

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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/29/2024 2:26 pm
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**PART I - COST REPORT STATUS**

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

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

Date: 5/29/2024 Time: 2:26 pm

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH WEST HOSPITAL ( 15-0158 ) 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	<b>Cara Breidster</b>		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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	12,343	-24,137	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	12,343	-24,137	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:26 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00	
1.00	Street: 1111 N. RONALD REAGAN PARKWAY	PO Box:					1.00
2.00	City: AVON	State: IN	Zip Code: 46123-7085	County: HENDRICKS			2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	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: 15-0158			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:26 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.	1,433	238	48	36	5,927	27		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		
<b>Prospective Payment System (PPS)-Capital</b>												
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N		Y		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
<b>Teaching Hospitals</b>												
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					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)	N			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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				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

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

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

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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	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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		
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N	0115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:26 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	273,502	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
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH ST	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: 15-0158		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/29/2024 2:26 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	2,210

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 2:26 pm	
				Y/N	Date		
				1.00	2.00		
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		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
<b>Financial Data and Reports</b>							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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			
<b>Bad Debts</b>							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N				N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2024			Y	04/02/2024
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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/29/2024 2:26 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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-556-3910		RUTTER@IUHEALTH.ORG	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR - GOVERNMENT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 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		
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	148	54,020	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)		148	54,020	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	11	4,015	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		173	63,145	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)		173				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 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	
<b>PART I - STATISTICAL DATA</b>						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,202	1,096	35,873		1.00
2.00	HMO and other (see instructions)	13,901	5,302			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,202	1,096	35,873		7.00
8.00	INTENSIVE CARE UNIT	1,069	104	3,891		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	110	827		12.00
13.00	NURSERY		1,070	1,827		13.00
14.00	Total (see instructions)	12,271	2,380	42,418	0.00	969.92
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)			555		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	969.92
28.00	Observation Bed Days		101	3,769		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	27	436		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: 15-0158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,239	236	7,812	1.00
2.00	HMO and other (see instructions)			2,244	1,215		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,239	236	7,812	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: 15-0158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2024 2:26 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	73,172,542	-323,355	72,849,187	2,017,429.37	36.11
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		43,350	0	43,350	289.00	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		119,962	0	119,962	2,080.00	57.67
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)		126,357	379,392	505,749	11,288.86	44.80
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		5,198,322	0	5,198,322	41,783.57	124.41
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,726,364	0	1,726,364	3,138.59	550.04
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		219,249,599	0	219,249,599	5,731,946.43	38.25
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		18,633,545	0	18,633,545		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		73,456	0	73,456		
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		5,165	0	5,165		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		24,325	0	24,325		
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)		71,961,492	0	71,961,492		
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: 15-0158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2024 2:26 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	0	0	0	1.00	0.00	26.00
27.00	Administrative & General	5,312,097	-402,352	4,909,745	96,829.23	50.71	27.00
28.00	Administrative & General under contract (see inst.)	288,552	0	288,552	5,150.85	56.02	28.00
29.00	Maintenance & Repairs	1,046,311	0	1,046,311	33,530.30	31.20	29.00
30.00	Operation of Plant	872,587	-7,437	865,150	29,977.23	28.86	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,733,587	-6,369	1,727,218	87,408.03	19.76	32.00
33.00	Housekeeping under contract (see instructions)	480,628	0	480,628	5,577.00	86.18	33.00
34.00	Dietary	1,774,230	-812,129	962,101	49,840.57	19.30	34.00
35.00	Dietary under contract (see instructions)	435,338	0	435,338	12,476.00	34.89	35.00
36.00	Cafeteria	0	811,031	811,031	40,138.00	20.21	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,885,108	-13,005	3,872,103	81,970.61	47.24	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	4,342,874	-8,058	4,334,816	90,990.49	47.64	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	325,005	0	325,005	17,984.88	18.07	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2024 2:26 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	74,257,098	-323,355	73,933,743	2,038,553.22	36.27	1.00
2.00	Excluded area salaries (see instructions)	126,357	379,392	505,749	11,288.86	44.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)	74,130,741	-702,747	73,427,994	2,027,264.36	36.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	226,174,285	0	226,174,285	5,776,868.59	39.15	4.00
5.00	Subtotal wage-related costs (see inst.)	90,600,202	0	90,600,202	0.00	123.39	5.00
6.00	Total (sum of lines 3 thru 5)	390,905,228	-702,747	390,202,481	7,804,132.95	50.00	6.00
7.00	Total overhead cost (see instructions)	20,496,317	-438,319	20,057,998	551,874.19	36.35	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0158

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/29/2024 2:26 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,749,128	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,301,984	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	213,167	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)	753,039	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	338,773	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,380,399	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,736,490	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Prepared: 5/29/2024 2:26 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	5,198,322	18,736,490	1.00
2.00	Hospital	5,198,322	18,736,490	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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 2:26 pm
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			1.00	
<b>PART I - HOSPITAL AND HOSPITAL COMPLEX DATA</b>				
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>				
1.00	Cost to charge ratio (see instructions)		0.168253	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		46,524,724	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	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		228,808,237	6.00
7.00	Medicaid cost (line 1 times line 6)		38,497,672	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		0	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		438,982	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,538,607	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		427,128	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated care cost (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts (see instructions)	20,979,064	1,959,838	22,938,902
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,529,790	912,533	4,442,323
22.00	Payments received from patients for amounts previously written off as charity care	3,782	605	4,387
23.00	Cost of charity care (see instructions)	3,526,008	911,928	4,437,936
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		1,259,163	25.01
26.00	Bad debt amount (see instructions)		16,096,357	26.00
27.00	Medicare reimbursable bad debts (see instructions)		186,807	27.00
27.01	Medicare allowable bad debts (see instructions)		287,395	27.01
28.00	Non-Medicare bad debt amount (see instructions)		15,808,962	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		2,760,493	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		7,198,429	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,198,429	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/29/2024 2:26 pm
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				1.00	
<b>PART II - HOSPITAL DATA</b>					
<b>Uncompensated and Indigent Care Cost-to-Charge Ratio</b>					
1.00	Cost to charge ratio (see instructions)			0.168253	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)	20,979,064	1,959,838	22,938,902	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,529,790	912,533	4,442,323	21.00
22.00	Payments received from patients for amounts previously written off as charity care	3,782	605	4,387	22.00
23.00	Cost of charity care (see instructions)	3,526,008	911,928	4,437,936	23.00
				1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
25.01	Charges for insured patients' liability (see instructions)			1,259,163	25.01
26.00	Bad debt amount (see instructions)			16,096,357	26.00
27.00	Medicare reimbursable bad debts (see instructions)			186,807	27.00
27.01	Medicare allowable bad debts (see instructions)			287,395	27.01
28.00	Non-Medicare bad debt amount (see instructions)			15,808,962	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			2,760,493	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			7,198,429	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,198,429	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	8,067,285	8,067,285	1.00
1.01 00101 MOB		1,091,441	1,091,441	-348,250	743,191	1.01
1.02 00102 INTEREST		0	0	0	0	1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,799,572	8,799,572	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	383,173	383,173	12,721,475	13,104,648	4.00
5.01 00540 NONPATIENT TELEPHONES	0	23,478	23,478	0	23,478	5.01
5.02 00550 DATA PROCESSING	0	0	0	0	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	1,002	1,002	-76	926	5.03
5.04 00590 ADMINISTRATIVE AND GENERAL	5,312,097	66,306,229	71,618,326	-5,519,207	66,099,119	5.04
6.00 00600 MAINTENANCE & REPAIRS	1,046,311	8,193,446	9,239,757	-5,658,951	3,580,806	6.00
7.00 00700 OPERATION OF PLANT	872,587	2,989,347	3,861,934	1,883,614	5,745,548	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	234,065	234,065	12	234,077	8.00
9.00 00900 HOUSEKEEPING	1,733,587	1,719,812	3,453,399	-454,138	2,999,261	9.00
10.00 01000 DIETARY	1,774,230	1,375,715	3,149,945	-1,749,386	1,400,559	10.00
11.00 01100 CAFETERIA	0	0	0	1,179,296	1,179,296	11.00
13.00 01300 NURSING ADMINISTRATION	3,885,108	3,393,465	7,278,573	-1,373,555	5,905,018	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	549,692	549,692	8,270,548	8,820,240	14.00
15.00 01500 PHARMACY	4,342,874	18,415,907	22,758,781	-17,110,222	5,648,559	15.00
17.00 01700 SOCIAL SERVICE	0	184	184	0	184	17.00
18.00 01080 TRANSPORTATION	325,005	111,644	436,649	-44,673	391,976	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	17,836,909	18,866,522	36,703,431	-8,928,309	27,775,122	30.00
31.00 03100 INTENSIVE CARE UNIT	3,155,585	3,695,692	6,851,277	-925,803	5,925,474	31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT	1,065,504	318,877	1,384,381	-205,641	1,178,740	35.00
43.00 04300 NURSERY	0	0	0	506,814	506,814	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	6,068,570	32,196,922	38,265,492	-24,851,942	13,413,550	50.00
51.00 05100 RECOVERY ROOM	3,617,268	1,521,788	5,139,056	-961,256	4,177,800	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,326,555	3,326,555	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,697,353	6,767,117	12,464,470	-3,456,498	9,007,972	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,182,143	2,145,220	3,327,363	-1,100,291	2,227,072	55.00
59.00 05900 CARDIAC CATHETERIZATION	1,617,478	7,415,830	9,033,308	-5,319,945	3,713,363	59.00
60.00 06000 LABORATORY	2,378	12,901,945	12,904,323	-477	12,903,846	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	927,474	927,474	0	927,474	63.00
65.00 06500 RESPIRATORY THERAPY	2,046,467	1,824,285	3,870,752	-958,748	2,912,004	65.00
66.00 06600 PHYSICAL THERAPY	2,356,581	828,587	3,185,168	-616,076	2,569,092	66.00
67.00 06700 OCCUPATIONAL THERAPY	735,621	141,162	876,783	-84,384	792,399	67.00
68.00 06800 SPEECH PATHOLOGY	309,909	85,164	395,073	-60,596	334,477	68.00
69.00 06900 ELECTROCARDIOLOGY	1,371,328	1,080,256	2,451,584	-522,491	1,929,093	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,485,249	6,485,249	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,347,077	12,347,077	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,685,884	18,685,884	73.00
74.00 07400 RENAL DIALYSIS	0	781,444	781,444	-14,642	766,802	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	303,401	211,602	515,003	-175,794	339,209	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 BEHAVIORAL HEALTH	399,862	247,937	647,799	-171,177	476,622	90.01
90.02 09002 SLEEP LAB	0	811,374	811,374	-23,749	787,625	90.02
91.00 09100 EMERGENCY	5,420,323	5,863,931	11,284,254	-1,915,083	9,369,171	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	567,706	306,037	873,743	-161,223	712,520	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE		0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	73,046,185	203,727,766	276,773,951	-439,202	276,334,749	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	121,888	247,109	368,997	-73,390	295,607	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,500	1,265	2,765	-60	2,705	192.00
192.01 19201 RETAIL PHARMACY	894	95	989	-27	962	192.01
192.02 19202 MARKETING	675	468,427	469,102	44,172	513,274	192.02
192.03 19203 BACK AND NECK	1,400	54,431	55,831	-51,491	4,340	192.03
192.04 19204 TIPTON SERVICES	0	0	0	58,709	58,709	192.04
192.05 19205 NORTH SERVICES	0	0	0	369,549	369,549	192.05
192.06 19206 SAXONY SERVICES	0	0	0	91,740	91,740	192.06
200.00 TOTAL (SUM OF LINES 118 through 199)	73,172,542	204,499,093	277,671,635	0	277,671,635	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	838,342	8,905,627	1.00
1.01	00101	MOB	-743,394	-203	1.01
1.02	00102	INTEREST	4,134,092	4,134,092	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	931,479	9,731,051	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	71,783	13,176,431	4.00
5.01	00540	NONPATIENT TELEPHONES	0	23,478	5.01
5.02	00550	DATA PROCESSING	9,812,934	9,812,934	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,667,509	1,668,435	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	-31,960,519	34,138,600	5.04
6.00	00600	MAINTENANCE & REPAIRS	-795,586	2,785,220	6.00
7.00	00700	OPERATION OF PLANT	85,873	5,831,421	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	234,077	8.00
9.00	00900	HOUSEKEEPING	-93,880	2,905,381	9.00
10.00	01000	DIETARY	-659	1,399,900	10.00
11.00	01100	CAFETERIA	0	1,179,296	11.00
13.00	01300	NURSING ADMINISTRATION	940,677	6,845,695	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,820,240	14.00
15.00	01500	PHARMACY	-100,973	5,547,586	15.00
17.00	01700	SOCIAL SERVICE	0	184	17.00
18.00	01080	TRANSPORTATION	0	391,976	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,573,597	25,201,525	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,742,535	4,182,939	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	1,178,740	35.00
43.00	04300	NURSERY	0	506,814	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,836,344	10,577,206	50.00
51.00	05100	RECOVERY ROOM	-3,231	4,174,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,326,555	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-261,888	8,746,084	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-509,182	1,717,890	55.00
59.00	05900	CARDIAC CATHETERIZATION	-694,641	3,018,722	59.00
60.00	06000	LABORATORY	0	12,903,846	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	927,474	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,912,004	65.00
66.00	06600	PHYSICAL THERAPY	-42,409	2,526,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	792,399	67.00
68.00	06800	SPEECH PATHOLOGY	0	334,477	68.00
69.00	06900	ELECTROCARDIOLOGY	-48,132	1,880,961	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,485,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,347,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,685,884	73.00
74.00	07400	RENAL DIALYSIS	0	766,802	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-42,409	296,800	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	-75,315	401,307	90.01
90.02	09002	SLEEP LAB	0	787,625	90.02
91.00	09100	EMERGENCY	-2,561,327	6,807,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	712,520	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-26,603,332	249,731,417	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-33,187	262,420	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,705	192.00
192.01	19201	RETAIL PHARMACY	0	962	192.01
192.02	19202	MARKETING	0	513,274	192.02
192.03	19203	BACK AND NECK	-50,221	-45,881	192.03
192.04	19204	TIPTON SERVICES	0	58,709	192.04
192.05	19205	NORTH SERVICES	0	369,549	192.05
192.06	19206	SAXONY SERVICES	0	91,740	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-26,686,740	250,984,895	200.00



