382,423			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	0	OCAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01	0 26.01
26.02	Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02	0 26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0	0.00	0 29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
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		0.00	0 32.00
33.00 NEW CAP REL COSTS-INTEREST	B	-29,898,905		NEW CAP REL COSTS-INTEREST	1.01	10 33.00
33.01 MISCELLANEOUS INCOME	B	-8,939		DATA PROCESSING	5.02	0 33.01
33.02 MISCELLANEOUS INCOME	B	-32,459		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.02
33.03 MISCELLANEOUS INCOME	B	-541,432		MAINTENANCE & REPAIRS	6.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-13,800		OPERATION OF PLANT	7.00	0 33.04
33.05 MISCELLANEOUS INCOME	B	-8,380		DIETARY	10.00	0 33.05
33.06 INTERCOMPANY	B	-52,216		LABORATORY	60.00	0 33.06
33.07 MISCELLANEOUS INCOME	B	-41,840		PHARMACY	15.00	0 33.07
33.08 MISCELLANEOUS INCOME	B	-48,605		SPEECH PATHOLOGY	68.00	0 33.08
33.09 MISCELLANEOUS INCOME	B	-443,118		OTHER NON-REIMBURSABLE	192.01	0 33.09
33.10 MISCELLANEOUS INCOME	B	-1,752,628		PHYSICIANS' PRIVATE OFFICES	192.04	0 33.10
33.11 INTERCOMPANY	B	-17,872		ADMINISTRATIVE	5.04	0 33.11
33.12 INTERCOMPANY	B	-987,925		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.12
33.13 INTERCOMPANY	B	-117,277		MAINTENANCE & REPAIRS	6.00	0 33.13
33.14 INTERCOMPANY	B	-35,399		PATIENT TRANSPORTATION	18.00	0 33.14
33.15 INTERCOMPANY	B	-15,430		NURSING ADMINISTRATION	13.00	0 33.15
33.16 INTERCOMPANY	B	-157,568		OPERATING ROOM	50.00	0 33.16
33.17 INTERCOMPANY	B	-16,349		SOCIAL SERVICE	17.00	0 33.17
33.18 EMPLOYEE BENEFITS	A	-12,682,091		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.18
33.19 EMPLOYEE BENEFITS	A			CENTRAL SERVICES & SUPPLY	14.00	0 33.19
33.20 EMPLOYEE BENEFITS	A			PHYSICIAN PRACTICE	192.05	0 33.20
33.21 MEDICAID HOSPITAL ASSESSMENT FEE	A	-19,288,379		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.21
33.22 TELEPHONE EQUIPMENT	A			ADULTS & PEDIATRICS	30.00	0 33.22
33.23 UNWONTED SITUATIONS	A	-96,510		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.23
33.24 UNWONTED SITUATIONS	A	-210		SOCIAL SERVICE	17.00	0 33.24
33.25 UNWONTED SITUATIONS	A	-7,499		ADULTS & PEDIATRICS	30.00	0 33.25
33.26 UNWONTED SITUATIONS	A	-1,700		CARDIAC CATHETERIZATION LABORATORY	75.01	0 33.26
33.27 UNWONTED SITUATIONS	A	-2,000		EMERGENCY	91.00	0 33.27
33.28 CARMEL REHAB START-UP	A	11,167		PHYSICAL THERAPY	66.00	0 33.28
33.29 CANCER CENTER PLANNING START-UP	A	618,933		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.29
33.30 CONTRIBUTION EXPENSE	A	-185		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.30
33.31 LIC LEASE INCOME	B			NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.31
33.32 CONTRIBUTION EXPENSE	A			RADIOLOGY-DIAGNOSTIC	54.00	0 33.32
33.33 CONTRIBUTION EXPENSE	A			PHYSICAL THERAPY	66.00	0 33.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,386,277				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: 15-0161

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2024 2:25 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	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	974,193	0
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	40,288,303	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	1,082,423	0
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	12,381,460	6,300
3.02	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	9,745,394	0
3.03	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	2,045,643	0
3.04	5.04	ADMITTING	HOME OFFICE ALLOCATION	1,791,708	0
3.05	5.05	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	27,369,346	37,836,688
3.06	5.05	OTHER ADMINISTRATIVE & GENER	RELATED PARTY	546,941	0
3.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	274,538	274,538
3.08	5.05	OTHER ADMINISTRATIVE & GENER	INTERCOMPANY	707,033	707,033
3.09	13.00	NURSING ADMINISTRATION	INTERCOMPANY	13,290	13,290
3.10	17.00	SOCIAL SERVICE	INTERCOMPANY	270,890	270,890
3.11	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	7,052,012	7,052,012
3.12	34.02	PREMATURE INTENSIVE CARE UNI	INTERCOMPANY	662,092	662,092
3.13	50.00	OPERATING ROOM	INTERCOMPANY	3,173,761	3,173,761
3.14	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY	1,415,736	1,415,736
3.15	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	246,879	246,879
3.16	55.00	RADIOLOGY - THERAPEUTIC	INTERCOMPANY	526,967	526,967
3.17	60.00	LABORATORY	INTERCOMPANY	13,012,894	13,012,894
3.18	65.00	RESPIRATORY THERAPY	INTERCOMPANY	51,708	51,708
3.19	66.00	PHYSICAL THERAPY	INTERCOMPANY	8,460	8,460
3.20	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	170,198	170,198
3.21	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY	153,600	153,600
3.22	75.01	CARDIAC CATHETERIZATION LABORA	INTERCOMPANY	31,954	31,954
3.23	91.00	EMERGENCY	INTERCOMPANY	1,671,537	1,671,537
3.24	192.01	OTHER NON-REIMBURSABLE	INTERCOMPANY	9,597	9,597
3.25	192.02	CHILD BIRTH EDUCATION	INTERCOMPANY	27,400	27,400
3.26	192.05	PHYSICIAN PRACTICE	INTERCOMPANY	91,667	91,667
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			125,797,624	67,415,201

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

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

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

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

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

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

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

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2024 2:25 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	974,193	9	1.00
2.00	40,288,303	9	2.00
3.00	1,082,423	9	3.00
3.01	12,375,160	0	3.01
3.02	9,745,394	0	3.02
3.03	2,045,643	0	3.03
3.04	1,791,708	0	3.04
3.05	-10,467,342	0	3.05
3.06	546,941	0	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
3.11	0	0	3.11
3.12	0	0	3.12
3.13	0	0	3.13
3.14	0	0	3.14
3.15	0	0	3.15
3.16	0	0	3.16
3.17	0	0	3.17
3.18	0	0	3.18
3.19	0	0	3.19
3.20	0	0	3.20
3.21	0	0	3.21
3.22	0	0	3.22
3.23	0	0	3.23
3.24	0	0	3.24
3.25	0	0	3.25
3.26	0	0	3.26
4.00	0	0	4.00
5.00	58,382,423		5.00

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

Related Organization(s) and/or Home Office	Type of Business
	6.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6.00	HEALTHCARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0161

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2024 2:25 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	5.05	OTHER ADMINISTRATIVE & GENERAL	550,214	550,214	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	7,014,445	7,014,445	0	179,000	0	2.00
3.00	34.02	PREMATURE INTENSIVE CARE UNIT	637,092	637,092	0	169,700	0	3.00
4.00	50.00	OPERATING ROOM	3,064,959	2,895,151	0	246,400	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,385,261	0	1,385,261	237,100	9,235	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	67,338	67,338	0	271,900	0	6.00
7.00	91.00	EMERGENCY	1,339,361	1,339,361	0	211,500	0	7.00
8.00	55.00	RADIOLOGY - THERAPEUTIC	851,617	851,617	0	211,500	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	163,217	163,217	0	0	0	9.00
10.00	75.01	CARDIAC CATHETERIZATION LABORATORY	109,281	109,281	0	0	0	10.00
200.00			15,182,785	13,627,716	1,385,261		9,235	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	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,052,701	52,635	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	75.01	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	10.00
200.00			1,052,701	52,635	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	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	550,214	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	7,014,445	2.00
3.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	637,092	3.00
4.00	50.00	OPERATING ROOM	0	0	0	3,064,959	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	1,052,701	332,560	332,560	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	67,338	6.00
7.00	91.00	EMERGENCY	0	0	0	1,339,361	7.00
8.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	851,617	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	163,217	9.00
10.00	75.01	CARDIAC CATHETERIZATION LABORATORY	0	0	0	109,281	10.00
200.00			0	1,052,701	332,560	14,130,084	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	12,404,168	12,404,168				1.00
1.01 00101 NEW CAP REL COSTS-INTEREST	10,389,398	0	10,389,398			1.01
1.02 00102 MOB LEASED SPACE	0	0	0	0		1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	11,305,974				11,305,974	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	13,136,039	34,787	29,137	0	1,554	4.00
5.01 00540 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02 00550 DATA PROCESSING	9,793,151	155,209	129,999	0	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,045,643	0	0	0	0	5.03
5.04 00570 ADMINITTING	2,243,715	37,990	31,819	0	0	5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL	30,402,467	358,256	300,066	0	141,739	5.05
6.00 00600 MAINTENANCE & REPAIRS	7,580,285	1,810,204	1,516,178	0	102,727	6.00
7.00 00700 OPERATION OF PLANT	5,104,844	17,976	15,056	0	13,438	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	182,265	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	3,250,724	152,322	127,581	0	0	9.00
10.00 01000 DIETARY	1,428,561	78,526	65,772	0	54,575	10.00
11.00 01100 CAFETERIA	1,272,236	380,259	318,495	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,598,955	181,530	152,045	0	1,445,006	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	5,740,155	419,704	351,533	0	0	14.00
15.00 01500 PHARMACY	4,827,524	196,279	164,398	0	180,098	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	2,042,514	231,625	194,003	0	170	17.00
18.00 01850 PATIENT TRANSPORTATION	306,345	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,471,068	2,329,348	1,950,996	0	383,859	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	3,606,380	527,778	442,053	0	66,472	34.02
43.00 04300 NURSERY	1,288,884	188,589	157,957	0	6,605	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	18,062,546	1,456,314	1,219,770	0	3,665,218	50.00
51.00 05100 RECOVERY ROOM	5,031,224	220,417	184,615	0	39,336	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,113,179	674,957	565,326	0	139,355	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,780,425	367,814	308,072	0	2,472,587	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	5,624,087	1,107,034	927,222	0	996,326	55.00
56.00 05600 RADIOISOTOPE	392,917	25,933	21,721	0	75,795	56.00
60.00 06000 LABORATORY	15,032,648	277,353	232,303	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	3,673,396	45,825	38,382	0	128,035	65.00
66.00 06600 PHYSICAL THERAPY	2,176,181	8,466	7,091	0	13,687	66.00
67.00 06700 OCCUPATIONAL THERAPY	671,779	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	501,781	0	0	0	19,322	68.00
69.00 06900 ELECTROCARDIOLOGY	542,057	58,755	49,212	0	156,783	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	498,990	17,588	14,731	0	38,052	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,356,156	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	10,788,488	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46,106,333	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	166,599	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	3,438,582	311,364	260,790	0	1,012,388	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	7,116,006	295,717	247,684	0	95,916	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	301,494,669	11,967,919	10,024,007	0	11,249,043	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	131	43,448	36,391	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	81,343	11,814	9,895	0	49,780	192.01
192.02 19202 CHILDBIRTH EDUCATION	139,049	0	0	0	0	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	-1,745,607	323,372	270,848	0	0	192.04
192.05 19205 PHYSICIAN PRACTICE	198,908	0	0	0	7,151	192.05
192.06 19206 TIPTON HOSPITAL	319,888	49,755	41,674	0	0	192.06
192.07 19207 WEST HOSPITAL	216,065	3,275	2,743	0	0	192.07
192.08 19208 SAXONY HOSPITAL	360,384	4,585	3,840	0	0	192.08
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)	301,064,830	12,404,168	10,389,398	0	11,305,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/29/2024 2:25 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,201,517					4.00
5.01	00540	NONPATIENT TELEPHONES	0	0				5.01
5.02	00550	DATA PROCESSING	0	0	10,078,359			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	2,045,643		5.03
5.04	00570	ADMINISTRATIVE	76,417	0	96,828	0	2,486,769	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	703,093	0	373,368	43	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	296,694	0	214,628	8,564	0	6.00
7.00	00700	OPERATION OF PLANT	194,093	0	210,612	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	382,675	0	559,772	12	0	9.00
10.00	01000	DIETARY	203,819	0	555,087	1	0	10.00
11.00	01100	CAFETERIA	180,322	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	309,277	0	186,405	17	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	896	0	14.00
15.00	01500	PHARMACY	754,494	0	469,972	4,689	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	277,333	0	183,951	6	0	17.00
18.00	01850	PATIENT TRANSPORTATION	51,221	0	72,175	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,523,876	0	1,844,081	44,601	208,600	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	553,508	0	304,539	6,786	35,408	34.02
43.00	04300	NURSERY	187,629	0	135,871	0	11,500	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,203,975	0	1,032,757	454,645	529,553	50.00
51.00	05100	RECOVERY ROOM	459,071	0	305,655	5,068	74,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	733,900	0	482,801	16,182	76,339	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	960,984	0	646,226	27,585	175,857	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	775,952	0	606,067	7,539	147,206	55.00
56.00	05600	RADIOISOTOPE	51,238	0	33,689	218	17,284	56.00
60.00	06000	LABORATORY	178,517	0	405,160	571	123,418	60.00
65.00	06500	RESPIRATORY THERAPY	457,937	0	284,014	21,322	26,277	65.00
66.00	06600	PHYSICAL THERAPY	363,630	0	246,755	861	15,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,513	0	76,860	342	6,863	67.00
68.00	06800	SPEECH PATHOLOGY	94,768	0	59,123	1,380	4,570	68.00
69.00	06900	ELECTROCARDIOLOGY	88,917	0	63,585	6	26,143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,050	0	26,215	279	8,129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	684,293	91,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	712,872	185,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	425,916	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	961	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	204,146	0	130,294	32,618	71,967	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	616,897	0	395,567	12,723	223,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,041,946	0	10,002,057	2,044,119	2,486,769	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	10,687	0	11,155	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	16,450	0	13,721	527	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	994	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	0	3	0	192.05
192.06	19206	TIPTON HOSPITAL	46,766	0	14,502	0	0	192.06
192.07	19207	WEST HOSPITAL	33,762	0	21,083	0	0	192.07
192.08	19208	SAXONY HOSPITAL	51,892	0	15,841	0	0	192.08
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)	13,201,517	0	10,078,359	2,045,643	2,486,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5A. 04	5. 05	6. 00	7. 00	8. 00		
GENERAL SERVICE COST CENTERS								
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00	
1. 01	00101	NEW CAP REL COSTS-INTEREST					1. 01	
1. 02	00102	MOB LEASED SPACE					1. 02	
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00	
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT					4. 00	
5. 01	00540	NONPATIENT TELEPHONES					5. 01	
5. 02	00550	DATA PROCESSING					5. 02	
5. 03	00560	PURCHASING RECEIVING AND STORES					5. 03	
5. 04	00570	ADMITTING					5. 04	
5. 05	00590	OTHER ADMINISTRATIVE & GENERAL	32,279,032	32,279,032			5. 05	
6. 00	00600	MAINTENANCE & REPAIRS	11,529,280	1,378,671	12,907,951		6. 00	
7. 00	00700	OPERATION OF PLANT	5,556,019	664,389	23,185	6,243,593	7. 00	
8. 00	00800	LAUNDRY & LINEN SERVICE	182,265	21,795	0	204,060	8. 00	
9. 00	00900	HOUSEKEEPING	4,473,086	534,892	196,465	95,201	9. 00	
10. 00	01000	DIETARY	2,386,341	285,359	101,283	49,079	10. 00	
11. 00	01100	CAFETERIA	2,151,312	257,254	490,458	237,662	11. 00	
13. 00	01300	NURSING ADMINISTRATION	4,873,235	582,741	234,137	113,456	13. 00	
14. 00	01400	CENTRAL SERVICES & SUPPLY	6,512,288	778,739	541,334	262,315	14. 00	
15. 00	01500	PHARMACY	6,597,454	788,924	253,161	122,675	15. 00	
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16. 00	
17. 00	01700	SOCIAL SERVICE	2,929,602	350,322	298,749	144,765	17. 00	
18. 00	01850	PATIENT TRANSPORTATION	429,741	51,388	0	0	18. 00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDIATRICS	36,756,429	4,395,334	3,004,390	1,455,843	159,795	30. 00
34. 00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
34. 01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34. 01
34. 02	03402	PREMATURE INTENSIVE CARE UNIT	5,542,924	662,823	680,728	329,861	22,684	34. 02
43. 00	04300	NURSERY	1,977,035	236,414	243,242	117,868	21,581	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATING ROOM	27,624,778	3,303,371	1,878,353	910,197	0	50. 00
51. 00	05100	RECOVERY ROOM	6,319,746	755,715	284,294	137,761	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	8,802,039	1,052,548	870,559	421,848	0	52. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	11,739,550	1,403,815	474,407	229,884	0	54. 00
55. 00	05500	RADIOLOGY - THERAPEUTIC	10,191,433	1,218,692	1,427,851	691,896	0	55. 00
56. 00	05600	RADIOISOTOPE	618,795	73,996	33,448	16,208	0	56. 00
60. 00	06000	LABORATORY	16,249,970	1,943,171	357,729	173,346	0	60. 00
65. 00	06500	RESPIRATORY THERAPY	4,675,188	559,059	59,105	28,641	0	65. 00
66. 00	06600	PHYSICAL THERAPY	2,832,178	338,672	10,920	5,291	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	871,357	104,197	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	680,944	81,427	0	0	0	68. 00
69. 00	06900	ELECTROCARDIOLOGY	985,458	117,841	75,782	36,722	0	69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	646,034	77,253	22,685	10,992	0	70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,132,439	1,331,217	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	11,686,590	1,397,482	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	46,532,249	5,564,388	0	0	0	73. 00
74. 00	07400	RENAL DIALYSIS	167,560	20,037	0	0	0	74. 00
75. 00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
75. 01	07501	CARDIAC CATHETERIZATION LABORATORY	5,462,149	653,164	401,597	194,602	0	75. 01
OUTPATIENT SERVICE COST CENTERS								
91. 00	09100	EMERGENCY	9,004,201	1,076,722	381,415	184,823	0	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS								
102. 00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS								
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	300,398,701	32,061,812	12,345,277	5,970,936	204,060	118. 00
NONREIMBURSABLE COST CENTERS								
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	79,984	9,564	56,039	27,155	0	192. 00
192. 01	19201	OTHER NON-REIMBURSABLE	174,674	20,888	15,238	7,384	0	192. 01
192. 02	19202	CHILDBIRTH EDUCATION	169,747	20,298	0	0	0	192. 02
192. 03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192. 03
192. 04	19204	PHYSICIANS' PRIVATE OFFICES	-1,150,393	0	417,085	202,108	0	192. 04
192. 05	19205	PHYSICIAN PRACTICE	206,062	24,641	0	0	0	192. 05
192. 06	19206	TIPTON HOSPITAL	472,585	56,512	64,174	31,097	0	192. 06
192. 07	19207	WEST HOSPITAL	276,928	33,115	4,224	2,047	0	192. 07
192. 08	19208	SAXONY HOSPITAL	436,542	52,202	5,914	2,866	0	192. 08
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)	301,064,830	32,279,032	12,907,951	6,243,593	204,060	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

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Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & 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	5,299,644				9.00
10.00	01000	DIETARY	42,304	2,864,366			10.00
11.00	01100	CAFETERIA	204,854	0	3,341,540		11.00
13.00	01300	NURSING ADMINISTRATION	97,794	0	77,203	5,978,566	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	226,104	0	0	0	8,320,780
15.00	01500	PHARMACY	105,740	0	194,648	44,510	19,164
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	124,781	0	76,187	0	24
18.00	01850	PATIENT TRANSPORTATION	0	0	29,893	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,254,873	2,677,149	763,758	1,886,068	182,267
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	284,326	0	126,131	497,840	27,734
43.00	04300	NURSERY	101,597	0	56,274	161,957	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	784,550	0	427,736	812,403	1,857,964
51.00	05100	RECOVERY ROOM	118,744	140	126,593	431,636	20,711
52.00	05200	DELIVERY ROOM & LABOR ROOM	363,615	99,507	199,961	655,308	66,130
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,150	0	267,647	93,696	112,730
55.00	05500	RADIOLOGY - THERAPEUTIC	596,384	0	251,014	632,492	30,810
56.00	05600	RADIOISOTOPE	13,971	0	13,953	0	891
60.00	06000	LABORATORY	149,416	0	167,805	170,373	2,333
65.00	06500	RESPIRATORY THERAPY	24,687	0	117,630	0	87,134
66.00	06600	PHYSICAL THERAPY	4,561	0	102,198	0	3,517
67.00	06700	OCCUPATIONAL THERAPY	0	0	31,833	0	1,397
68.00	06800	SPEECH PATHOLOGY	0	0	24,487	0	5,641
69.00	06900	ELECTROCARDIOLOGY	31,653	0	26,335	0	23
70.00	07000	ELECTROENCEPHALOGRAPHY	9,475	0	10,857	0	1,138
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,796,452
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,913,200
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	167,739	34,972	53,964	124,553	133,297
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	159,309	52,598	163,831	459,314	51,996
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,064,627	2,864,366	3,309,938	5,970,150	8,314,553
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,406	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	6,365	0	4,620	0	1
192.02	19202	CHILD BIRTH EDUCATION	0	0	5,683	2,618	2,152
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	174,208	0	0	0	4,062
192.05	19205	PHYSICIAN PRACTICE	0	0	0	0	12
192.06	19206	TIPTON HOSPITAL	26,804	0	6,006	5,798	0
192.07	19207	WEST HOSPITAL	1,764	0	8,732	0	0
192.08	19208	SAXONY HOSPITAL	2,470	0	6,561	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	5,299,644	2,864,366	3,341,540	5,978,566	8,320,780