		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	6,898,411	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	7,716,429	2.00
3.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	242,024	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	4,367	4.00
5.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	39,524	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
0			0	14,900,755	
<b>B - LEASE</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	887,326	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	1,078,776	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	184	3.00
4.00	NURSING ADMINISTRATION	13.00	0	20	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
0			0	1,966,306	
<b>D - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,693,963	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

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:  
5/29/2024 2:26 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	0		0	12,693,963	
E - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,315	1.00
	0		0	27,315	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,517,585	808,970	1.00
	0		2,517,585	808,970	
H - NURSERY					
1.00	NURSERY	43.00	383,564	123,250	1.00
	0		383,564	123,250	
I - DIETARY					
1.00	CAFETERIA	11.00	811,031	368,265	1.00
	0		811,031	368,265	
K - STD					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	22,960	1.00
2.00	OPERATION OF PLANT	7.00	0	7,437	2.00
3.00	HOUSEKEEPING	9.00	0	6,369	3.00
4.00	DIETARY	10.00	0	1,098	4.00
5.00	NURSING ADMINISTRATION	13.00	0	13,005	5.00
6.00	PHARMACY	15.00	0	8,058	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	94,743	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	16,964	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,681	9.00
10.00	OPERATING ROOM	50.00	0	26,126	10.00
11.00	RECOVERY ROOM	51.00	0	19,235	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,529	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,630	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	9,461	14.00
15.00	RESPIRATORY THERAPY	65.00	0	8,506	15.00
16.00	PHYSICAL THERAPY	66.00	0	12,190	16.00
17.00	SPEECH PATHOLOGY	68.00	0	9,052	17.00
18.00	BEHAVIORAL HEALTH	90.01	0	7,828	18.00
19.00	EMERGENCY	91.00	0	19,483	19.00
	0		0	323,355	
L - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	2,035,191	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		0	2,035,191	
M - MARKETING					
1.00	MARKETING	192.02	0	43,424	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		0	43,428	
N - BILLABLE/NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	1,040,797	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,685,884	2.00
3.00	MARKETING	192.02	0	679	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	19,727,360	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>O - MEDICAL SUPPLIES AND IMPLANTS</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,291,840	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,485,249	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,347,077	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13	4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	25,372	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	284	6.00
7.00	OPERATION OF PLANT	7.00	0	47,082	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	12	8.00
9.00	HOUSEKEEPING	9.00	0	753	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,063	10.00
11.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	672	11.00
12.00	MARKETING	192.02	0	96	12.00
13.00	BACK AND NECK	192.03	0	66	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	27,208,579	
<b>P - ROUTINE COSTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	39,175	12,133	1.00
2.00		0.00	0	0	2.00
	0		39,175	12,133	
<b>Q - TIPTON, NORTH, SAXONY RECLASS</b>					
1.00	TIPTON SERVICES	192.04	42,834	15,875	1.00
2.00	NORTH SERVICES	192.05	269,624	99,925	2.00
3.00	SAXONY SERVICES	192.06	66,934	24,806	3.00
	0		379,392	140,606	
500.00	Grand Total: Increases		4,130,747	80,379,476	500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

Period:  
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To 12/31/2023

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION</b>							
1.00	MOB	1.01	0	322,098	9		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,533,260	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	3,471,880	12		3.00
4.00	OPERATION OF PLANT	7.00	0	3,196	12		4.00
5.00	HOUSEKEEPING	9.00	0	2,422	13		5.00
6.00	DIETARY	10.00	0	48,279	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	704,597	0		7.00
8.00	PHARMACY	15.00	0	135,917	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	348,566	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	166,430	0		10.00
11.00	OPERATING ROOM	50.00	0	2,584,566	0		11.00
12.00	RECOVERY ROOM	51.00	0	20,275	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,515,479	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	775,660	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	512,805	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	204,974	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	12,913	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	170,126	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	43,764	0		19.00
20.00	SLEEP LAB	90.02	0	465	0		20.00
21.00	EMERGENCY	91.00	0	321,803	0		21.00
22.00	BACK AND NECK	192.03	0	1,280	0		22.00
0			0	14,900,755			
<b>B - LEASE</b>							
1.00	MOB	1.01	0	204	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	643,786	10		2.00
3.00	OPERATION OF PLANT	7.00	0	1,520	0		3.00
4.00	OPERATING ROOM	50.00	0	1,077,255	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	42,409	0		5.00
6.00	CARDIAC REHABILITATION	76.97	0	42,409	0		6.00
7.00	BEHAVIORAL HEALTH	90.01	0	75,315	0		7.00
8.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33,187	0		8.00
9.00	BACK AND NECK	192.03	0	50,221	0		9.00
0			0	1,966,306			
<b>D - BENEFITS</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	771,380	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	183,832	0		2.00
3.00	OPERATION OF PLANT	7.00	0	193,943	0		3.00
4.00	HOUSEKEEPING	9.00	0	452,469	0		4.00
5.00	DIETARY	10.00	0	520,811	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	609,516	0		6.00
7.00	PHARMACY	15.00	0	610,950	0		7.00
8.00	TRANSPORTATION	18.00	0	44,673	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,133,327	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	517,441	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	177,195	0		11.00
12.00	OPERATING ROOM	50.00	0	1,127,914	0		12.00
13.00	RECOVERY ROOM	51.00	0	698,096	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	867,271	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	289,179	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	168,401	0		16.00
17.00	LABORATORY	60.00	0	397	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	356,820	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	430,045	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	83,893	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	60,115	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	204,511	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	88,611	0		23.00
24.00	BEHAVIORAL HEALTH	90.01	0	92,130	0		24.00
25.00	EMERGENCY	91.00	0	871,847	0		25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	98,147	0		26.00
27.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	40,879	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60	0		28.00
29.00	RETAIL PHARMACY	192.01	0	27	0		29.00
30.00	MARKETING	192.02	0	27	0		30.00
31.00	BACK AND NECK	192.03	0	56	0		31.00
0			0	12,693,963			

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>E - ACCRUED PTO</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	27,315	0		1.00
	O		0	27,315			
<b>F - LABOR &amp; DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,517,585	808,970	0		1.00
	O		2,517,585	808,970			
<b>H - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	383,564	123,250	0		1.00
	O		383,564	123,250			
<b>I - DIETARY</b>							
1.00	DIETARY	10.00	811,031	368,265	0		1.00
	O		811,031	368,265			
<b>K - STD</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	22,960	0	0		1.00
2.00	OPERATION OF PLANT	7.00	7,437	0	0		2.00
3.00	HOUSEKEEPING	9.00	6,369	0	0		3.00
4.00	DIETARY	10.00	1,098	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	13,005	0	0		5.00
6.00	PHARMACY	15.00	8,058	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	94,743	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	16,964	0	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	8,681	0	0		9.00
10.00	OPERATING ROOM	50.00	26,126	0	0		10.00
11.00	RECOVERY ROOM	51.00	19,235	0	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	29,529	0	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	2,630	0	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	9,461	0	0		14.00
15.00	RESPIRATORY THERAPY	65.00	8,506	0	0		15.00
16.00	PHYSICAL THERAPY	66.00	12,190	0	0		16.00
17.00	SPEECH PATHOLOGY	68.00	9,052	0	0		17.00
18.00	BEHAVIORAL HEALTH	90.01	7,828	0	0		18.00
19.00	EMERGENCY	91.00	19,483	0	0		19.00
	O		323,355	0			
<b>L - UTILITIES</b>							
1.00	MOB	1.01	0	25,110	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,115	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	2,003,523	0		3.00
4.00	SLEEP LAB	90.02	0	443	0		4.00
	O		0	2,035,191			
<b>M - MARKETING</b>							
1.00	MOB	1.01	0	838	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	41,499	0		2.00
3.00	PHARMACY	15.00	0	386	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	302	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	403	0		5.00
	O		0	43,428			
<b>N - BILLABLE/NON-BILLABLE DRUGS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	76	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,226	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	52,122	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	317	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	346,734	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	107,465	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,154	0		7.00
8.00	OPERATING ROOM	50.00	0	273,738	0		8.00
9.00	RECOVERY ROOM	51.00	0	166,877	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	799,938	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	45,515	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	151,419	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	10,442	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	602	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	23	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	85,516	0		16.00
17.00	RENAL DIALYSIS	74.00	0	3,554	0		17.00
18.00	BEHAVIORAL HEALTH	90.01	0	2,286	0		18.00
19.00	EMERGENCY	91.00	0	306,438	0		19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,137	0		20.00
21.00	PHARMACY	15.00	0	17,362,781	0		21.00
	O		0	19,727,360			