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & 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	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	8,126,276					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0				16.00	
17.00 01700 SOCIAL SERVICE	0	0	3,924,430			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	511,022		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	33,212	0	3,073,152	42,833	55,685,103	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	3,298	0	436,246	7,271	8,621,866	34.02	
43.00 04300 NURSERY	0	0	415,032	2,361	3,333,361	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	20,104	0	0	109,137	37,728,593	50.00	
51.00 05100 RECOVERY ROOM	24,811	0	0	15,269	8,235,420	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,464	0	0	15,675	12,557,654	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,064	0	0	36,110	14,575,053	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	12,867	0	0	30,227	15,083,666	55.00	
56.00 05600 RADIOISOTOPE	24	0	0	3,549	774,835	56.00	
60.00 06000 LABORATORY	2	0	0	25,342	19,239,487	60.00	
65.00 06500 RESPIRATORY THERAPY	4	0	0	5,396	5,556,844	65.00	
66.00 06600 PHYSICAL THERAPY	25	0	0	3,184	3,300,546	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,409	1,010,193	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	938	793,437	68.00	
69.00 06900 ELECTROCARDIOLOGY	17	0	0	5,368	1,279,199	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,669	780,103	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,889	15,278,997	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	38,034	16,035,306	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	7,957,631	0	0	87,455	60,141,723	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	197	187,794	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	7,211	0	0	14,777	7,248,025	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	35,070	0	0	45,932	11,615,211	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,123,804	0	3,924,430	511,022	299,062,416	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	196,148	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	229,170	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	200,498	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	2,472	0	0	0	-350,458	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	230,715	192.05	
192.06 19206 TIPTON HOSPITAL	0	0	0	0	662,976	192.06	
192.07 19207 WEST HOSPITAL	0	0	0	0	326,810	192.07	
192.08 19208 SAXONY HOSPITAL	0	0	0	0	506,555	192.08	
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)	8,126,276	0	3,924,430	511,022	301,064,830	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
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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	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & 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
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	55,685,103	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,621,866	34.02
43.00	04300	NURSERY	3,333,361	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	37,728,593	50.00
51.00	05100	RECOVERY ROOM	8,235,420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,557,654	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,575,053	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	15,083,666	55.00
56.00	05600	RADIOISOTOPE	774,835	56.00
60.00	06000	LABORATORY	19,239,487	60.00
65.00	06500	RESPIRATORY THERAPY	5,556,844	65.00
66.00	06600	PHYSICAL THERAPY	3,300,546	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,010,193	67.00
68.00	06800	SPEECH PATHOLOGY	793,437	68.00
69.00	06900	ELECTROCARDIOLOGY	1,279,199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	780,103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,278,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,035,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,141,723	73.00
74.00	07400	RENAL DIALYSIS	187,794	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	7,248,025	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	11,615,211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	299,062,416	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	196,148	192.00
192.01	19201	OTHER NON-REIMBURSABLE	229,170	192.01
192.02	19202	CHILD BIRTH EDUCATION	200,498	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-350,458	192.04
192.05	19205	PHYSICIAN PRACTICE	230,715	192.05
192.06	19206	TIPTON HOSPITAL	662,976	192.06
192.07	19207	WEST HOSPITAL	326,810	192.07
192.08	19208	SAXONY HOSPITAL	506,555	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	301,064,830	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

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Part II
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-INTEREST						1.01
1.02	00102 MOB LEASED SPACE						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	34,787	29,137	0	1,554	4.00
5.01	00540 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550 DATA PROCESSING	0	155,209	129,999	0	0	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570 ADMITTING	0	37,990	31,819	0	0	5.04
5.05	00590 OTHER ADMINISTRATIVE & GENERAL	0	358,256	300,066	0	141,739	5.05
6.00	00600 MAINTENANCE & REPAIRS	0	1,810,204	1,516,178	0	102,727	6.00
7.00	00700 OPERATION OF PLANT	0	17,976	15,056	0	13,438	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	152,322	127,581	0	0	9.00
10.00	01000 DIETARY	0	78,526	65,772	0	54,575	10.00
11.00	01100 CAFETERIA	0	380,259	318,495	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	0	181,530	152,045	0	1,445,006	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	419,704	351,533	0	0	14.00
15.00	01500 PHARMACY	0	196,279	164,398	0	180,098	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	231,625	194,003	0	170	17.00
18.00	01850 PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	2,329,348	1,950,996	0	383,859	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	0	527,778	442,053	0	66,472	34.02
43.00	04300 NURSERY	0	188,589	157,957	0	6,605	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	1,456,314	1,219,770	0	3,665,218	50.00
51.00	05100 RECOVERY ROOM	0	220,417	184,615	0	39,336	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	674,957	565,326	0	139,355	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	367,814	308,072	0	2,472,587	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	1,107,034	927,222	0	996,326	55.00
56.00	05600 RADIO SOTOPE	0	25,933	21,721	0	75,795	56.00
60.00	06000 LABORATORY	0	277,353	232,303	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	45,825	38,382	0	128,035	65.00
66.00	06600 PHYSICAL THERAPY	0	8,466	7,091	0	13,687	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	19,322	68.00
69.00	06900 ELECTROCARDIOLOGY	0	58,755	49,212	0	156,783	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	17,588	14,731	0	38,052	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	311,364	260,790	0	1,012,388	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	295,717	247,684	0	95,916	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	11,967,919	10,024,007	0	11,249,043	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	43,448	36,391	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	11,814	9,895	0	49,780	192.01
192.02	19202 CHILDBIRTH EDUCATION	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	323,372	270,848	0	0	192.04
192.05	19205 PHYSICIAN PRACTICE	0	0	0	0	7,151	192.05
192.06	19206 TIPTON HOSPITAL	0	49,755	41,674	0	0	192.06
192.07	19207 WEST HOSPITAL	0	3,275	2,743	0	0	192.07
192.08	19208 SAXONY HOSPITAL	0	4,585	3,840	0	0	192.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	12,404,168	10,389,398	0	11,305,974	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400	65,478	65,478				4.00
5.01	00540	0	0	0			5.01
5.02	00550	285,208	0	0	285,208		5.02
5.03	00560	0	0	0	0	0	5.03
5.04	00570	69,809	379	0	2,740	0	5.04
5.05	00590	800,061	3,488	0	10,566	0	5.05
6.00	00600	3,429,109	1,472	0	6,074	0	6.00
7.00	00700	46,470	963	0	5,960	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	279,903	1,898	0	15,841	0	9.00
10.00	01000	198,873	1,011	0	15,708	0	10.00
11.00	01100	698,754	894	0	0	0	11.00
13.00	01300	1,778,581	1,534	0	5,275	0	13.00
14.00	01400	771,237	0	0	0	0	14.00
15.00	01500	540,775	3,743	0	13,300	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	425,798	1,376	0	5,206	0	17.00
18.00	01850	0	254	0	2,042	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,664,203	12,510	0	52,187	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	1,036,303	2,746	0	8,618	0	34.02
43.00	04300	353,151	931	0	3,845	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,341,302	5,972	0	29,226	0	50.00
51.00	05100	444,368	2,277	0	8,650	0	51.00
52.00	05200	1,379,638	3,641	0	13,663	0	52.00
54.00	05400	3,148,473	4,767	0	18,288	0	54.00
55.00	05500	3,030,582	3,849	0	17,151	0	55.00
56.00	05600	123,449	254	0	953	0	56.00
60.00	06000	509,656	886	0	11,466	0	60.00
65.00	06500	212,242	2,272	0	8,037	0	65.00
66.00	06600	29,244	1,804	0	6,983	0	66.00
67.00	06700	0	573	0	2,175	0	67.00
68.00	06800	19,322	470	0	1,673	0	68.00
69.00	06900	264,750	441	0	1,799	0	69.00
70.00	07000	70,371	209	0	742	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
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,584,542	1,013	0	3,687	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	639,317	3,060	0	11,194	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		33,240,969	64,687	0	283,049	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	79,839	0	0	0	0	192.00
192.01	19201	71,489	53	0	316	0	192.01
192.02	19202	0	82	0	388	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	594,220	0	0	0	0	192.04
192.05	19205	7,151	0	0	0	0	192.05
192.06	19206	91,429	232	0	410	0	192.06
192.07	19207	6,018	167	0	597	0	192.07
192.08	19208	8,425	257	0	448	0	192.08
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		34,099,540	65,478	0	285,208	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
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Cost Center Description			ADMITTING	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	72,928					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	814,115				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	34,772	3,471,427			6.00
7.00	00700	OPERATION OF PLANT	0	16,757	6,235	76,385		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	550	0	0	550	8.00
9.00	00900	HOUSEKEEPING	0	13,491	52,837	1,165	0	9.00
10.00	01000	DIETARY	0	7,197	27,239	600	0	10.00
11.00	01100	CAFETERIA	0	6,488	131,902	2,908	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	14,698	62,968	1,388	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,641	145,585	3,209	0	14.00
15.00	01500	PHARMACY	0	19,898	68,084	1,501	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,836	80,345	1,771	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,296	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,082	110,857	807,990	17,813	431	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,032	16,717	183,073	4,036	61	34.02
43.00	04300	NURSERY	335	5,963	65,417	1,442	58	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,865	83,316	505,159	11,135	0	50.00
51.00	05100	RECOVERY ROOM	2,168	19,060	76,457	1,685	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,226	26,547	234,126	5,161	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,127	35,406	127,586	2,812	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,292	30,737	384,002	8,465	0	55.00
56.00	05600	RADIOISOTOPE	504	1,866	8,995	198	0	56.00
60.00	06000	LABORATORY	3,598	49,010	96,207	2,121	0	60.00
65.00	06500	RESPIRATORY THERAPY	766	14,100	15,896	350	0	65.00
66.00	06600	PHYSICAL THERAPY	452	8,542	2,937	65	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	200	2,628	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	133	2,054	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	762	2,972	20,381	449	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	237	1,948	6,101	134	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,682	33,575	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,401	35,247	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,418	140,332	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	28	505	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	2,098	16,474	108,004	2,381	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,522	27,157	102,577	2,261	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,928	808,637	3,320,103	73,050	550	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	241	15,071	332	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	527	4,098	90	0	192.01
192.02	19202	CHILDREN EDUCATION	0	512	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	112,170	2,473	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	621	0	0	0	192.05
192.06	19206	TIPTON HOSPITAL	0	1,425	17,259	380	0	192.06
192.07	19207	WEST HOSPITAL	0	835	1,136	25	0	192.07
192.08	19208	SAXONY HOSPITAL	0	1,317	1,590	35	0	192.08
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)	72,928	814,115	3,471,427	76,385	550	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE & 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	365,135				9.00	
10.00	01000	DIETARY	2,915	253,543			10.00	
11.00	01100	CAFETERIA	14,114	0	855,060		11.00	
13.00	01300	NURSING ADMINISTRATION	6,738	0	19,755	1,890,937	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	15,578	0	0	955,250	14.00	
15.00	01500	PHARMACY	7,285	0	49,808	14,078	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	8,597	0	19,495	0	17.00	
18.00	01850	PATIENT TRANSPORTATION	0	0	7,649	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,457	236,971	195,439	596,536	20,925	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	19,589	0	32,275	157,460	3,184	34.02
43.00	04300	NURSERY	7,000	0	14,400	51,225	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,054	0	109,452	256,952	213,300	50.00
51.00	05100	RECOVERY ROOM	8,181	12	32,394	136,520	2,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,052	8,808	51,168	207,265	7,592	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,652	0	68,488	29,635	12,942	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	41,090	0	64,231	200,048	3,537	55.00
56.00	05600	RADIOISOTOPE	963	0	3,570	0	102	56.00
60.00	06000	LABORATORY	10,294	0	42,939	53,886	268	60.00
65.00	06500	RESPIRATORY THERAPY	1,701	0	30,100	0	10,003	65.00
66.00	06600	PHYSICAL THERAPY	314	0	26,151	0	404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,146	0	160	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,266	0	648	68.00
69.00	06900	ELECTROCARDIOLOGY	2,181	0	6,739	0	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	653	0	2,778	0	131	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	321,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	334,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	11,557	3,096	13,809	39,395	15,303	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,976	4,656	41,922	145,275	5,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	348,941	253,543	846,974	1,888,275	954,536	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,613	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	439	0	1,182	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	1,454	828	247	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	12,003	0	0	0	466	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	0	0	1	192.05
192.06	19206	TIPTON HOSPITAL	1,847	0	1,537	1,834	0	192.06
192.07	19207	WEST HOSPITAL	122	0	2,234	0	0	192.07
192.08	19208	SAXONY HOSPITAL	170	0	1,679	0	0	192.08
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)	365,135	253,543	855,060	1,890,937	955,250	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & 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	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	720,672					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0				16.00	
17.00 01700 SOCIAL SERVICE	0	0	551,427			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	11,241		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	2,945	0	431,812	906	7,244,064	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	292	0	61,298	154	1,526,838	34.02	
43.00 04300 NURSERY	0	0	58,317	50	562,134	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,783	0	0	2,742	7,630,258	50.00	
51.00 05100 RECOVERY ROOM	2,200	0	0	323	736,673	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	928	0	0	331	1,966,146	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,691	0	0	764	3,469,631	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	1,141	0	0	639	3,789,764	55.00	
56.00 05600 RADIOISOTOPE	2	0	0	75	140,931	56.00	
60.00 06000 LABORATORY	0	0	0	536	780,867	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	114	295,581	65.00	
66.00 06600 PHYSICAL THERAPY	2	0	0	67	76,965	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	30	13,912	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	20	30,586	68.00	
69.00 06900 ELECTROCARDIOLOGY	2	0	0	114	300,593	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	35	83,339	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	399	357,697	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	804	375,895	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	705,718	0	0	1,850	860,318	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	4	537	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	639	0	0	313	1,802,311	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	3,110	0	0	971	1,004,967	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	720,453	0	551,427	11,241	33,050,007	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	97,096	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	78,194	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	3,511	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	219	0	0	0	721,551	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	7,773	192.05	
192.06 19206 TIPTON HOSPITAL	0	0	0	0	116,353	192.06	
192.07 19207 WEST HOSPITAL	0	0	0	0	11,134	192.07	
192.08 19208 SAXONY HOSPITAL	0	0	0	0	13,921	192.08	
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)	720,672	0	551,427	11,241	34,099,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & 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
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	7,244,064	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,526,838	34.02
43.00	04300	NURSERY	562,134	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	7,630,258	50.00
51.00	05100	RECOVERY ROOM	736,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,966,146	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,469,631	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,789,764	55.00
56.00	05600	RADIOISOTOPE	140,931	56.00
60.00	06000	LABORATORY	780,867	60.00
65.00	06500	RESPIRATORY THERAPY	295,581	65.00
66.00	06600	PHYSICAL THERAPY	76,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,912	67.00
68.00	06800	SPEECH PATHOLOGY	30,586	68.00
69.00	06900	ELECTROCARDIOLOGY	300,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	357,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	375,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	860,318	73.00
74.00	07400	RENAL DIALYSIS	537	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,802,311	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,004,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,050,007	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	97,096	192.00
192.01	19201	OTHER NON-REIMBURSABLE	78,194	192.01
192.02	19202	CHILD BIRTH EDUCATION	3,511	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	721,551	192.04
192.05	19205	PHYSICIAN PRACTICE	7,773	192.05
192.06	19206	TIPTON HOSPITAL	116,353	192.06
192.07	19207	WEST HOSPITAL	11,134	192.07
192.08	19208	SAXONY HOSPITAL	13,921	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,099,540	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2: 25 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	511,323				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	511,323			1.01
1.02	00102	MOB LEASED SPACE	0	0	73,367		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				9,453,434	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,434	1,434	0	1,299	70,643,170
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0
5.02	00550	DATA PROCESSING	6,398	6,398	0	0	0
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.04	00570	ADMINISTRATIVE	1,566	1,566	0	0	408,919
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	14,768	14,768	15,703	118,514	3,762,350
6.00	00600	MAINTENANCE & REPAIRS	74,620	74,620	0	85,895	1,587,654
7.00	00700	OPERATION OF PLANT	741	741	0	11,236	1,038,619
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	6,279	6,279	0	0	2,047,750
10.00	01000	DIETARY	3,237	3,237	0	45,633	1,090,663
11.00	01100	CAFETERIA	15,675	15,675	0	0	964,930
13.00	01300	NURSING ADMINISTRATION	7,483	7,483	0	1,208,234	1,654,983
14.00	01400	CENTRAL SERVICES & SUPPLY	17,301	17,301	0	0	0
15.00	01500	PHARMACY	8,091	8,091	0	150,588	4,037,405
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	9,548	9,548	0	142	1,484,048
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	274,092
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,020	96,020	0	320,962	13,505,603
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,756	21,756	491	55,580	2,961,900
43.00	04300	NURSERY	7,774	7,774	0	5,523	1,004,027
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,032	60,032	0	3,064,655	6,442,639
51.00	05100	RECOVERY ROOM	9,086	9,086	0	32,891	2,456,555
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,823	27,823	0	116,521	3,927,201
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,162	15,162	9,620	2,067,441	5,142,364
55.00	05500	RADIOLOGY - THERAPEUTIC	45,634	45,634	0	833,073	4,152,227
56.00	05600	RADIOISOTOPE	1,069	1,069	0	63,376	274,182
60.00	06000	LABORATORY	11,433	11,433	0	0	955,269
65.00	06500	RESPIRATORY THERAPY	1,889	1,889	0	107,056	2,450,486
66.00	06600	PHYSICAL THERAPY	349	349	0	11,444	1,945,835
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	618,125
68.00	06800	SPEECH PATHOLOGY	0	0	0	16,156	507,119
69.00	06900	ELECTROCARDIOLOGY	2,422	2,422	0	131,093	475,810
70.00	07000	ELECTROENCEPHALOGRAPHY	725	725	0	31,817	225,016
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,835	12,835	0	846,503	1,092,412
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,190	12,190	0	80,200	3,301,102
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	493,340	493,340	25,814	9,405,832	69,789,285
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,791	1,791	0	0	75
192.01	19201	OTHER NON-REIMBURSABLE	487	487	22,250	41,623	57,186
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	88,028
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	13,330	13,330	0	0	0
192.05	19205	PHYSICIAN PRACTICE	0	0	23,167	5,979	0
192.06	19206	TIPTON HOSPITAL	2,051	2,051	656	0	250,252
192.07	19207	WEST HOSPITAL	135	135	454	0	180,665
192.08	19208	SAXONY HOSPITAL	189	189	1,026	0	277,679
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
202.00 Cost to be allocated (per Wkst. B, Part I)	12,404,168	10,389,398	0	11,305,974	13,201,517	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.258967	20.318660	0.000000	1.195965	0.186876	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					65,478	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000927	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	90,346					5.01
5.02	00550	0	90,346				5.02
5.03	00560	0	0	30,958,735			5.03
5.04	00570	868	868	0	1,542,382,547		5.04
5.05	00590	3,347	3,347	647	0	-32,279,032	5.05
6.00	00600	1,924	1,924	129,601	0	0	6.00
7.00	00700	1,888	1,888	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	5,018	5,018	179	0	0	9.00
10.00	01000	4,976	4,976	12	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	1,671	1,671	254	0	0	13.00
14.00	01400	0	0	13,555	0	0	14.00
15.00	01500	4,213	4,213	70,971	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	1,649	1,649	89	0	0	17.00
18.00	01850	647	647	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,531	16,531	674,992	129,404,471	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	2,730	2,730	102,707	21,965,368	0	34.02
43.00	04300	1,218	1,218	0	7,133,867	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,258	9,258	6,880,635	328,228,962	0	50.00
51.00	05100	2,740	2,740	76,698	46,129,267	0	51.00
52.00	05200	4,328	4,328	244,902	47,356,617	0	52.00
54.00	05400	5,793	5,793	417,474	109,092,565	0	54.00
55.00	05500	5,433	5,433	114,099	91,319,085	0	55.00
56.00	05600	302	302	3,301	10,721,834	0	56.00
60.00	06000	3,632	3,632	8,640	76,562,225	0	60.00
65.00	06500	2,546	2,546	322,686	16,301,147	0	65.00
66.00	06600	2,212	2,212	13,024	9,619,670	0	66.00