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>O - MEDICAL SUPPLIES AND IMPLANTS</b>							
1.00	DIETARY	10.00	0	1,000	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	7,340	0		2.00
3.00	OPERATING ROOM	50.00	0	19,788,469	0		3.00
4.00	PHARMACY	15.00	0	40,985	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,317,319	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	134,467	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	25,292	0		7.00
8.00	RECOVERY ROOM	51.00	0	69,273	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	273,810	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	4,487,320	0		10.00
11.00	LABORATORY	60.00	0	80	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	386,109	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	130,107	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	468	0		14.00
15.00	SPEECH PATHOLOGY	68.00	0	481	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	62,338	0		16.00
17.00	RENAL DIALYSIS	74.00	0	11,088	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	1,010	0		18.00
19.00	BEHAVIORAL HEALTH	90.01	0	1,446	0		19.00
20.00	SLEEP LAB	90.02	0	22,841	0		20.00
21.00	EMERGENCY	91.00	0	414,995	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	11,366	0		22.00
23.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,975	0		23.00
	<b>O</b>		0	27,208,579			
<b>P - ROUTINE COSTS</b>							
1.00	RECOVERY ROOM	51.00	5,765	970	0		1.00
2.00	OBSERVATION BEDS (DISTINCT PART)	92.01	33,410	11,163	0		2.00
	<b>P</b>		39,175	12,133			
<b>Q - TIPTON, NORTH, SAXONY RECLASS</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	42,834	15,875	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	269,624	99,925	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	66,934	24,806	0		3.00
	<b>Q</b>		379,392	140,606			
500.00	Grand Total: Decreases		4,454,102	80,056,121			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	6,800,703	0	0	0	0	2.00
3.00	Buildings and Fixtures	80,568,543	71,534,028	0	71,534,028	0	3.00
4.00	Building Improvements	103,564,475	2,589,486	0	2,589,486	71,458,420	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	99,708,675	6,287,441	0	6,287,441	1,405,387	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	290,642,396	80,410,955	0	80,410,955	72,863,807	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	290,642,396	80,410,955	0	80,410,955	72,863,807	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0				1.00
2.00	Land Improvements	6,800,703	1,615,163				2.00
3.00	Buildings and Fixtures	152,102,571	0				3.00
4.00	Building Improvements	34,695,541	2,386,490				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	104,590,729	56,385,109				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	298,189,544	60,386,762				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	298,189,544	60,386,762				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	MOB	322,098	411,482	0	0	0	1.01
1.02	INTEREST	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)	322,098	411,482	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	MOB	357,861	1,091,441				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	357,861	1,091,441				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7  
Part III  
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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	193,598,815	0	193,598,815	0.649247	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	104,590,729	0	104,590,729	0.350753	0	2.00
3.00	Total (sum of lines 1-2)	298,189,544	0	298,189,544	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	7,736,753	887,326	1.00
1.01	MOB	0	0	0	-254,047	-104,017	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,647,908	1,078,776	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,130,614	1,862,085	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	242,024	39,524	0	8,905,627	1.00
1.01	MOB	0	0	0	357,861	-203	1.01
1.02	INTEREST	4,134,092	0	0	0	4,134,092	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,367	0	0	9,731,051	2.00
3.00	Total (sum of lines 1-2)	4,134,092	246,391	39,524	357,861	22,770,567	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - MOB (chapter 2)	A	-254,047	MOB	1.01		9 1.01
1.02 Investment income - INTEREST (chapter 2)	B	-24,444,643	INTEREST	1.02		11 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B		0NEW CAP REL COSTS-BLDG & FIXT	1.00		10 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	-17,763,609				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	47,003,612				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B		0CAFETERIA	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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01 Depreciation - MOB			0MOB	1.01		0 26.01
26.02 Depreciation - INTEREST			0INTEREST	1.02		0 26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW 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
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00 MISCELLANEOUS INCOME	B	-48,132	ELECTROCARDIOLOGY	69.00		0 33.00
33.01 MISCELLANEOUS INCOME	B	-562,624	ADMINISTRATIVE AND GENERAL	5.04		0 33.01
33.02 MISCELLANEOUS INCOME	B	-795,586	MAINTENANCE & REPAIRS	6.00		0 33.02
33.03 MISCELLANEOUS INCOME	B	-93,870	HOUSEKEEPING	9.00		0 33.03
33.04 MISCELLANEOUS INCOME	B	-659	DIETARY	10.00		0 33.04
33.05 HAF FEES	A	-18,540,297	ADMINISTRATIVE AND GENERAL	5.04		0 33.05
33.06 EMPLOYEE BENEFITS	A	-12,693,963	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.06
33.07 TELEPHONE EQUIPMENT	A	-10	HOUSEKEEPING	9.00		0 33.07
33.08 TELEPHONE EQUIPMENT	A	-13,384	ADULTS & PEDIATRICS	30.00		0 33.08
33.09 TELEPHONE EQUIPMENT	A	-852	INTENSIVE CARE UNIT	31.00		0 33.09
33.10 TELEPHONE EQUIPMENT	A	-3,231	RECOVERY ROOM	51.00		0 33.10
33.11 TELEPHONE EQUIPMENT	A	-12,892	EMERGENCY	91.00		0 33.11
33.12 WEST EXPANSION	A	1,668,793	ADMINISTRATIVE AND GENERAL	5.04		0 33.12
33.13 UNWONTED SITUATIONS	A	-4,504	ADULTS & PEDIATRICS	30.00		0 33.13
33.14 UNWONTED SITUATIONS	A	-1,829	EMERGENCY	91.00		0 33.14
33.15 UNWONTED SITUATIONS	A	-40	NURSING ADMINISTRATION	13.00		0 33.15
33.16 MISCELLANEOUS INCOME	B	-100,973	PHARMACY	15.00		0 33.16
33.17 CONTRIBUTION EXPENSE	A	-24,000	ADMINISTRATIVE AND GENERAL	5.04		0 33.17
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,686,740				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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2024 2:26 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HO CR ALLOCATIONS	838,342	0
2.00	1.02	INTEREST	HO CR ALLOCATIONS	28,578,735	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO CR ALLOCATIONS	931,479	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO CR ALLOCATIONS	12,771,571	5,825
4.01	76.97	CARDIAC REHABILITATION	HO CR ALLOCATIONS	0	42,409
4.02	5.02	DATA PROCESSING	HO CR ALLOCATIONS	9,812,934	0
4.03	5.03	PURCHASING RECEIVING AND STO	HO CR ALLOCATIONS	1,667,509	0
4.04	5.04	ADMINISTRATIVE AND GENERAL	HO CR ALLOCATIONS	25,561,204	33,686,977
4.05	90.01	BEHAVIORAL HEALTH	HO CR ALLOCATIONS	0	75,315
4.06	13.00	NURSING ADMINISTRATION	HO CR ALLOCATIONS	940,717	0
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	8,155	8,155
4.08	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY	7,248,879	7,248,879
4.09	13.00	NURSING ADMINISTRATION	INTERCOMPANY	632,695	632,695
4.10	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	2,939,045	2,939,045
4.11	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	1,741,683	1,741,683
4.12	50.00	OPERATING ROOM	INTERCOMPANY	2,908,170	2,908,170
4.13	51.00	RECOVERY ROOM	INTERCOMPANY	78,967	78,967
4.14	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	481,487	481,487
4.15	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	555,273	555,273
4.16	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY	736,720	736,720
4.17	60.00	LABORATORY	INTERCOMPANY	12,797,719	12,797,719
4.18	63.00	BLOOD STORING, PROCESSING, &	INTERCOMPANY	13,915	13,915
4.19	65.00	RESPIRATORY THERAPY	INTERCOMPANY	-7,916	-7,916
4.20	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	417,919	417,919
4.21	74.00	RENAL DIALYSIS	INTERCOMPANY	6,280	6,280
4.22	76.97	CARDIAC REHABILITATION	INTERCOMPANY	3,440	3,440
4.23	90.01	BEHAVIORAL HEALTH	INTERCOMPANY	36,426	36,426
4.24	90.02	SLEEP LAB	INTERCOMPANY	737,678	737,678
4.25	91.00	EMERGENCY	INTERCOMPANY	2,629,027	2,629,027
4.26	92.01	OBSERVATION BEDS (DISTINCT P	INTERCOMPANY	12,501	12,501
4.28	192.02	MARKETING	INTERCOMPANY	25,134	25,134
4.29	192.03	BACK AND NECK	HO CR ALLOCATIONS	0	50,221
4.30	5.04	ADMINISTRATIVE AND GENERAL	NORTH ALLOCATION	240,938	0
4.31	7.00	OPERATION OF PLANT	NORTH ALLOCATION	85,873	0
4.33	66.00	PHYSICAL THERAPY	HO CR ALLOCATIONS	0	42,409
4.34	190.00	GIFT, FLOWER, COFFEE SHOP &	HO CR ALLOCATIONS	0	33,187
4.35	1.01	MOB	HO CR ALLOCATIONS	0	489,347
5.00	0			115,432,499	68,428,887

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

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	IU HEALTH	100.00	IU HEALTH-HO	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:	FINANCIAL				100.00

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2024 2:26 pm

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

(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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2024 2:26 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	838,342	9		1.00
2.00	28,578,735	11		2.00
3.00	931,479	9		3.00
4.00	12,765,746	0		4.00
4.01	-42,409	0		4.01
4.02	9,812,934	0		4.02
4.03	1,667,509	0		4.03
4.04	-8,125,773	0		4.04
4.05	-75,315	0		4.05
4.06	940,717	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.28	0	0		4.28
4.29	-50,221	0		4.29
4.30	240,938	0		4.30
4.31	85,873	0		4.31
4.33	-42,409	0		4.33
4.34	-33,187	0		4.34
4.35	-489,347	10		4.35
5.00	47,003,612			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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2024 2:26 pm