67.00	06700	689	689	5,175	4,257,159	0	67.00
68.00	06800	530	530	20,890	2,834,977	0	68.00
69.00	06900	570	570	86	16,217,518	0	69.00
70.00	07000	235	235	4,216	5,042,892	0	70.00
71.00	07100	0	0	10,356,156	57,065,928	0	71.00
72.00	07200	0	0	10,788,488	114,906,780	0	72.00
73.00	07300	0	0	0	264,215,687	0	73.00
74.00	07400	0	0	0	596,255	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,168	1,168	493,642	44,644,343	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,546	3,546	192,556	138,765,930	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		89,662	89,662	30,935,675	1,542,382,547	-32,279,032	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	100	100	5	0	0	192.01
192.02	19202	123	123	7,969	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	15,043	0	1,150,393	192.04
192.05	19205	0	0	43	0	0	192.05
192.06	19206	130	130	0	0	0	192.06
192.07	19207	189	189	0	0	0	192.07
192.08	19208	142	142	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		0	10,078,359	2,045,643	2,486,769		202.00
203.00		0.000000	111.552908	0.066076	0.001612		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	285,208	0	72,928		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.156841	0.000000	0.000047		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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590	269,936,191					5.05
6.00	00600	11,529,280	412,537				6.00
7.00	00700	5,556,019	741	411,796			7.00
8.00	00800	182,265	0	0	37,369		8.00
9.00	00900	4,473,086	6,279	6,279	0	405,517	9.00
10.00	01000	2,386,341	3,237	3,237	0	3,237	10.00
11.00	01100	2,151,312	15,675	15,675	0	15,675	11.00
13.00	01300	4,873,235	7,483	7,483	0	7,483	13.00
14.00	01400	6,512,288	17,301	17,301	0	17,301	14.00
15.00	01500	6,597,454	8,091	8,091	0	8,091	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	2,929,602	9,548	9,548	0	9,548	17.00
18.00	01850	429,741	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	36,756,429	96,020	96,020	29,263	96,020	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	5,542,924	21,756	21,756	4,154	21,756	34.02
43.00	04300	1,977,035	7,774	7,774	3,952	7,774	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	27,624,778	60,032	60,032	0	60,032	50.00
51.00	05100	6,319,746	9,086	9,086	0	9,086	51.00
52.00	05200	8,802,039	27,823	27,823	0	27,823	52.00
54.00	05400	11,739,550	15,162	15,162	0	15,162	54.00
55.00	05500	10,191,433	45,634	45,634	0	45,634	55.00
56.00	05600	618,795	1,069	1,069	0	1,069	56.00
60.00	06000	16,249,970	11,433	11,433	0	11,433	60.00
65.00	06500	4,675,188	1,889	1,889	0	1,889	65.00
66.00	06600	2,832,178	349	349	0	349	66.00
67.00	06700	871,357	0	0	0	0	67.00
68.00	06800	680,944	0	0	0	0	68.00
69.00	06900	985,458	2,422	2,422	0	2,422	69.00
70.00	07000	646,034	725	725	0	725	70.00
71.00	07100	11,132,439	0	0	0	0	71.00
72.00	07200	11,686,590	0	0	0	0	72.00
73.00	07300	46,532,249	0	0	0	0	73.00
74.00	07400	167,560	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	5,462,149	12,835	12,835	0	12,835	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	9,004,201	12,190	12,190	0	12,190	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00							
		268,119,669	394,554	393,813	37,369	387,534	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	79,984	1,791	1,791	0	1,791	192.00
192.01	19201	174,674	487	487	0	487	192.01
192.02	19202	169,747	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	13,330	13,330	0	13,330	192.04
192.05	19205	206,062	0	0	0	0	192.05
192.06	19206	472,585	2,051	2,051	0	2,051	192.06
192.07	19207	276,928	135	135	0	135	192.07
192.08	19208	436,542	189	189	0	189	192.08
200.00							200.00
201.00							201.00
202.00		32,279,032	12,907,951	6,243,593	204,060	5,299,644	202.00
203.00		0.119580	31.289196	15.161859	5.460676	13.068858	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	814,115	3,471,427	76,385	550	365,135	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003016	8.414826	0.185492	0.014718	0.900418	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						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	82,068					10.00
11.00	01100	0	72,325				11.00
13.00	01300	0	1,671	31,968			13.00
14.00	01400	0	0	0	30,814,487		14.00
15.00	01500	0	4,213	238	70,971	47,083,459	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	1,649	0	89	0	17.00
18.00	01850	0	647	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,704	16,531	10,085	674,992	192,428	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	0	2,730	2,662	102,707	19,110	34.02
43.00	04300	0	1,218	866	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	9,258	4,344	6,880,635	116,480	50.00
51.00	05100	4	2,740	2,308	76,698	143,752	51.00
52.00	05200	2,851	4,328	3,504	244,902	60,626	52.00
54.00	05400	0	5,793	501	417,474	110,459	54.00
55.00	05500	0	5,433	3,382	114,099	74,551	55.00
56.00	05600	0	302	0	3,301	138	56.00
60.00	06000	0	3,632	911	8,640	9	60.00
65.00	06500	0	2,546	0	322,686	24	65.00
66.00	06600	0	2,212	0	13,024	147	66.00
67.00	06700	0	689	0	5,175	0	67.00
68.00	06800	0	530	0	20,890	0	68.00
69.00	06900	0	570	0	86	100	69.00
70.00	07000	0	235	0	4,216	0	70.00
71.00	07100	0	0	0	10,356,156	0	71.00
72.00	07200	0	0	0	10,788,488	0	72.00
73.00	07300	0	0	0	0	46,106,332	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,002	1,168	666	493,642	41,781	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,507	3,546	2,456	192,556	203,197	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
118.00		82,068	71,641	31,923	30,791,427	47,069,134	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	100	0	5	0	192.01
192.02	19202	0	123	14	7,969	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	15,043	14,325	192.04
192.05	19205	0	0	0	43	0	192.05
192.06	19206	0	130	31	0	0	192.06
192.07	19207	0	189	0	0	0	192.07
192.08	19208	0	142	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		2,864,366	3,341,540	5,978,566	8,320,780	8,126,276	202.00
203.00		34.902349	46.201728	187.017205	0.270028	0.172593	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	253,543	855,060	1,890,937	955,250	720,672	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.089426	11.822468	59.150932	0.031000	0.015306	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: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION	(GROSS CHARGES)	
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMINITTING					5.04
5.05 00590 OTHER ADMINISTRATIVE & 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
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	1,542,382,547				16.00
17.00 01700 SOCIAL SERVICE	0	37,369			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	1,542,382,547		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	129,404,471	29,263	129,404,471		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	21,965,368	4,154	21,965,368		34.02
43.00 04300 NURSERY	7,133,867	3,952	7,133,867		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	328,228,962	0	328,228,962		50.00
51.00 05100 RECOVERY ROOM	46,129,267	0	46,129,267		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	47,356,617	0	47,356,617		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	109,092,565	0	109,092,565		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	91,319,085	0	91,319,085		55.00
56.00 05600 RADIOISOTOPE	10,721,834	0	10,721,834		56.00
60.00 06000 LABORATORY	76,562,225	0	76,562,225		60.00
65.00 06500 RESPIRATORY THERAPY	16,301,147	0	16,301,147		65.00
66.00 06600 PHYSICAL THERAPY	9,619,670	0	9,619,670		66.00
67.00 06700 OCCUPATIONAL THERAPY	4,257,159	0	4,257,159		67.00
68.00 06800 SPEECH PATHOLOGY	2,834,977	0	2,834,977		68.00
69.00 06900 ELECTROCARDIOLOGY	16,217,518	0	16,217,518		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,042,892	0	5,042,892		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	57,065,928	0	57,065,928		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	114,906,780	0	114,906,780		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	264,215,687	0	264,215,687		73.00
74.00 07400 RENAL DIALYSIS	596,255	0	596,255		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	44,644,343	0	44,644,343		75.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	138,765,930	0	138,765,930		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,542,382,547	37,369	1,542,382,547		118.00
NONREIMBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 CHILDBIRTH EDUCATION	0	0	0		192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0		192.05
192.06 19206 TIPTON HOSPITAL	0	0	0		192.06
192.07 19207 WEST HOSPITAL	0	0	0		192.07
192.08 19208 SAXONY HOSPITAL	0	0	0		192.08
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
202.00 Cost to be allocated (per Wkst. B, Part I)	0	3,924,430	511,022		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	105.018331	0.000331		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	551,427	11,241		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	14.756269	0.000007		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 2:25 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	55,685,103		55,685,103	0	55,685,103	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	8,621,866		8,621,866	0	8,621,866	34.02
43.00	04300 NURSERY	3,333,361		3,333,361	0	3,333,361	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	37,728,593		37,728,593	0	37,728,593	50.00
51.00	05100 RECOVERY ROOM	8,235,420		8,235,420	0	8,235,420	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,557,654		12,557,654	332,560	12,890,214	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,575,053		14,575,053	0	14,575,053	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	15,083,666		15,083,666	0	15,083,666	55.00
56.00	05600 RADIOISOTOPE	774,835		774,835	0	774,835	56.00
60.00	06000 LABORATORY	19,239,487		19,239,487	0	19,239,487	60.00
65.00	06500 RESPIRATORY THERAPY	5,556,844	0	5,556,844	0	5,556,844	65.00
66.00	06600 PHYSICAL THERAPY	3,300,546	0	3,300,546	0	3,300,546	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,010,193	0	1,010,193	0	1,010,193	67.00
68.00	06800 SPEECH PATHOLOGY	793,437	0	793,437	0	793,437	68.00
69.00	06900 ELECTROCARDIOLOGY	1,279,199		1,279,199	0	1,279,199	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	780,103		780,103	0	780,103	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,278,997		15,278,997	0	15,278,997	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,035,306		16,035,306	0	16,035,306	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,141,723		60,141,723	0	60,141,723	73.00
74.00	07400 RENAL DIALYSIS	187,794		187,794	0	187,794	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	7,248,025		7,248,025	0	7,248,025	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	11,615,211		11,615,211	0	11,615,211	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,254,525		5,254,525		5,254,525	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
200.00	Subtotal (see instructions)	304,316,941	0	304,316,941	332,560	304,649,501	200.00
201.00	Less Observation Beds	5,254,525		5,254,525		5,254,525	201.00
202.00	Total (see instructions)	299,062,416	0	299,062,416	332,560	299,394,976	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 2:25 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	107,671,828		107,671,828		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,965,368		21,965,368		34.02
43.00	04300	NURSERY	7,133,867		7,133,867		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,762,320	247,466,642	328,228,962	0.114946	50.00
51.00	05100	RECOVERY ROOM	6,822,344	39,306,923	46,129,267	0.178529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,798,403	8,558,214	47,356,617	0.265172	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,525,856	91,566,709	109,092,565	0.133603	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	587,004	90,732,081	91,319,085	0.165175	55.00
56.00	05600	RADIOISOTOPE	820,676	9,901,158	10,721,834	0.072267	56.00
60.00	06000	LABORATORY	29,293,500	47,268,725	76,562,225	0.251292	60.00
65.00	06500	RESPIRATORY THERAPY	10,395,823	5,905,324	16,301,147	0.340887	65.00
66.00	06600	PHYSICAL THERAPY	4,537,743	5,081,927	9,619,670	0.343104	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,186,983	2,070,176	4,257,159	0.237293	67.00
68.00	06800	SPEECH PATHOLOGY	876,243	1,958,734	2,834,977	0.279874	68.00
69.00	06900	ELECTROCARDIOLOGY	5,267,066	10,950,452	16,217,518	0.078878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,916,057	3,126,835	5,042,892	0.154694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,440,201	36,625,727	57,065,928	0.267743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,473,806	76,432,974	114,906,780	0.139551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,992,721	218,222,966	264,215,687	0.227624	73.00
74.00	07400	RENAL DIALYSIS	539,382	56,873	596,255	0.314956	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,608,183	32,036,160	44,644,343	0.162350	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	30,470,835	108,295,095	138,765,930	0.083704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	371,315	21,361,328	21,732,643	0.241780	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
200.00		Subtotal (see instructions)	485,457,524	1,056,925,023	1,542,382,547		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	485,457,524	1,056,925,023	1,542,382,547		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT				34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT				34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.114946			50.00
51.00	05100 RECOVERY ROOM	0.178529			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.272195			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133603			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.165175			55.00
56.00	05600 RADIOISOTOPE	0.072267			56.00
60.00	06000 LABORATORY	0.251292			60.00
65.00	06500 RESPIRATORY THERAPY	0.340887			65.00
66.00	06600 PHYSICAL THERAPY	0.343104			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.237293			67.00
68.00	06800 SPEECH PATHOLOGY	0.279874			68.00
69.00	06900 ELECTROCARDIOLOGY	0.078878			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154694			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267743			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.139551			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227624			73.00
74.00	07400 RENAL DIALYSIS	0.314956			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.162350			75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.083704			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.241780			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 2:25 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	55,685,103	55,685,103	0	55,685,103	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	8,621,866	8,621,866	0	8,621,866	34.02
43.00	04300 NURSERY	3,333,361	3,333,361	0	3,333,361	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	37,728,593	37,728,593	0	37,728,593	50.00
51.00	05100 RECOVERY ROOM	8,235,420	8,235,420	0	8,235,420	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,557,654	12,557,654	332,560	12,890,214	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,575,053	14,575,053	0	14,575,053	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	15,083,666	15,083,666	0	15,083,666	55.00
56.00	05600 RADIOISOTOPE	774,835	774,835	0	774,835	56.00
60.00	06000 LABORATORY	19,239,487	19,239,487	0	19,239,487	60.00
65.00	06500 RESPIRATORY THERAPY	5,556,844	5,556,844	0	5,556,844	65.00
66.00	06600 PHYSICAL THERAPY	3,300,546	3,300,546	0	3,300,546	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,010,193	1,010,193	0	1,010,193	67.00
68.00	06800 SPEECH PATHOLOGY	793,437	793,437	0	793,437	68.00
69.00	06900 ELECTROCARDIOLOGY	1,279,199	1,279,199	0	1,279,199	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	780,103	780,103	0	780,103	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,278,997	15,278,997	0	15,278,997	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,035,306	16,035,306	0	16,035,306	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,141,723	60,141,723	0	60,141,723	73.00
74.00	07400 RENAL DIALYSIS	187,794	187,794	0	187,794	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	7,248,025	7,248,025	0	7,248,025	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	11,615,211	11,615,211	0	11,615,211	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,254,525	5,254,525	0	5,254,525	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
200.00	Subtotal (see instructions)	304,316,941	304,316,941	332,560	304,649,501	200.00
201.00	Less Observation Beds	5,254,525	5,254,525	0	5,254,525	201.00
202.00	Total (see instructions)	299,062,416	299,062,416	332,560	299,394,976	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2024 2:25 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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,671,828		107,671,828			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0			34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,965,368		21,965,368			34.02
43.00	04300	NURSERY	7,133,867		7,133,867			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,762,320	247,466,642	328,228,962	0.114946	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,822,344	39,306,923	46,129,267	0.178529	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,798,403	8,558,214	47,356,617	0.265172	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,525,856	91,566,709	109,092,565	0.133603	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	587,004	90,732,081	91,319,085	0.165175	0.000000	55.00
56.00	05600	RADIOISOTOPE	820,676	9,901,158	10,721,834	0.072267	0.000000	56.00
60.00	06000	LABORATORY	29,293,500	47,268,725	76,562,225	0.251292	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	10,395,823	5,905,324	16,301,147	0.340887	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,537,743	5,081,927	9,619,670	0.343104	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,186,983	2,070,176	4,257,159	0.237293	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	876,243	1,958,734	2,834,977	0.279874	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,267,066	10,950,452	16,217,518	0.078878	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,916,057	3,126,835	5,042,892	0.154694	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,440,201	36,625,727	57,065,928	0.267743	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,473,806	76,432,974	114,906,780	0.139551	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,992,721	218,222,966	264,215,687	0.227624	0.000000	73.00
74.00	07400	RENAL DIALYSIS	539,382	56,873	596,255	0.314956	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,608,183	32,036,160	44,644,343	0.162350	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	30,470,835	108,295,095	138,765,930	0.083704	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	371,315	21,361,328	21,732,643	0.241780	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	485,457,524	1,056,925,023	1,542,382,547			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	485,457,524	1,056,925,023	1,542,382,547			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 2:25 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.114946	50.00
51.00	05100	RECOVERY ROOM	0.178529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.272195	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133603	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.165175	55.00
56.00	05600	RADIOISOTOPE	0.072267	56.00
60.00	06000	LABORATORY	0.251292	60.00
65.00	06500	RESPIRATORY THERAPY	0.340887	65.00
66.00	06600	PHYSICAL THERAPY	0.343104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237293	67.00
68.00	06800	SPEECH PATHOLOGY	0.279874	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.139551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227624	73.00
74.00	07400	RENAL DIALYSIS	0.314956	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.162350	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.083704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.241780	92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 15-0161

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

Worksheet C
Part II
Date/Time Prepared:
5/29/2024 2:25 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	37,728,593	7,630,258	30,098,335	0	0	50.00
51.00	05100 RECOVERY ROOM	8,235,420	736,673	7,498,747	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,557,654	1,966,146	10,591,508	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,575,053	3,469,631	11,105,422	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	15,083,666	3,789,764	11,293,902	0	0	55.00
56.00	05600 RADIOISOTOPE	774,835	140,931	633,904	0	0	56.00
60.00	06000 LABORATORY	19,239,487	780,867	18,458,620	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	5,556,844	295,581	5,261,263	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,300,546	76,965	3,223,581	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,010,193	13,912	996,281	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	793,437	30,586	762,851	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,279,199	300,593	978,606	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	780,103	83,339	696,764	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,278,997	357,697	14,921,300	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,035,306	375,895	15,659,411	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,141,723	860,318	59,281,405	0	0	73.00
74.00	07400 RENAL DIALYSIS	187,794	537	187,257	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	7,248,025	1,802,311	5,445,714	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	11,615,211	1,004,967	10,610,244	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,254,525	683,561	4,570,964	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
200.00	Subtotal (sum of lines 50 thru 199)	236,676,611	24,400,532	212,276,079	0	0	200.00
201.00	Less Observation Beds	5,254,525	683,561	4,570,964	0	0	201.00
202.00	Total (line 200 minus line 201)	231,422,086	23,716,971	207,705,115	0	0	202.00