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

(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: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2024 2:26 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	5.04	ADMINISTRATIVE AND GENERAL	6,617,556	6,617,556	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,555,709	2,555,709	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,741,683	1,741,683	0	0	0	3.00
4.00	50.00	OPERATING ROOM	2,836,344	2,836,344	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	261,888	261,888	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	509,182	509,182	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	694,641	694,641	0	0	0	7.00
8.00	91.00	EMERGENCY	2,546,606	2,546,606	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			17,763,609	17,763,609	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	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	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	6,617,556		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,555,709		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,741,683		3.00
4.00	50.00	OPERATING ROOM	0	0	0	2,836,344		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	261,888		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	509,182		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	694,641		7.00
8.00	91.00	EMERGENCY	0	0	0	2,546,606		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	17,763,609		200.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2: 26 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,905,627	8,905,627			1.00
1.01 00101	MOB	-203	239,745	239,542		1.01
1.02 00102	INTEREST	4,134,092	0	0	4,134,092	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,731,051				9,731,051 2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,176,431	0	0	0	0 4.00
5.01 00540	NONPATIENT TELEPHONES	23,478	0	0	0	0 5.01
5.02 00550	DATA PROCESSING	9,812,934	0	0	0	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,668,435	0	0	0	0 5.03
5.04 00590	ADMINISTRATIVE AND GENERAL	34,138,600	511,048	44,810	243,797	287,194 5.04
6.00 00600	MAINTENANCE & REPAIRS	2,785,220	1,571,623	0	749,749	688,574 6.00
7.00 00700	OPERATION OF PLANT	5,831,421	28,162	0	13,435	4,049 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	234,077	32,553	0	15,529	0 8.00
9.00 00900	HOUSEKEEPING	2,905,381	148,878	0	71,023	0 9.00
10.00 01000	DIETARY	1,399,900	280,496	0	133,811	35,595 10.00
11.00 01100	CAFETERIA	1,179,296	236,198	0	112,679	25,819 11.00
13.00 01300	NURSING ADMINISTRATION	6,845,695	51,025	0	24,342	892,557 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,820,240	143,860	0	68,629	0 14.00
15.00 01500	PHARMACY	5,547,586	158,136	0	75,439	172,206 15.00
17.00 01700	SOCIAL SERVICE	184	0	0	0	0 17.00
18.00 01080	TRANSPORTATION	391,976	0	0	0	0 18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	25,201,525	1,970,497	0	940,035	243,225 30.00
31.00 03100	INTENSIVE CARE UNIT	4,182,939	292,305	0	139,445	210,523 31.00
35.00 02080	NEONATAL INTENSIVE CARE UNIT	1,178,740	65,560	0	31,276	0 35.00
43.00 04300	NURSERY	506,814	52,669	0	25,126	14,543 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,577,206	830,975	0	396,420	3,041,513 50.00
51.00 05100	RECOVERY ROOM	4,174,569	407,138	0	194,227	25,636 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,326,555	345,645	0	164,891	95,452 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,746,084	401,709	0	191,637	1,897,608 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,717,890	215,368	0	102,742	764,657 55.00
59.00 05900	CARDIAC CATHETERIZATION	3,018,722	108,906	0	51,954	625,055 59.00
60.00 06000	LABORATORY	12,903,846	81,804	0	39,025	0 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	927,474	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	2,912,004	56,800	0	27,097	233,096 65.00
66.00 06600	PHYSICAL THERAPY	2,526,683	6,684	16,165	3,188	2,481 66.00
67.00 06700	OCCUPATIONAL THERAPY	792,399	8,003	16,165	3,818	0 67.00
68.00 06800	SPEECH PATHOLOGY	334,477	6,684	16,165	3,188	0 68.00
69.00 06900	ELECTROCARDIOLOGY	1,880,961	0	0	0	214,994 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,485,249	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	12,347,077	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	18,685,884	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	766,802	49,316	0	23,526	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	296,800	0	9,855	0	58,222 76.97
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	BEHAVIORAL HEALTH	401,307	0	13,943	0	0 90.01
90.02 09002	SLEEP LAB	787,625	3,180	39,520	1,517	0 90.02
91.00 09100	EMERGENCY	6,807,844	483,556	0	230,682	196,430 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	712,520	109,836	0	52,398	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0 102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	249,731,417	8,898,359	156,623	4,130,625	9,729,429 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	262,420	0	26,337	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,705	0	35,098	0	0 192.00
192.01 19201	RETAIL PHARMACY	962	0	17,543	0	0 192.01
192.02 19202	MARKETING	513,274	0	3,941	0	0 192.02
192.03 19203	BACK AND NECK	-45,881	0	0	0	1,622 192.03
192.04 19204	TIPTON SERVICES	58,709	822	0	392	0 192.04
192.05 19205	NORTH SERVICES	369,549	5,170	0	2,466	0 192.05
192.06 19206	SAXONY SERVICES	91,740	1,276	0	609	0 192.06
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	250,984,895	8,905,627	239,542	4,134,092	9,731,051	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,176,431				4.00
5.01	00540	NONPATIENT TELEPHONES	0	23,478			5.01
5.02	00550	DATA PROCESSING	0	0	9,812,934		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,668,435	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	888,040	1,127	470,954	241	36,585,811
6.00	00600	MAINTENANCE & REPAIRS	189,249	390	163,089	5	6,147,899
7.00	00700	OPERATION OF PLANT	156,482	349	145,788	0	6,179,686
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	282,159
9.00	00900	HOUSEKEEPING	312,407	1,017	425,123	0	3,863,829
10.00	01000	DIETARY	174,018	568	237,551	39	2,261,978
11.00	01100	CAFETERIA	146,694	479	200,016	33	1,901,214
13.00	01300	NURSING ADMINISTRATION	700,359	954	398,717	0	8,913,649
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	12,100	9,044,829
15.00	01500	PHARMACY	784,051	1,059	442,626	2,880	7,183,983
17.00	01700	SOCIAL SERVICE	0	0	0	0	184
18.00	01080	TRANSPORTATION	58,785	209	87,513	0	538,483
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,691,406	5,389	2,253,191	57,384	33,362,652
31.00	03100	INTENSIVE CARE UNIT	567,692	911	380,810	7,049	5,781,674
35.00	02080	NEONATAL INTENSIVE CARE UNIT	191,151	245	102,284	1,484	1,570,740
43.00	04300	NURSERY	69,376	100	41,683	1,303	711,614
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,092,915	1,935	808,867	342,149	17,091,980
51.00	05100	RECOVERY ROOM	649,744	1,041	434,937	4,099	5,891,391
52.00	05200	DELIVERY ROOM & LABOR ROOM	455,363	655	273,770	8,553	4,670,884
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,025,156	1,605	670,768	18,057	12,952,624
55.00	05500	RADIOLOGY-THERAPEUTIC	213,342	315	131,624	2,800	3,148,738
59.00	05900	CARDIAC CATHETERIZATION	290,847	370	154,489	50,381	4,300,724
60.00	06000	LABORATORY	430	583	243,520	5	13,269,213
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	927,474
65.00	06500	RESPIRATORY THERAPY	368,612	577	241,193	22,660	3,862,039
66.00	06600	PHYSICAL THERAPY	424,037	647	270,330	2,726	3,252,941
67.00	06700	OCCUPATIONAL THERAPY	133,054	191	79,824	25	1,033,479
68.00	06800	SPEECH PATHOLOGY	54,417	76	31,869	29	446,905
69.00	06900	ELECTROCARDIOLOGY	248,036	384	160,458	4,672	2,509,505
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	380,503	6,865,752
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	724,441	13,071,518
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,685,884
74.00	07400	RENAL DIALYSIS	0	0	0	209	839,853
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	54,877	109	45,426	73	465,362
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	70,908	162	67,785	91	554,196
90.02	09002	SLEEP LAB	0	0	0	1,231	833,073
91.00	09100	EMERGENCY	976,866	1,739	726,918	22,654	9,446,689
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	96,640	160	66,773	559	1,038,886
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,084,954	23,346	9,757,896	1,668,435	249,489,494
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,046	59	24,585	0	335,447
192.00	19200	PHYSICIANS' PRIVATE OFFICES	271	0	0	0	38,074
192.01	19201	RETAIL PHARMACY	162	0	0	0	18,667
192.02	19202	MARKETING	122	0	101	0	517,438
192.03	19203	BACK AND NECK	253	0	0	0	-44,006
192.04	19204	TIPTON SERVICES	7,748	8	3,440	0	71,119
192.05	19205	NORTH SERVICES	48,768	52	21,550	0	447,555
192.06	19206	SAXONY SERVICES	12,107	13	5,362	0	111,107
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	13,176,431	23,478	9,812,934	1,668,435	250,984,895

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	36,585,811				5.04
6.00	00600	MAINTENANCE & REPAIRS	1,048,881	7,196,780			6.00
7.00	00700	OPERATION OF PLANT	1,054,304	30,787	7,264,777		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,139	35,587	36,077	401,962	8.00
9.00	00900	HOUSEKEEPING	659,200	162,754	164,997	0	4,850,780
10.00	01000	DIETARY	385,912	306,638	310,865	0	213,477
11.00	01100	CAFETERIA	324,362	258,212	261,771	0	179,763
13.00	01300	NURSING ADMINISTRATION	1,520,740	55,780	56,549	0	38,834
14.00	01400	CENTRAL SERVICES & SUPPLY	1,543,120	157,268	159,436	0	109,488
15.00	01500	PHARMACY	1,225,645	172,874	175,257	54	120,353
17.00	01700	SOCIAL SERVICE	31	0	0	0	0
18.00	01080	TRANSPORTATION	91,870	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,692,038	2,154,156	2,183,851	130,522	1,499,691
31.00	03100	INTENSIVE CARE UNIT	986,400	319,549	323,954	15,449	222,465
35.00	02080	NEONATAL INTENSIVE CARE UNIT	267,981	71,670	72,658	1,459	49,896
43.00	04300	NURSERY	121,407	57,577	58,371	0	40,085
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,916,029	908,423	920,946	38,555	632,431
51.00	05100	RECOVERY ROOM	1,005,118	445,084	451,220	19,560	309,861
52.00	05200	DELIVERY ROOM & LABOR ROOM	796,890	377,859	383,068	24,486	263,060
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,209,821	439,149	445,203	81,228	305,729
55.00	05500	RADIOLOGY-THERAPEUTIC	537,200	235,441	238,687	6,524	163,911
59.00	05900	CARDIAC CATHETERIZATION	733,738	119,056	120,698	8,766	82,885
60.00	06000	LABORATORY	2,263,834	89,428	90,661	0	62,259
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	158,234	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	658,895	62,094	62,950	0	43,229
66.00	06600	PHYSICAL THERAPY	554,978	7,307	7,407	14,474	5,087
67.00	06700	OCCUPATIONAL THERAPY	176,320	8,749	8,870	0	6,091
68.00	06800	SPEECH PATHOLOGY	76,246	7,307	7,407	0	5,087
69.00	06900	ELECTROCARDIOLOGY	428,142	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,171,352	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,230,106	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,187,961	0	0	0	0
74.00	07400	RENAL DIALYSIS	143,286	53,912	54,656	0	37,533
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	79,394	0	0	901	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	94,550	0	0	0	0
90.02	09002	SLEEP LAB	142,129	3,476	3,524	3,546	2,420
91.00	09100	EMERGENCY	1,611,681	528,625	535,912	49,225	368,021
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	177,242	120,073	121,728	7,213	83,593
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,323,176	7,188,835	7,256,723	401,962	4,845,249
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,230	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,496	0	0	0	0
192.01	19201	RETAIL PHARMACY	3,185	0	0	0	0
192.02	19202	MARKETING	88,279	0	0	0	0
192.03	19203	BACK AND NECK	0	0	0	0	0
192.04	19204	TIPTON SERVICES	12,133	899	911	0	626
192.05	19205	NORTH SERVICES	76,356	5,651	5,729	0	3,934
192.06	19206	SAXONY SERVICES	18,956	1,395	1,414	0	971
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	36,585,811	7,196,780	7,264,777	401,962	4,850,780

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04
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	3,478,870				10.00
11.00	01100	CAFETERIA	0	2,925,322			11.00
13.00	01300	NURSING ADMINISTRATION	0	142,756	10,728,308		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	11,014,141	14.00
15.00	01500	PHARMACY	0	158,477	56,465	19,152	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	31,333	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,142,147	806,729	4,605,792	381,664	99,950
31.00	03100	INTENSIVE CARE UNIT	336,723	136,345	857,314	46,882	39,972
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	36,622	282,324	9,873	1,366
43.00	04300	NURSERY	0	14,924	90,847	8,667	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	289,605	1,096,311	2,275,650	33,100
51.00	05100	RECOVERY ROOM	0	155,724	973,319	27,265	67,169
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,020	595,675	56,888	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	240,161	53,390	120,097	16,370
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47,127	135,851	18,623	16,013
59.00	05900	CARDIAC CATHETERIZATION	0	55,313	234,525	335,089	25,833
60.00	06000	LABORATORY	0	87,190	0	31	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	86,356	0	150,715	0
66.00	06600	PHYSICAL THERAPY	0	96,789	0	18,129	12
67.00	06700	OCCUPATIONAL THERAPY	0	28,580	0	167	11
68.00	06800	SPEECH PATHOLOGY	0	11,410	0	192	0
69.00	06900	ELECTROCARDIOLOGY	0	57,450	152,064	31,072	35,439
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,530,739	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,818,194	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,654,880
74.00	07400	RENAL DIALYSIS	0	0	0	1,388	206
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	16,264	28,232	484	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	24,270	19,567	608	0
90.02	09002	SLEEP LAB	0	0	0	8,186	0
91.00	09100	EMERGENCY	0	260,264	1,414,415	150,671	120,137
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	23,907	132,217	3,715	1,802
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,478,870	2,905,616	10,728,308	11,014,141	9,112,260
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,802	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	36	0	0	0
192.03	19203	BACK AND NECK	0	0	0	0	0
192.04	19204	TIPTON SERVICES	0	1,232	0	0	0
192.05	19205	NORTH SERVICES	0	7,716	0	0	0
192.06	19206	SAXONY SERVICES	0	1,920	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,478,870	2,925,322	10,728,308	11,014,141	9,112,260