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

Provider CCN: 15-0161

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

Worksheet C
Part II
Date/Time Prepared:
5/29/2024 2:25 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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	37,728,593	328,228,962	0.114946		50.00
51.00	05100 RECOVERY ROOM	8,235,420	46,129,267	0.178529		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,557,654	47,356,617	0.265172		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,575,053	109,092,565	0.133603		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	15,083,666	91,319,085	0.165175		55.00
56.00	05600 RADIOISOTOPE	774,835	10,721,834	0.072267		56.00
60.00	06000 LABORATORY	19,239,487	76,562,225	0.251292		60.00
65.00	06500 RESPIRATORY THERAPY	5,556,844	16,301,147	0.340887		65.00
66.00	06600 PHYSICAL THERAPY	3,300,546	9,619,670	0.343104		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,010,193	4,257,159	0.237293		67.00
68.00	06800 SPEECH PATHOLOGY	793,437	2,834,977	0.279874		68.00
69.00	06900 ELECTROCARDIOLOGY	1,279,199	16,217,518	0.078878		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	780,103	5,042,892	0.154694		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,278,997	57,065,928	0.267743		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,035,306	114,906,780	0.139551		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,141,723	264,215,687	0.227624		73.00
74.00	07400 RENAL DIALYSIS	187,794	596,255	0.314956		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	7,248,025	44,644,343	0.162350		75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	11,615,211	138,765,930	0.083704		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,254,525	21,732,643	0.241780		92.00
OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
200.00	Subtotal (sum of lines 50 thru 199)	236,676,611	1,405,611,484			200.00
201.00	Less Observation Beds	5,254,525	0			201.00
202.00	Total (line 200 minus line 201)	231,422,086	1,405,611,484			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 2:25 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	7,244,064	0	7,244,064	32,312	224.19	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,526,838		1,526,838	4,154	367.56	34.02
43.00	NURSERY	562,134		562,134	3,952	142.24	43.00
200.00	Total (lines 30 through 199)	9,333,036		9,333,036	40,418		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	8,102	1,816,387				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,102	1,816,387				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	7,630,258	328,228,962	0.023247	19,655,544	456,932	50.00
51.00	05100 RECOVERY ROOM	736,673	46,129,267	0.015970	1,688,562	26,966	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,966,146	47,356,617	0.041518	122,219	5,074	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,469,631	109,092,565	0.031804	6,123,000	194,736	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,789,764	91,319,085	0.041500	337,509	14,007	55.00
56.00	05600 RADIOISOTOPE	140,931	10,721,834	0.013144	334,504	4,397	56.00
60.00	06000 LABORATORY	780,867	76,562,225	0.010199	7,542,580	76,927	60.00
65.00	06500 RESPIRATORY THERAPY	295,581	16,301,147	0.018133	2,062,688	37,403	65.00
66.00	06600 PHYSICAL THERAPY	76,965	9,619,670	0.008001	1,511,932	12,097	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,912	4,257,159	0.003268	780,364	2,550	67.00
68.00	06800 SPEECH PATHOLOGY	30,586	2,834,977	0.010789	372,581	4,020	68.00
69.00	06900 ELECTROCARDIOLOGY	300,593	16,217,518	0.018535	2,135,841	39,588	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	83,339	5,042,892	0.016526	393,493	6,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	357,697	57,065,928	0.006268	4,353,306	27,287	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	375,895	114,906,780	0.003271	10,020,194	32,776	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	860,318	264,215,687	0.003256	12,090,060	39,365	73.00
74.00	07400 RENAL DIALYSIS	537	596,255	0.000901	107,024	96	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,802,311	44,644,343	0.040370	4,222,514	170,463	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,004,967	138,765,930	0.007242	11,348,385	82,185	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	683,561	21,732,643	0.031453	36,519	1,149	92.00
200.00	Total (lines 50 through 199)	24,400,532	1,405,611,484		85,238,819	1,234,521	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 2:25 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	32,312	0.00	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,154	0.00	34.02
43.00	04300	NURSERY		0	3,952	0.00	43.00
200.00		Total (lines 30 through 199)		0	40,418		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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0				34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0				34.02
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2024 2:25 pm

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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
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
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
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
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
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
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:25 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	328,228,962	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	46,129,267	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	47,356,617	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	109,092,565	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	91,319,085	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	10,721,834	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	76,562,225	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,301,147	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,619,670	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,257,159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,834,977	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,217,518	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,042,892	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,065,928	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	114,906,780	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	264,215,687	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	596,255	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	44,644,343	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	138,765,930	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	21,732,643	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,405,611,484		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	19,655,544	0	27,537,188	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	1,688,562	0	4,349,372	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	122,219	0	41,002	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,123,000	0	16,180,108	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	337,509	0	28,713,933	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	334,504	0	2,938,012	0 56.00
60.00	06000	LABORATORY	0.000000	7,542,580	0	4,106,345	0 60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,062,688	0	1,418,142	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,511,932	0	23,948	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	780,364	0	37,382	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	372,581	0	3,970	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,135,841	0	2,504,653	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	393,493	0	460,701	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,353,306	0	7,263,722	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	10,020,194	0	13,758,423	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	12,090,060	0	69,715,197	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	107,024	0	3,928	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.000000	4,222,514	0	8,928,340	0 75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	11,348,385	0	12,890,975	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	36,519	0	1,539,683	0 92.00
200.00		Total (lines 50 through 199)		85,238,819	0	202,415,024	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.114946	27,537,188	0	0	3,165,290	50.00
51.00	05100	RECOVERY ROOM	0.178529	4,349,372	0	0	776,489	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265172	41,002	0	0	10,873	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133603	16,180,108	0	0	2,161,711	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.165175	28,713,933	0	0	4,742,824	55.00
56.00	05600	RADIOISOTOPE	0.072267	2,938,012	0	0	212,321	56.00
60.00	06000	LABORATORY	0.251292	4,106,345	4,794	0	1,031,892	60.00
65.00	06500	RESPIRATORY THERAPY	0.340887	1,418,142	0	0	483,426	65.00
66.00	06600	PHYSICAL THERAPY	0.343104	23,948	0	0	8,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237293	37,382	0	0	8,870	67.00
68.00	06800	SPEECH PATHOLOGY	0.279874	3,970	0	0	1,111	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078878	2,504,653	0	0	197,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154694	460,701	0	0	71,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267743	7,263,722	0	0	1,944,811	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.139551	13,758,423	0	0	1,920,002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227624	69,715,197	0	44,043	15,868,852	73.00
74.00	07400	RENAL DIALYSIS	0.314956	3,928	0	0	1,237	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.162350	8,928,340	0	0	1,449,516	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.083704	12,890,975	0	0	1,079,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.241780	1,539,683	0	0	372,265	92.00
200.00		Subtotal (see instructions)		202,415,024	4,794	44,043	35,507,563	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		202,415,024	4,794	44,043	35,507,563	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:25 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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	1,205	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,025	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	1,205	10,025	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,205	10,025	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,244,064	0	7,244,064	32,312	224.19	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0.00	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,526,838		1,526,838	4,154	367.56	34.02
43.00	NURSERY	562,134		562,134	3,952	142.24	43.00
200.00	Total (lines 30 through 199)	9,333,036		9,333,036	40,418		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	680	152,449				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	473	173,856				
43.00	NURSERY	873	124,176				
200.00	Total (lines 30 through 199)	2,026	450,481				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,630,258	328,228,962	0.023247	584,517	13,588	50.00
51.00	05100	RECOVERY ROOM	736,673	46,129,267	0.015970	46,480	742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,966,146	47,356,617	0.041518	225,579	9,366	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,469,631	109,092,565	0.031804	257,453	8,188	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,789,764	91,319,085	0.041500	0	0	55.00
56.00	05600	RADIOISOTOPE	140,931	10,721,834	0.013144	0	0	56.00
60.00	06000	LABORATORY	780,867	76,562,225	0.010199	485,313	4,950	60.00
65.00	06500	RESPIRATORY THERAPY	295,581	16,301,147	0.018133	753,898	13,670	65.00
66.00	06600	PHYSICAL THERAPY	76,965	9,619,670	0.008001	97,103	777	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,912	4,257,159	0.003268	55,485	181	67.00
68.00	06800	SPEECH PATHOLOGY	30,586	2,834,977	0.010789	15,399	166	68.00
69.00	06900	ELECTROCARDIOLOGY	300,593	16,217,518	0.018535	40,048	742	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,339	5,042,892	0.016526	76,989	1,272	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	357,697	57,065,928	0.006268	160,356	1,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	375,895	114,906,780	0.003271	950,887	3,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	860,318	264,215,687	0.003256	842,766	2,744	73.00
74.00	07400	RENAL DIALYSIS	537	596,255	0.000901	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,802,311	44,644,343	0.040370	41,250	1,665	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,004,967	138,765,930	0.007242	326,967	2,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	683,561	21,732,643	0.031453	0	0	92.00
200.00		Total (lines 50 through 199)	24,400,532	1,405,611,484		4,960,490	64,534	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 2:25 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	32,312	0.00	680 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,154	0.00	473 34.02
43.00	04300	NURSERY		0	3,952	0.00	873 43.00
200.00		Total (lines 30 through 199)		0	40,418		2,026 200.00
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0				34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0				34.02
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description			Title XIX				Hospital	PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
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
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
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
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
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
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	328,228,962	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	46,129,267	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	47,356,617	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	109,092,565	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	91,319,085	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	10,721,834	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	76,562,225	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,301,147	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,619,670	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,257,159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,834,977	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,217,518	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,042,892	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,065,928	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	114,906,780	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	264,215,687	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	596,255	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	44,644,343	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	138,765,930	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	21,732,643	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,405,611,484		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	584,517	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	46,480	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	225,579	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	257,453	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	485,313	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	753,898	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	97,103	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	55,485	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	15,399	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	40,048	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	76,989	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	160,356	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	950,887	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	842,766	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.000000	41,250	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	326,967	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		4,960,490	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0161