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		TRANSPORTATION					
	17.00	18.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 MOB						1.01	
1.02 00102 INTEREST						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 00590 ADMINISTRATIVE AND GENERAL						5.04	
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	
17.00 01700 SOCIAL SERVICE	215					17.00	
18.00 01080 TRANSPORTATION	0	661,686				18.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	182	60,279	54,119,653	0	54,119,653	30.00	
31.00 03100 INTENSIVE CARE UNIT	20	12,018	9,078,765	0	9,078,765	31.00	
35.00 02080 NEONATAL INTENSIVE CARE UNIT	4	1,688	2,366,281	0	2,366,281	35.00	
43.00 04300 NURSERY	9	1,432	1,104,933	0	1,104,933	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	100,873	26,303,903	0	26,303,903	50.00	
51.00 05100 RECOVERY ROOM	0	18,347	9,364,058	0	9,364,058	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	10,952	7,277,782	0	7,277,782	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	63,974	16,927,746	0	16,927,746	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	30,657	4,578,772	0	4,578,772	55.00	
59.00 05900 CARDIAC CATHETERIZATION	0	33,503	6,050,130	0	6,050,130	59.00	
60.00 06000 LABORATORY	0	37,089	15,899,705	0	15,899,705	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,549	1,087,257	0	1,087,257	63.00	
65.00 06500 RESPIRATORY THERAPY	0	8,236	4,934,514	0	4,934,514	65.00	
66.00 06600 PHYSICAL THERAPY	0	5,371	3,962,495	0	3,962,495	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	1,994	1,264,261	0	1,264,261	67.00	
68.00 06800 SPEECH PATHOLOGY	0	826	555,380	0	555,380	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	22,830	3,236,502	0	3,236,502	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,482	10,590,325	0	10,590,325	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	56,871	20,176,689	0	20,176,689	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	64,912	30,593,637	0	30,593,637	73.00	
74.00 07400 RENAL DIALYSIS	0	1,361	1,132,195	0	1,132,195	74.00	
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	2,047	592,684	0	592,684	76.97	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 BEHAVIORAL HEALTH	0	697	693,888	0	693,888	90.01	
90.02 09002 SLEEP LAB	0	4,445	1,000,799	0	1,000,799	90.02	
91.00 09100 EMERGENCY	0	94,685	14,580,325	0	14,580,325	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	2,568	1,712,944	0	1,712,944	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00		215	661,686	249,185,623	0	249,185,623	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	401,479	0	401,479	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	44,570	0	44,570	192.00	
192.01 19201 RETAIL PHARMACY	0	0	21,852	0	21,852	192.01	
192.02 19202 MARKETING	0	0	605,753	0	605,753	192.02	
192.03 19203 BACK AND NECK	0	0	-44,006	0	-44,006	192.03	
192.04 19204 TIPTON SERVICES	0	0	86,920	0	86,920	192.04	
192.05 19205 NORTH SERVICES	0	0	546,941	0	546,941	192.05	
192.06 19206 SAXONY SERVICES	0	0	135,763	0	135,763	192.06	
200.00			0	0	0	200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			TRANSPORTATION				
		17.00	18.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	215	661,686	250,984,895	0	250,984,895	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 2: 26 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00590	ADMINISTRATIVE AND GENERAL	0	511,048	44,810	243,797	287,194
6.00 00600	MAINTENANCE & REPAIRS	0	1,571,623	0	749,749	688,574
7.00 00700	OPERATION OF PLANT	0	28,162	0	13,435	4,049
8.00 00800	LAUNDRY & LINEN SERVICE	0	32,553	0	15,529	0
9.00 00900	HOUSEKEEPING	0	148,878	0	71,023	0
10.00 01000	DIETARY	0	280,496	0	133,811	35,595
11.00 01100	CAFETERIA	0	236,198	0	112,679	25,819
13.00 01300	NURSING ADMINISTRATION	0	51,025	0	24,342	892,557
14.00 01400	CENTRAL SERVICES & SUPPLY	0	143,860	0	68,629	0
15.00 01500	PHARMACY	0	158,136	0	75,439	172,206
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	TRANSPORTATION	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,970,497	0	940,035	243,225
31.00 03100	INTENSIVE CARE UNIT	0	292,305	0	139,445	210,523
35.00 02080	NEONATAL INTENSIVE CARE UNIT	0	65,560	0	31,276	0
43.00 04300	NURSERY	0	52,669	0	25,126	14,543
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	830,975	0	396,420	3,041,513
51.00 05100	RECOVERY ROOM	0	407,138	0	194,227	25,636
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	345,645	0	164,891	95,452
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	401,709	0	191,637	1,897,608
55.00 05500	RADIOLOGY-THERAPEUTIC	0	215,368	0	102,742	764,657
59.00 05900	CARDIAC CATHETERIZATION	0	108,906	0	51,954	625,055
60.00 06000	LABORATORY	0	81,804	0	39,025	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	56,800	0	27,097	233,096
66.00 06600	PHYSICAL THERAPY	0	6,684	16,165	3,188	2,481
67.00 06700	OCCUPATIONAL THERAPY	0	8,003	16,165	3,818	0
68.00 06800	SPEECH PATHOLOGY	0	6,684	16,165	3,188	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	214,994
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	49,316	0	23,526	0
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	9,855	0	58,222
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	0	13,943	0	0
90.02 09002	SLEEP LAB	0	3,180	39,520	1,517	0
91.00 09100	EMERGENCY	0	483,556	0	230,682	196,430
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	109,836	0	52,398	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	8,658,614	156,623	4,130,625	9,729,429
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	26,337	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	35,098	0	0
192.01 19201	RETAIL PHARMACY	0	0	17,543	0	0
192.02 19202	MARKETING	0	0	3,941	0	0
192.03 19203	BACK AND NECK	0	0	0	0	1,622
192.04 19204	TIPTON SERVICES	0	822	0	392	0
192.05 19205	NORTH SERVICES	0	5,170	0	2,466	0
192.06 19206	SAXONY SERVICES	0	1,276	0	609	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 2:26 pm			
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
202.00	TOTAL (sum lines 118 through 201)	0	8,665,882	239,542	4,134,092	9,731,051	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Prepared: 5/29/2024 2:26 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	1,086,849	0	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,009,946	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	45,646	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,082	0	0	0	8.00
9.00	00900	HOUSEKEEPING	219,901	0	0	0	9.00
10.00	01000	DIETARY	449,902	0	0	0	10.00
11.00	01100	CAFETERIA	374,696	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	967,924	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	212,489	0	0	0	14.00
15.00	01500	PHARMACY	405,781	0	0	0	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,153,757	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	642,273	0	0	0	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	96,836	0	0	0	35.00
43.00	04300	NURSERY	92,338	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,268,908	0	0	0	50.00
51.00	05100	RECOVERY ROOM	627,001	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	605,988	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,490,954	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,082,767	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	785,915	0	0	0	59.00
60.00	06000	LABORATORY	120,829	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	316,993	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28,518	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,986	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,037	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	214,994	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	72,842	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	68,077	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	13,943	0	0	0	90.01
90.02	09002	SLEEP LAB	44,217	0	0	0	90.02
91.00	09100	EMERGENCY	910,668	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	162,234	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,675,291	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,337	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,098	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	17,543	0	0	0	192.01
192.02	19202	MARKETING	3,941	0	0	3,941	192.02
192.03	19203	BACK AND NECK	1,622	0	0	0	192.03
192.04	19204	TIPTON SERVICES	1,214	0	0	0	192.04
192.05	19205	NORTH SERVICES	7,636	0	0	0	192.05
192.06	19206	SAXONY SERVICES	1,885	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,770,567	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	1,086,849				5.04
6.00	00600	MAINTENANCE & REPAIRS	31,158	3,041,104			6.00
7.00	00700	OPERATION OF PLANT	31,319	13,009	89,974		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,430	15,038	447	64,997	8.00
9.00	00900	HOUSEKEEPING	19,582	68,774	2,043	0	310,300
10.00	01000	DIETARY	11,464	129,575	3,850	0	13,656
11.00	01100	CAFETERIA	9,635	109,111	3,242	0	11,499
13.00	01300	NURSING ADMINISTRATION	45,174	23,571	700	0	2,484
14.00	01400	CENTRAL SERVICES & SUPPLY	45,839	66,456	1,975	0	7,004
15.00	01500	PHARMACY	36,408	73,051	2,171	9	7,699
17.00	01700	SOCIAL SERVICE	1	0	0	0	0
18.00	01080	TRANSPORTATION	2,729	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	169,134	910,269	27,045	21,107	95,934
31.00	03100	INTENSIVE CARE UNIT	29,302	135,030	4,012	2,498	14,231
35.00	02080	NEONATAL INTENSIVE CARE UNIT	7,961	30,285	900	236	3,192
43.00	04300	NURSERY	3,606	24,330	723	0	2,564
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	86,622	383,867	11,406	6,234	40,456
51.00	05100	RECOVERY ROOM	29,858	188,077	5,588	3,163	19,822
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,672	159,670	4,744	3,959	16,828
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,644	185,569	5,514	13,134	19,557
55.00	05500	RADIOLOGY-THERAPEUTIC	15,958	99,489	2,956	1,055	10,485
59.00	05900	CARDIAC CATHETERIZATION	21,796	50,309	1,495	1,417	5,302
60.00	06000	LABORATORY	67,248	37,789	1,123	0	3,983
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,700	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	19,573	26,239	780	0	2,765
66.00	06600	PHYSICAL THERAPY	16,486	3,087	92	2,340	325
67.00	06700	OCCUPATIONAL THERAPY	5,238	3,697	110	0	390
68.00	06800	SPEECH PATHOLOGY	2,265	3,087	92	0	325
69.00	06900	ELECTROCARDIOLOGY	12,718	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,796	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	66,246	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	94,700	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,256	22,781	677	0	2,401
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,358	0	0	146	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	2,809	0	0	0	0
90.02	09002	SLEEP LAB	4,222	1,469	44	573	155
91.00	09100	EMERGENCY	47,876	223,378	6,637	7,960	23,542
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,265	50,739	1,508	1,166	5,347
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,079,048	3,037,746	89,874	64,997	309,946
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,700	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	193	0	0	0	0
192.01	19201	RETAIL PHARMACY	95	0	0	0	0
192.02	19202	MARKETING	2,622	0	0	0	0
192.03	19203	BACK AND NECK	0	0	0	0	0
192.04	19204	TIPTON SERVICES	360	380	11	0	40
192.05	19205	NORTH SERVICES	2,268	2,388	71	0	252
192.06	19206	SAXONY SERVICES	563	590	18	0	62
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,086,849	3,041,104	89,974	64,997	310,300