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2024 2:25 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.114946	0	2,503,330	0	0	50.00
51.00	05100	RECOVERY ROOM	0.178529	0	409,360	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265172	0	44,388	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133603	0	738,632	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.165175	0	305,009	0	0	55.00
56.00	05600	RADIOISOTOPE	0.072267	0	73,505	0	0	56.00
60.00	06000	LABORATORY	0.251292	0	400,894	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.340887	0	14,188	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.343104	0	106,159	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237293	0	65,124	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.279874	0	80,721	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078878	0	52,471	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154694	0	42,905	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267743	0	239,458	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.139551	0	463,390	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227624	0	972,747	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.314956	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.162350	0	96,262	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.083704	0	1,337,894	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.241780	0	252,372	0	0	92.00
200.00		Subtotal (see instructions)		0	8,198,809	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	8,198,809	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:25 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	287,748	0	50.00
51.00	05100 RECOVERY ROOM	73,083	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,770	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	98,683	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	50,380	0	55.00
56.00	05600 RADIOISOTOPE	5,312	0	56.00
60.00	06000 LABORATORY	100,741	0	60.00
65.00	06500 RESPIRATORY THERAPY	4,837	0	65.00
66.00	06600 PHYSICAL THERAPY	36,424	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,453	0	67.00
68.00	06800 SPEECH PATHOLOGY	22,592	0	68.00
69.00	06900 ELECTROCARDIOLOGY	4,139	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,637	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,113	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	64,667	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	221,421	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	15,628	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	111,987	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	61,019	0	92.00
200.00	Subtotal (see instructions)	1,256,634	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,256,634	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2024 2:25 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)		32,312	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,312	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)		29,263	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)		8,102	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)		55,685,103	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)		55,685,103	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)		55,685,103	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)		1,723.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,962,663	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)		13,962,663	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		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						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	8,621,866	4,154	2,075.56	0	0	46.02
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)					14,121,951	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)					28,084,614	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)					1,816,387	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,234,521	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,050,908	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,033,706	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)					3,049	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 2:25 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,723.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,254,525	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	7,244,064	55,685,103	0.130090	5,254,525	683,561	90.00
91.00	Nursing Program cost	0	55,685,103	0.000000	5,254,525	0	91.00
92.00	Allied health cost	0	55,685,103	0.000000	5,254,525	0	92.00
93.00	All other Medical Education	0	55,685,103	0.000000	5,254,525	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2024 2:25 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)		32,312	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,312	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)		29,263	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)		680	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)		3,952	15.00
16.00	Nursery days (title V or XIX only)		873	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)		55,685,103	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)		55,685,103	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)		55,685,103	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)		1,723.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,171,885	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)		1,171,885	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 2:25 pm	
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)	
42.00 NURSERY (title V & XIX only)	3,333,361	3,952	843.46	873	736,341	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,621,866	4,154	2,075.56	473	981,740	46.02
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,017,623	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					3,907,589	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)					450,481	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,534	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					515,015	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,392,574	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)					3,049	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 2:25 pm	
Cost Center Description		Title XIX		Hospital		PPS	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,723.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,254,525	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	7,244,064	55,685,103	0.130090	5,254,525	683,561	90.00
91.00	Nursing Program cost	0	55,685,103	0.000000	5,254,525	0	91.00
92.00	Allied health cost	0	55,685,103	0.000000	5,254,525	0	92.00
93.00	All other Medical Education	0	55,685,103	0.000000	5,254,525	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 2:25 pm
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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		28,151,420		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.114946	19,655,544	2,259,326	50.00
51.00	05100 RECOVERY ROOM	0.178529	1,688,562	301,457	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.272195	122,219	33,267	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133603	6,123,000	818,051	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.165175	337,509	55,748	55.00
56.00	05600 RADIOISOTOPE	0.072267	334,504	24,174	56.00
60.00	06000 LABORATORY	0.251292	7,542,580	1,895,390	60.00
65.00	06500 RESPIRATORY THERAPY	0.340887	2,062,688	703,144	65.00
66.00	06600 PHYSICAL THERAPY	0.343104	1,511,932	518,750	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.237293	780,364	185,175	67.00
68.00	06800 SPEECH PATHOLOGY	0.279874	372,581	104,276	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078878	2,135,841	168,471	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154694	393,493	60,871	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267743	4,353,306	1,165,567	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.139551	10,020,194	1,398,328	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227624	12,090,060	2,751,988	73.00
74.00	07400 RENAL DIALYSIS	0.314956	107,024	33,708	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.162350	4,222,514	685,525	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.083704	11,348,385	949,905	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.241780	36,519	8,830	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		85,238,819	14,121,951	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)		85,238,819		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 2:25 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,050,712		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		2,549,880		34.02
43.00	04300 NURSERY		92,090		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.114946	584,517	67,188	50.00
51.00	05100 RECOVERY ROOM	0.178529	46,480	8,298	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.272195	225,579	61,401	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133603	257,453	34,396	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.165175	0	0	55.00
56.00	05600 RADIOISOTOPE	0.072267	0	0	56.00
60.00	06000 LABORATORY	0.251292	485,313	121,955	60.00
65.00	06500 RESPIRATORY THERAPY	0.340887	753,898	256,994	65.00
66.00	06600 PHYSICAL THERAPY	0.343104	97,103	33,316	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.237293	55,485	13,166	67.00
68.00	06800 SPEECH PATHOLOGY	0.279874	15,399	4,310	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078878	40,048	3,159	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154694	76,989	11,910	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267743	160,356	42,934	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.139551	950,887	132,697	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227624	842,766	191,834	73.00
74.00	07400 RENAL DIALYSIS	0.314956	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.162350	41,250	6,697	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.083704	326,967	27,368	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.241780	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,960,490	1,017,623	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)		4,960,490		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 2:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,167,984	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,643,182	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)		393,968	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		224,987	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		155.70	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.56	31.00
32.00	Sum of lines 30 and 31		23.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.27	33.00
34.00	Disproportionate share adjustment (see instructions)		368,246	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 2:25 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)	0.000115857	0.000113764	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	796,448	675,530	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	595,699	169,805	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	765,504		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)	19,563,871		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)		19,563,871	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,541,503	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		7,058	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		21,112,432	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,112,432	61.00
62.00	Deductibles billed to program beneficiaries		2,067,920	62.00
63.00	Coinurance billed to program beneficiaries		33,600	63.00
64.00	Allowable bad debts (see instructions)		56,306	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		36,599	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,457	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,047,511	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)		16,201	70.93
70.94	HRR adjustment amount (see instructions)		-118,238	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 2:25 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,945,474	71.00
71.01	Sequestration adjustment (see instructions)		378,909	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		18,699,496	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-132,931	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		396,543	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)			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: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2024 2:25 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	13,167,984	0	13,167,984		13,167,984	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,643,182	0		4,643,182	4,643,182	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	393,968	0	393,968		393,968	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	224,987	0		224,987	224,987	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0827	0.0827	0.0827	0.0827		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	368,246	0	272,248	95,998	368,246	11.00
11.01	Uncompensated care payments	36.00	765,504	0	595,699	169,805	765,504	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	19,563,871	0	14,429,899	5,133,972	19,563,871	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	19,563,871	0	14,429,899	5,133,972	19,563,871	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,541,503	0	1,124,446	417,057	1,541,503	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2024 2:25 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	7,058	0	7,058	0	7,058	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	15,561,403	5,551,029	21,112,432	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	1,350,905	0	992,516	358,389	1,350,905	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	125,890	0	84,389	41,501	125,890	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0479	0.0479	0.0479	0.0479		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	64,708	0	47,541	17,167	64,708	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,541,503	0	1,124,446	417,057	1,541,503	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: 15-0161

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2024 2:25 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	13,167,984	13,167,984		13,167,984	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,643,182		4,643,182	4,643,182	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	393,968	393,968		393,968	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	224,987		224,987	224,987	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
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		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0827	0.0827	0.0827		
11.00	Disproportionate share adjustment (see instructions)	34.00	368,246	272,248	95,998	368,246	
11.01	Uncompensated care payments	36.00	765,504	595,699	169,805	765,504	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	19,563,871	14,429,899	5,133,972	19,563,871	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,563,871	14,429,899	5,133,972	19,563,871	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,541,503	1,124,446	417,057	1,541,503	
17.00	Special add-on payments for new technologies	54.00	7,058	7,058	0	7,058	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			15,561,403	5,551,029	21,112,432	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2024 2:25 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	1,350,905	992,516	358,389	1,350,905	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	125,890	84,389	41,501	125,890	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0479	0.0479	0.0479		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	64,708	47,541	17,167	64,708	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,541,503	1,124,446	417,057	1,541,503	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	16,201	0	16,201	16,201	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	-118,238	-100,130	-18,108	-118,238	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 2:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,230	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,507,563	2.00
3.00	OPPS or REH payments		28,775,643	3.00
4.00	Outlier payment (see instructions)		428,228	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,230	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		48,837	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)		48,837	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 chargebasis 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)		48,837	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		37,607	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)		11,230	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)		29,203,871	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,857,095	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)		24,358,006	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		24,358,006	30.00
31.00	Primary payer payments		379	31.00
32.00	Subtotal (line 30 minus line 31)		24,357,627	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)		164,307	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		106,800	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		108,871	36.00
37.00	Subtotal (see instructions)		24,464,427	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)		24,464,427	40.00
40.01	Sequestration adjustment (see instructions)		489,289	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		23,943,541	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)		31,597	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		30,040	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: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 2:25 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: 15-0161

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2024 2:25 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		18,663,096		23,943,541	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	08/16/2023	36,400		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		36,400		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,699,496		23,943,541	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		31,597	6.01	
6.02	SETTLEMENT TO PROGRAM		132,931		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,566,565		23,975,138	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/29/2024 2:25 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/29/2024 2:25 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: 15-0161

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

Worksheet G

Date/Time Prepared:
5/29/2024 2:25 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	667,398,420	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	78,184,149	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,370,714	0	0	0	6.00
7.00	Inventory	8,511,642	0	0	0	7.00
8.00	Prepaid expenses	861,089	0	0	0	8.00
9.00	Other current assets	166,513	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)	737,751,099	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	12,041,302	0	0	0	13.00
14.00	Accumulated depreciation	-11,969,057	0	0	0	14.00
15.00	Buildings	211,448,255	0	0	0	15.00
16.00	Accumulated depreciation	-80,364,659	0	0	0	16.00
17.00	Leasehold improvements	868,453	0	0	0	17.00
18.00	Accumulated depreciation	-758,100	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	285,386	0	0	0	21.00
22.00	Accumulated depreciation	-183,155	0	0	0	22.00
23.00	Major movable equipment	119,775,065	0	0	0	23.00
24.00	Accumulated depreciation	-94,304,621	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	156,838,869	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	325,517	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	325,517	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	894,915,485	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	26,408,551	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,852,150	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	1,721,953	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,982,654	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	449,044	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	449,044	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	32,431,698	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	862,483,787				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)	862,483,787	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	894,915,485	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
5/29/2024 2:25 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		713,859,363		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		148,652,333			2.00
3.00	Total (sum of line 1 and line 2)		862,511,696		0	3.00
4.00	ROUNDING	3		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)		3		0	10.00
11.00	Subtotal (line 3 plus line 10)		862,511,699		0	11.00
12.00	RETAINED EARNINGS-PRIOR PERIOD ADJ	27,912		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)		27,912		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		862,483,787		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	RETAINED EARNINGS-PRIOR PERIOD ADJ		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: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2024 2:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	114,802,031		114,802,031	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	114,802,031		114,802,031	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	21,965,368		21,965,368	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,965,368		21,965,368	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	136,767,399		136,767,399	17.00
18.00	Ancillary services	317,846,452	927,268,601	1,245,115,053	18.00
19.00	Outpatient services	30,842,150	129,655,946	160,498,096	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NONALLOWABLE REVENUE	0	1,236,389	1,236,389	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	485,456,001	1,058,160,936	1,543,616,937	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		322,451,107		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		322,451,107		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

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

Worksheet G-3

Date/Time Prepared:
5/29/2024 2:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,543,616,937	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,107,076,960	2.00
3.00	Net patient revenues (line 1 minus line 2)	436,539,977	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	322,451,107	4.00
5.00	Net income from service to patients (line 3 minus line 4)	114,088,870	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	34,563,463	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	34,563,463	25.00
26.00	Total (line 5 plus line 25)	148,652,333	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)	148,652,333	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/29/2024 2:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,350,905	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		125,890	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		95.78	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.56	8.00
9.00	Sum of lines 7 and 8		23.10	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.79	10.00
11.00	Disproportionate share adjustment (see instructions)		64,708	11.00
12.00	Total prospective capital payments (see instructions)		1,541,503	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00