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/29/2024 2:26 pm		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04	
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	608,447				10.00	
11.00	01100	CAFETERIA	0	508,183			11.00	
13.00	01300	NURSING ADMINISTRATION	0	24,799	1,064,652		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	333,763	14.00	
15.00	01500	PHARMACY	0	27,530	5,603	580	15.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01080	TRANSPORTATION	0	5,443	0	0	18.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	549,555	140,145	457,069	11,565	6,130	30.00
31.00	03100	INTENSIVE CARE UNIT	58,892	23,686	85,078	1,421	2,451	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	6,362	28,017	299	84	35.00
43.00	04300	NURSERY	0	2,593	9,015	263	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	50,310	108,795	68,958	2,030	50.00
51.00	05100	RECOVERY ROOM	0	27,052	96,590	826	4,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,028	59,113	1,724	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,720	5,298	3,639	1,004	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,187	13,482	564	982	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,609	23,274	10,154	1,584	59.00
60.00	06000	LABORATORY	0	15,146	0	1	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,002	0	4,567	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,814	0	549	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,965	0	5	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,982	0	6	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,980	15,090	942	2,173	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,688	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	146,010	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	530,782	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	42	13	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,825	2,802	15	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	4,216	1,942	18	0	90.01
90.02	09002	SLEEP LAB	0	0	0	248	0	90.02
91.00	09100	EMERGENCY	0	45,213	140,363	4,566	7,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,153	13,121	113	110	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	608,447	504,760	1,064,652	333,763	558,832	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,529	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	6	0	0	0	192.02
192.03	19203	BACK AND NECK	0	0	0	0	0	192.03
192.04	19204	TIPTON SERVICES	0	214	0	0	0	192.04
192.05	19205	NORTH SERVICES	0	1,340	0	0	0	192.05
192.06	19206	SAXONY SERVICES	0	334	0	0	0	192.06
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)	608,447	508,183	1,064,652	333,763	558,832	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 MOB						1.01
1.02 00102 INTEREST						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 00590 ADMINISTRATIVE AND GENERAL						5.04
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
17.00 01700 SOCIAL SERVICE	1					17.00
18.00 01080 TRANSPORTATION	0	8,172				18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1	809	5,542,520	0	5,542,520	30.00
31.00 03100 INTENSIVE CARE UNIT	0	161	999,035	0	999,035	31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT	0	23	174,195	0	174,195	35.00
43.00 04300 NURSERY	0	19	135,451	0	135,451	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	645	5,028,231	0	5,028,231	50.00
51.00 05100 RECOVERY ROOM	0	246	1,002,342	0	1,002,342	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	147	892,873	0	892,873	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	859	2,832,892	0	2,832,892	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	412	1,236,337	0	1,236,337	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	450	911,305	0	911,305	59.00
60.00 06000 LABORATORY	0	498	246,617	0	246,617	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	21	4,721	0	4,721	63.00
65.00 06500 RESPIRATORY THERAPY	0	111	386,030	0	386,030	65.00
66.00 06600 PHYSICAL THERAPY	0	72	68,284	0	68,284	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	27	42,419	0	42,419	67.00
68.00 06800 SPEECH PATHOLOGY	0	11	33,805	0	33,805	68.00
69.00 06900 ELECTROCARDIOLOGY	0	306	256,203	0	256,203	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	302	111,786	0	111,786	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	763	213,019	0	213,019	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	871	626,353	0	626,353	73.00
74.00 07400 RENAL DIALYSIS	0	18	103,030	0	103,030	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	27	76,250	0	76,250	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 BEHAVIORAL HEALTH	0	9	22,937	0	22,937	90.01
90.02 09002 SLEEP LAB	0	60	50,988	0	50,988	90.02
91.00 09100 EMERGENCY	0	1,271	1,418,842	0	1,418,842	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	34	243,790	0	243,790	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00		1	8,172	22,660,255	0	22,660,255
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29,566	0	29,566	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	35,291	0	35,291	192.00
192.01 19201 RETAIL PHARMACY	0	0	17,638	0	17,638	192.01
192.02 19202 MARKETING	0	0	6,569	0	6,569	192.02
192.03 19203 BACK AND NECK	0	0	1,622	0	1,622	192.03
192.04 19204 TIPTON SERVICES	0	0	2,219	0	2,219	192.04
192.05 19205 NORTH SERVICES	0	0	13,955	0	13,955	192.05
192.06 19206 SAXONY SERVICES	0	0	3,452	0	3,452	192.06
200.00			0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			TRANSPORTATION				
		17.00	18.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1	8,172	22,770,567	0	22,770,567	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2: 26 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	411,729					1.00
1.01	00101	MOB	11,084	42,247				1.01
1.02	00102	INTEREST	0	0	400,645			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				7,680,412		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	72,849,187	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	23,627	7,903	23,627	226,673	4,909,745	5.04
6.00	00600	MAINTENANCE & REPAIRS	72,660	0	72,660	543,470	1,046,311	6.00
7.00	00700	OPERATION OF PLANT	1,302	0	1,302	3,196	865,150	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,505	0	1,505	0	0	8.00
9.00	00900	HOUSEKEEPING	6,883	0	6,883	0	1,727,218	9.00
10.00	01000	DIETARY	12,968	0	12,968	28,094	962,101	10.00
11.00	01100	CAFETERIA	10,920	0	10,920	20,378	811,031	11.00
13.00	01300	NURSING ADMINISTRATION	2,359	0	2,359	704,467	3,872,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,651	0	6,651	0	0	14.00
15.00	01500	PHARMACY	7,311	0	7,311	135,917	4,334,816	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	325,005	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	91,101	0	91,101	191,970	14,880,192	30.00
31.00	03100	INTENSIVE CARE UNIT	13,514	0	13,514	166,159	3,138,621	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,031	0	3,031	0	1,056,823	35.00
43.00	04300	NURSERY	2,435	0	2,435	11,478	383,564	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	38,418	0	38,418	2,400,571	6,042,444	50.00
51.00	05100	RECOVERY ROOM	18,823	0	18,823	20,234	3,592,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,980	0	15,980	75,337	2,517,585	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,572	0	18,572	1,497,722	5,667,824	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,957	0	9,957	603,520	1,179,513	55.00
59.00	05900	CARDIAC CATHETERIZATION	5,035	0	5,035	493,336	1,608,017	59.00
60.00	06000	LABORATORY	3,782	0	3,782	0	2,378	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,626	0	2,626	183,975	2,037,961	65.00
66.00	06600	PHYSICAL THERAPY	309	2,851	309	1,958	2,344,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	370	2,851	370	0	735,621	67.00
68.00	06800	SPEECH PATHOLOGY	309	2,851	309	0	300,857	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	169,688	1,371,328	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,280	0	2,280	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,738	0	45,953	303,401	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	2,459	0	0	392,034	90.01
90.02	09002	SLEEP LAB	147	6,970	147	0	0	90.02
91.00	09100	EMERGENCY	22,356	0	22,356	155,036	5,400,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,078	0	5,078	0	534,296	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,393	27,623	400,309	7,679,132	72,343,438	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,645	0	0	121,888	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,190	0	0	1,500	192.00
192.01	19201	RETAIL PHARMACY	0	3,094	0	0	894	192.01
192.02	19202	MARKETING	0	695	0	0	675	192.02
192.03	19203	BACK AND NECK	0	0	0	1,280	1,400	192.03
192.04	19204	TIPTON SERVICES	38	0	38	0	42,834	192.04
192.05	19205	NORTH SERVICES	239	0	239	0	269,624	192.05
192.06	19206	SAXONY SERVICES	59	0	59	0	66,934	192.06
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,905,627	239,542	4,134,092	9,731,051	13,176,431	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.629827	5.670036	10.318591	1.266996	0.180873	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000000	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
<b>GENERAL SERVICE COST CENTERS</b>							
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	96,993					5.01
5.02	00550	0	96,993				5.02
5.03	00560	0	0	28,436,407			5.03
5.04	00590	4,655	4,655	4,112	-36,585,811	214,443,090	5.04
6.00	00600	1,612	1,612	92	0	6,147,899	6.00
7.00	00700	1,441	1,441	0	0	6,179,686	7.00
8.00	00800	0	0	0	0	282,159	8.00
9.00	00900	4,202	4,202	0	0	3,863,829	9.00
10.00	01000	2,348	2,348	660	0	2,261,978	10.00
11.00	01100	1,977	1,977	555	0	1,901,214	11.00
13.00	01300	3,941	3,941	0	0	8,913,649	13.00
14.00	01400	0	0	206,229	0	9,044,829	14.00
15.00	01500	4,375	4,375	49,078	0	7,183,983	15.00
17.00	01700	0	0	0	0	184	17.00
18.00	01080	865	865	0	0	538,483	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	22,271	22,271	978,050	0	33,362,652	30.00
31.00	03100	3,764	3,764	120,139	0	5,781,674	31.00
35.00	02080	1,011	1,011	25,300	0	1,570,740	35.00
43.00	04300	412	412	22,210	0	711,614	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,995	7,995	5,831,560	0	17,091,980	50.00
51.00	05100	4,299	4,299	69,870	0	5,891,391	51.00
52.00	05200	2,706	2,706	145,781	0	4,670,884	52.00
54.00	05400	6,630	6,630	307,759	0	12,952,624	54.00
55.00	05500	1,301	1,301	47,723	0	3,148,738	55.00
59.00	05900	1,527	1,527	858,696	0	4,300,724	59.00
60.00	06000	2,407	2,407	80	0	13,269,213	60.00
63.00	06300	0	0	0	0	927,474	63.00
65.00	06500	2,384	2,384	386,220	0	3,862,039	65.00
66.00	06600	2,672	2,672	46,457	0	3,252,941	66.00
67.00	06700	789	789	429	0	1,033,479	67.00
68.00	06800	315	315	493	0	446,905	68.00
69.00	06900	1,586	1,586	79,626	0	2,509,505	69.00
71.00	07100	0	0	6,485,249	0	6,865,752	71.00
72.00	07200	0	0	12,347,076	0	13,071,518	72.00
73.00	07300	0	0	0	0	18,685,884	73.00
74.00	07400	0	0	3,558	0	839,853	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	449	449	1,241	0	465,362	76.97
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	670	670	1,559	0	554,196	90.01
90.02	09002	0	0	20,978	0	833,073	90.02
91.00	09100	7,185	7,185	386,107	0	9,446,689	91.00
92.00	09200						92.00
92.01	09201	660	660	9,520	0	1,038,886	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		96,449	96,449	28,436,407	-36,585,811	212,903,683	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	243	243	0	0	335,447	190.00
192.00	19200	0	0	0	0	38,074	192.00
192.01	19201	0	0	0	0	18,667	192.01
192.02	19202	1	1	0	0	517,438	192.02
192.03	19203	0	0	0	44,006	0	192.03
192.04	19204	34	34	0	0	71,119	192.04
192.05	19205	213	213	0	0	447,555	192.05
192.06	19206	53	53	0	0	111,107	192.06
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
202.00	Cost to be allocated (per Wkst. B, Part I)	23,478	9,812,934	1,668,435		36,585,811	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.242059	101.171569	0.058672		0.170608	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0		1,086,849	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.005068	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS	304,358				6.00
7.00	00700	OPERATION OF PLANT	1,302	303,056			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,505	1,505	1,239,522		8.00
9.00	00900	HOUSEKEEPING	6,883	6,883	0	294,668	9.00
10.00	01000	DIETARY	12,968	12,968	0	12,968	40,200
11.00	01100	CAFETERIA	10,920	10,920	0	10,920	0
13.00	01300	NURSING ADMINISTRATION	2,359	2,359	0	2,359	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,651	6,651	0	6,651	0
15.00	01500	PHARMACY	7,311	7,311	168	7,311	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01080	TRANSPORTATION	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	91,101	91,101	402,490	91,101	36,309
31.00	03100	INTENSIVE CARE UNIT	13,514	13,514	47,641	13,514	3,891
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,031	3,031	4,498	3,031	0
43.00	04300	NURSERY	2,435	2,435	0	2,435	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	38,418	38,418	118,892	38,418	0
51.00	05100	RECOVERY ROOM	18,823	18,823	60,316	18,823	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,980	15,980	75,507	15,980	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,572	18,572	250,480	18,572	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,957	9,957	20,117	9,957	0
59.00	05900	CARDIAC CATHETERIZATION	5,035	5,035	27,030	5,035	0
60.00	06000	LABORATORY	3,782	3,782	0	3,782	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,626	2,626	0	2,626	0
66.00	06600	PHYSICAL THERAPY	309	309	44,634	309	0
67.00	06700	OCCUPATIONAL THERAPY	370	370	0	370	0
68.00	06800	SPEECH PATHOLOGY	309	309	0	309	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
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	2,280	2,280	0	2,280	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	2,778	0	0
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0
90.02	09002	SLEEP LAB	147	147	10,934	147	0
91.00	09100	EMERGENCY	22,356	22,356	151,793	22,356	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,078	5,078	22,244	5,078	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	304,022	302,720	1,239,522	294,332	40,200
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	0	0
192.03	19203	BACK AND NECK	0	0	0	0	0
192.04	19204	TIPTON SERVICES	38	38	0	38	0
192.05	19205	NORTH SERVICES	239	239	0	239	0
192.06	19206	SAXONY SERVICES	59	59	0	59	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,196,780	7,264,777	401,962	4,850,780	3,478,870

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	23.645772	23.971731	0.324288	16.461849	86.539055	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,041,104	89,974	64,997	310,300	608,447	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.991865	0.296889	0.052437	1.053050	15.135498	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	80,758					11.00
13.00	01300	3,941	38,380				13.00
14.00	01400	0	0	28,224,759			14.00
15.00	01500	4,375	202	49,078	19,673,369		15.00
17.00	01700	0	0	0	0	42,418	17.00
18.00	01080	865	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	22,271	16,477	978,050	215,792	35,873	30.00
31.00	03100	3,764	3,067	120,139	86,300	3,891	31.00
35.00	02080	1,011	1,010	25,300	2,950	827	35.00
43.00	04300	412	325	22,210	0	1,827	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,995	3,922	5,831,560	71,463	0	50.00
51.00	05100	4,299	3,482	69,870	145,017	0	51.00
52.00	05200	2,706	2,131	145,781	0	0	52.00
54.00	05400	6,630	191	307,759	35,343	0	54.00
55.00	05500	1,301	486	47,723	34,572	0	55.00
59.00	05900	1,527	839	858,696	55,773	0	59.00
60.00	06000	2,407	0	80	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,384	0	386,220	0	0	65.00
66.00	06600	2,672	0	46,457	26	0	66.00
67.00	06700	789	0	429	23	0	67.00
68.00	06800	315	0	493	0	0	68.00
69.00	06900	1,586	544	79,626	76,513	0	69.00
71.00	07100	0	0	6,485,249	0	0	71.00
72.00	07200	0	0	12,347,076	0	0	72.00
73.00	07300	0	0	0	18,685,885	0	73.00
74.00	07400	0	0	3,558	445	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	449	101	1,241	0	0	76.97
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	670	70	1,559	0	0	90.01
90.02	09002	0	0	20,978	0	0	90.02
91.00	09100	7,185	5,060	386,107	259,377	0	91.00
92.00	09200						92.00
92.01	09201	660	473	9,520	3,890	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		80,214	38,380	28,224,759	19,673,369	42,418	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	243	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	1	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	34	0	0	0	0	192.04
192.05	19205	213	0	0	0	0	192.05
192.06	19206	53	0	0	0	0	192.06
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,925,322	10,728,308	11,014,141	9,112,260	215	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	36.223309	279.528609	0.390230	0.463177	0.005069	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	508,183	1,064,652	333,763	558,832	1	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.292665	27.739760	0.011825	0.028406	0.000024	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: 15-0158

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION	(GROSS CHARGES)	
			18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101 MOB			1.01
1.02	00102 INTEREST			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	00590 ADMINISTRATIVE AND GENERAL			5.04
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
17.00	01700 SOCIAL SERVICE			17.00
18.00	01080 TRANSPORTATION	1,481,013,718		18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	134,852,149		30.00
31.00	03100 INTENSIVE CARE UNIT	26,884,926		31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	3,777,207		35.00
43.00	04300 NURSERY	3,204,226		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	226,395,368		50.00
51.00	05100 RECOVERY ROOM	41,045,638		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,501,652		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	143,118,588		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	68,583,505		55.00
59.00	05900 CARDIAC CATHETERIZATION	74,951,340		59.00
60.00	06000 LABORATORY	82,972,898		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,466,384		63.00
65.00	06500 RESPIRATORY THERAPY	18,424,016		65.00
66.00	06600 PHYSICAL THERAPY	12,014,567		66.00
67.00	06700 OCCUPATIONAL THERAPY	4,461,406		67.00
68.00	06800 SPEECH PATHOLOGY	1,848,727		68.00
69.00	06900 ELECTROCARDIOLOGY	51,074,517		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	50,294,281		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	127,228,391		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	145,217,806		73.00
74.00	07400 RENAL DIALYSIS	3,045,268		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0		76.00
76.97	07697 CARDIAC REHABILITATION	4,578,495		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0		90.00
90.01	09001 BEHAVIORAL HEALTH	1,559,852		90.01
90.02	09002 SLEEP LAB	9,943,807		90.02
91.00	09100 EMERGENCY	211,823,285		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	5,745,419		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
102.00	10200 OPIOID TREATMENT PROGRAM	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,481,013,718		118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0		192.00
192.01	19201 RETAIL PHARMACY	0		192.01
192.02	19202 MARKETING	0		192.02
192.03	19203 BACK AND NECK	0		192.03
192.04	19204 TIPTON SERVICES	0		192.04
192.05	19205 NORTH SERVICES	0		192.05
192.06	19206 SAXONY SERVICES	0		192.06
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		OTHER GENERAL SERVICE		
		TRANSPORTATION		
		(GROSS CHARGES)		
		18.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	661,686		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000447		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,172		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000006		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: 15-0158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		54,119,653	0	54,119,653	30.00	
31.00	03100 INTENSIVE CARE UNIT		9,078,765	0	9,078,765	31.00	
35.00	02080 NEONATAL INTENSIVE CARE UNIT		2,366,281	0	2,366,281	35.00	
43.00	04300 NURSERY		1,104,933	0	1,104,933	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		26,303,903	0	26,303,903	50.00	
51.00	05100 RECOVERY ROOM		9,364,058	0	9,364,058	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,277,782	0	7,277,782	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,927,746	0	16,927,746	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		4,578,772	0	4,578,772	55.00	
59.00	05900 CARDIAC CATHETERIZATION		6,050,130	0	6,050,130	59.00	
60.00	06000 LABORATORY		15,899,705	0	15,899,705	60.00	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,087,257	0	1,087,257	63.00	
65.00	06500 RESPIRATORY THERAPY	0	4,934,514	0	4,934,514	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,962,495	0	3,962,495	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,264,261	0	1,264,261	67.00	
68.00	06800 SPEECH PATHOLOGY	0	555,380	0	555,380	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,236,502	0	3,236,502	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,590,325	0	10,590,325	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		20,176,689	0	20,176,689	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		30,593,637	0	30,593,637	73.00	
74.00	07400 RENAL DIALYSIS		1,132,195	0	1,132,195	74.00	
76.00	03950 OTHER ANCILLARY SERVICES		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		592,684	0	592,684	76.97	
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 BEHAVIORAL HEALTH		693,888	0	693,888	90.01	
90.02	09002 SLEEP LAB		1,000,799	0	1,000,799	90.02	
91.00	09100 EMERGENCY		14,580,325	0	14,580,325	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,145,476	0	5,145,476	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,712,944	0	1,712,944	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0	102.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		254,331,099	0	254,331,099	200.00	
201.00	Less Observation Beds		5,145,476		5,145,476	201.00	
202.00	Total (see instructions)		249,185,623	0	249,185,623	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	110,510,335		110,510,335		30.00
31.00	03100	INTENSIVE CARE UNIT	26,884,926		26,884,926		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,777,207		3,777,207		35.00
43.00	04300	NURSERY	3,204,226		3,204,226		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	39,785,141	186,610,227	226,395,368	0.116186	50.00
51.00	05100	RECOVERY ROOM	4,795,175	36,250,463	41,045,638	0.228138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,149,479	6,352,173	24,501,652	0.297032	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,772,113	113,346,475	143,118,588	0.118278	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,170,467	67,413,038	68,583,505	0.066762	55.00
59.00	05900	CARDIAC CATHETERIZATION	36,824,247	38,127,093	74,951,340	0.080721	59.00
60.00	06000	LABORATORY	38,153,106	44,819,792	82,972,898	0.191625	60.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	2,782,953	683,431	3,466,384	0.313657	63.00
65.00	06500	RESPIRATORY THERAPY	10,291,456	8,132,560	18,424,016	0.267831	65.00
66.00	06600	PHYSICAL THERAPY	5,015,943	6,998,624	12,014,567	0.329808	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,258,783	1,202,623	4,461,406	0.283377	67.00
68.00	06800	SPEECH PATHOLOGY	1,382,919	465,808	1,848,727	0.300412	68.00
69.00	06900	ELECTROCARDIOLOGY	24,388,904	26,685,613	51,074,517	0.063368	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,654,589	34,639,692	50,294,281	0.210567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,114,073	99,114,318	127,228,391	0.158586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,103,768	87,114,038	145,217,806	0.210674	73.00
74.00	07400	RENAL DIALYSIS	2,792,969	252,299	3,045,268	0.371788	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	49,414	4,529,081	4,578,495	0.129450	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	1,559,852	1,559,852	0.444842	90.01
90.02	09002	SLEEP LAB	0	9,943,807	9,943,807	0.100645	90.02
91.00	09100	EMERGENCY	47,518,532	164,304,753	211,823,285	0.068832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	539,577	23,802,237	24,341,814	0.211384	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	54,910	5,690,509	5,745,419	0.298141	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	512,975,212	968,038,506	1,481,013,718		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	512,975,212	968,038,506	1,481,013,718		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 2:26 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.116186		50.00
51.00	05100 RECOVERY ROOM	0.228138		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297032		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118278		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066762		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.080721		59.00
60.00	06000 LABORATORY	0.191625		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.313657		63.00
65.00	06500 RESPIRATORY THERAPY	0.267831		65.00
66.00	06600 PHYSICAL THERAPY	0.329808		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283377		67.00
68.00	06800 SPEECH PATHOLOGY	0.300412		68.00
69.00	06900 ELECTROCARDIOLOGY	0.063368		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210567		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.158586		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210674		73.00
74.00	07400 RENAL DIALYSIS	0.371788		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.129450		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.444842		90.01
90.02	09002 SLEEP LAB	0.100645		90.02
91.00	09100 EMERGENCY	0.068832		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211384		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.298141		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	54,119,653		54,119,653	0	54,119,653	30.00
31.00	03100 INTENSIVE CARE UNIT	9,078,765		9,078,765	0	9,078,765	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	2,366,281		2,366,281	0	2,366,281	35.00
43.00	04300 NURSERY	1,104,933		1,104,933	0	1,104,933	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	26,303,903		26,303,903	0	26,303,903	50.00
51.00	05100 RECOVERY ROOM	9,364,058		9,364,058	0	9,364,058	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,277,782		7,277,782	0	7,277,782	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,927,746		16,927,746	0	16,927,746	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,578,772		4,578,772	0	4,578,772	55.00
59.00	05900 CARDIAC CATHETERIZATION	6,050,130		6,050,130	0	6,050,130	59.00
60.00	06000 LABORATORY	15,899,705		15,899,705	0	15,899,705	60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	1,087,257		1,087,257	0	1,087,257	63.00
65.00	06500 RESPIRATORY THERAPY	4,934,514	0	4,934,514	0	4,934,514	65.00
66.00	06600 PHYSICAL THERAPY	3,962,495	0	3,962,495	0	3,962,495	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,264,261	0	1,264,261	0	1,264,261	67.00
68.00	06800 SPEECH PATHOLOGY	555,380	0	555,380	0	555,380	68.00
69.00	06900 ELECTROCARDIOLOGY	3,236,502		3,236,502	0	3,236,502	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,590,325		10,590,325	0	10,590,325	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,176,689		20,176,689	0	20,176,689	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,593,637		30,593,637	0	30,593,637	73.00
74.00	07400 RENAL DIALYSIS	1,132,195		1,132,195	0	1,132,195	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	592,684		592,684	0	592,684	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	693,888		693,888	0	693,888	90.01
90.02	09002 SLEEP LAB	1,000,799		1,000,799	0	1,000,799	90.02
91.00	09100 EMERGENCY	14,580,325		14,580,325	0	14,580,325	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,145,476		5,145,476	0	5,145,476	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,712,944		1,712,944	0	1,712,944	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0		0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	254,331,099	0	254,331,099	0	254,331,099	200.00
201.00	Less Observation Beds	5,145,476		5,145,476		5,145,476	201.00
202.00	Total (see instructions)	249,185,623	0	249,185,623	0	249,185,623	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	110,510,335		110,510,335		30.00
31.00	03100	INTENSIVE CARE UNIT	26,884,926		26,884,926		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,777,207		3,777,207		35.00
43.00	04300	NURSERY	3,204,226		3,204,226		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	39,785,141	186,610,227	226,395,368	0.116186	50.00
51.00	05100	RECOVERY ROOM	4,795,175	36,250,463	41,045,638	0.228138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,149,479	6,352,173	24,501,652	0.297032	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,772,113	113,346,475	143,118,588	0.118278	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,170,467	67,413,038	68,583,505	0.066762	55.00
59.00	05900	CARDIAC CATHETERIZATION	36,824,247	38,127,093	74,951,340	0.080721	59.00
60.00	06000	LABORATORY	38,153,106	44,819,792	82,972,898	0.191625	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,782,953	683,431	3,466,384	0.313657	63.00
65.00	06500	RESPIRATORY THERAPY	10,291,456	8,132,560	18,424,016	0.267831	65.00
66.00	06600	PHYSICAL THERAPY	5,015,943	6,998,624	12,014,567	0.329808	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,258,783	1,202,623	4,461,406	0.283377	67.00
68.00	06800	SPEECH PATHOLOGY	1,382,919	465,808	1,848,727	0.300412	68.00
69.00	06900	ELECTROCARDIOLOGY	24,388,904	26,685,613	51,074,517	0.063368	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,654,589	34,639,692	50,294,281	0.210567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	28,114,073	99,114,318	127,228,391	0.158586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,103,768	87,114,038	145,217,806	0.210674	73.00
74.00	07400	RENAL DIALYSIS	2,792,969	252,299	3,045,268	0.371788	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	49,414	4,529,081	4,578,495	0.129450	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	1,559,852	1,559,852	0.444842	90.01
90.02	09002	SLEEP LAB	0	9,943,807	9,943,807	0.100645	90.02
91.00	09100	EMERGENCY	47,518,532	164,304,753	211,823,285	0.068832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	539,577	23,802,237	24,341,814	0.211384	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	54,910	5,690,509	5,745,419	0.298141	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	512,975,212	968,038,506	1,481,013,718		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	512,975,212	968,038,506	1,481,013,718		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet C Part I Date/Time Prepared: 5/29/2024 2:26 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.116186		50.00
51.00	05100 RECOVERY ROOM	0.228138		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297032		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118278		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066762		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.080721		59.00
60.00	06000 LABORATORY	0.191625		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.313657		63.00
65.00	06500 RESPIRATORY THERAPY	0.267831		65.00
66.00	06600 PHYSICAL THERAPY	0.329808		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283377		67.00
68.00	06800 SPEECH PATHOLOGY	0.300412		68.00
69.00	06900 ELECTROCARDIOLOGY	0.063368		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210567		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.158586		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210674		73.00
74.00	07400 RENAL DIALYSIS	0.371788		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.129450		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.444842		90.01
90.02	09002 SLEEP LAB	0.100645		90.02
91.00	09100 EMERGENCY	0.068832		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211384		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.298141		92.01
	OTHER REIMBURSABLE COST CENTERS			
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 5/29/2024 2:26 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	26,303,903	5,028,231	21,275,672	0	0	50.00
51.00	05100	RECOVERY ROOM	9,364,058	1,002,342	8,361,716	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,277,782	892,873	6,384,909	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,927,746	2,832,892	14,094,854	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,578,772	1,236,337	3,342,435	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	6,050,130	911,305	5,138,825	0	0	59.00
60.00	06000	LABORATORY	15,899,705	246,617	15,653,088	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,087,257	4,721	1,082,536	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,934,514	386,030	4,548,484	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,962,495	68,284	3,894,211	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,264,261	42,419	1,221,842	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	555,380	33,805	521,575	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,236,502	256,203	2,980,299	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,590,325	111,786	10,478,539	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,176,689	213,019	19,963,670	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,593,637	626,353	29,967,284	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,132,195	103,030	1,029,165	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	592,684	76,250	516,434	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	693,888	22,937	670,951	0	0	90.01
90.02	09002	SLEEP LAB	1,000,799	50,988	949,811	0	0	90.02
91.00	09100	EMERGENCY	14,580,325	1,418,842	13,161,483	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,145,476	526,958	4,618,518	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,712,944	243,790	1,469,154	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	187,661,467	16,336,012	171,325,455	0	0	200.00
201.00		Less Observation Beds	5,145,476	526,958	4,618,518	0	0	201.00
202.00		Total (line 200 minus line 201)	182,515,991	15,809,054	166,706,937	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 5/29/2024 2:26 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	26,303,903	226,395,368	0.116186		50.00
51.00	05100 RECOVERY ROOM	9,364,058	41,045,638	0.228138		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,277,782	24,501,652	0.297032		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,927,746	143,118,588	0.118278		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,578,772	68,583,505	0.066762		55.00
59.00	05900 CARDIAC CATHETERIZATION	6,050,130	74,951,340	0.080721		59.00
60.00	06000 LABORATORY	15,899,705	82,972,898	0.191625		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,087,257	3,466,384	0.313657		63.00
65.00	06500 RESPIRATORY THERAPY	4,934,514	18,424,016	0.267831		65.00
66.00	06600 PHYSICAL THERAPY	3,962,495	12,014,567	0.329808		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,264,261	4,461,406	0.283377		67.00
68.00	06800 SPEECH PATHOLOGY	555,380	1,848,727	0.300412		68.00
69.00	06900 ELECTROCARDIOLOGY	3,236,502	51,074,517	0.063368		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,590,325	50,294,281	0.210567		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,176,689	127,228,391	0.158586		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,593,637	145,217,806	0.210674		73.00
74.00	07400 RENAL DIALYSIS	1,132,195	3,045,268	0.371788		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	592,684	4,578,495	0.129450		76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	693,888	1,559,852	0.444842		90.01
90.02	09002 SLEEP LAB	1,000,799	9,943,807	0.100645		90.02
91.00	09100 EMERGENCY	14,580,325	211,823,285	0.068832		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,145,476	24,341,814	0.211384		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,712,944	5,745,419	0.298141		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	187,661,467	1,336,637,024			200.00
201.00	Less Observation Beds	5,145,476	0			201.00
202.00	Total (line 200 minus line 201)	182,515,991	1,336,637,024			202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 2:26 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	5,542,520	0	5,542,520	39,642	139.81	30.00
31.00	INTENSIVE CARE UNIT	999,035		999,035	3,891	256.76	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	174,195		174,195	827	210.63	35.00
43.00	NURSERY	135,451		135,451	1,827	74.14	43.00
200.00	Total (lines 30 through 199)	6,851,201		6,851,201	46,187		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,202	1,566,152				
31.00	INTENSIVE CARE UNIT	1,069	274,476				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	12,271	1,840,628				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/29/2024 2:26 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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	5,028,231	226,395,368	0.022210	12,166,302	270,214	50.00
51.00	05100 RECOVERY ROOM	1,002,342	41,045,638	0.024420	1,543,104	37,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	892,873	24,501,652	0.036441	26,443	964	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,832,892	143,118,588	0.019794	9,733,949	192,674	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,236,337	68,583,505	0.018027	259,169	4,672	55.00
59.00	05900 CARDIAC CATHETERIZATION	911,305	74,951,340	0.012159	10,662,583	129,646	59.00
60.00	06000 LABORATORY	246,617	82,972,898	0.002972	11,042,048	32,817	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	4,721	3,466,384	0.001362	812,053	1,106	63.00
65.00	06500 RESPIRATORY THERAPY	386,030	18,424,016	0.020953	3,232,789	67,737	65.00
66.00	06600 PHYSICAL THERAPY	68,284	12,014,567	0.005683	1,654,612	9,403	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,419	4,461,406	0.009508	1,167,013	11,096	67.00
68.00	06800 SPEECH PATHOLOGY	33,805	1,848,727	0.018286	559,201	10,226	68.00
69.00	06900 ELECTROCARDIOLOGY	256,203	51,074,517	0.005016	8,127,066	40,765	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	111,786	50,294,281	0.002223	4,329,455	9,624	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	213,019	127,228,391	0.001674	10,135,565	16,967	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	626,353	145,217,806	0.004313	16,656,935	71,841	73.00
74.00	07400 RENAL DIALYSIS	103,030	3,045,268	0.033833	998,422	33,780	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	76,250	4,578,495	0.016654	13,249	221	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	22,937	1,559,852	0.014705	0	0	90.01
90.02	09002 SLEEP LAB	50,988	9,943,807	0.005128	0	0	90.02
91.00	09100 EMERGENCY	1,418,842	211,823,285	0.006698	15,193,681	101,767	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	526,958	24,341,814	0.021648	33,990	736	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	243,790	5,745,419	0.042432	34,147	1,449	92.01
200.00	Total (lines 50 through 199)	16,336,012	1,336,637,024		108,381,776	1,045,388	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 2:26 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	39,642	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,891	0.00	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	827	0.00	35.00	
43.00	04300	NURSERY	0	0	1,827	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	46,187	12,271	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2024 2:26 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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
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
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
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:26 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	226,395,368	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	41,045,638	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,501,652	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	143,118,588	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	68,583,505	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	74,951,340	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	82,972,898	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	3,466,384	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,424,016	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,014,567	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,461,406	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,848,727	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	51,074,517	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,294,281	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	127,228,391	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	145,217,806	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,045,268	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,578,495	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	1,559,852	0.000000	90.01
90.02	09002	SLEEP LAB	0	0	0	9,943,807	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	211,823,285	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,341,814	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,745,419	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,336,637,024		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:26 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	12,166,302	0	27,426,979	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,543,104	0	6,029,347	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	26,443	0	8,908	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,733,949	0	17,166,799	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	259,169	0	15,491,319	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,662,583	0	5,183,915	0	59.00
60.00	06000 LABORATORY	0.000000	11,042,048	0	2,831,935	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	812,053	0	97,271	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,232,789	0	1,528,118	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,654,612	0	307,269	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,167,013	0	7,442	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	559,201	0	4,472	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,127,066	0	7,249,339	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,329,455	0	6,387,815	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	10,135,565	0	19,472,053	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	16,656,935	0	17,865,257	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	998,422	0	49,797	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	13,249	0	1,071,457	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	54,472	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	1,361,732	0	90.02
91.00	09100 EMERGENCY	0.000000	15,193,681	0	15,573,068	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	33,990	0	973,342	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	34,147	0	603,447	0	92.01
200.00	Total (lines 50 through 199)		108,381,776	0	146,745,553	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:26 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.116186	27,426,979	0	0	3,186,631	50.00
51.00	05100 RECOVERY ROOM	0.228138	6,029,347	0	0	1,375,523	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297032	8,908	0	0	2,646	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118278	17,166,799	0	0	2,030,455	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066762	15,491,319	0	0	1,034,231	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.080721	5,183,915	0	0	418,451	59.00
60.00	06000 LABORATORY	0.191625	2,831,935	0	0	542,670	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.313657	97,271	0	0	30,510	63.00
65.00	06500 RESPIRATORY THERAPY	0.267831	1,528,118	0	0	409,277	65.00
66.00	06600 PHYSICAL THERAPY	0.329808	307,269	0	0	101,340	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283377	7,442	0	0	2,109	67.00
68.00	06800 SPEECH PATHOLOGY	0.300412	4,472	0	0	1,343	68.00
69.00	06900 ELECTROCARDIOLOGY	0.063368	7,249,339	0	0	459,376	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210567	6,387,815	0	0	1,345,063	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.158586	19,472,053	0	0	3,087,995	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210674	17,865,257	0	32,675	3,763,745	73.00
74.00	07400 RENAL DIALYSIS	0.371788	49,797	0	0	18,514	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.129450	1,071,457	0	0	138,700	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.444842	54,472	0	0	24,231	90.01
90.02	09002 SLEEP LAB	0.100645	1,361,732	0	0	137,052	90.02
91.00	09100 EMERGENCY	0.068832	15,573,068	0	0	1,071,925	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211384	973,342	0	0	205,749	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.298141	603,447	0	0	179,912	92.01
200.00	Subtotal (see instructions)		146,745,553	0	32,675	19,567,448	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		146,745,553	0	32,675	19,567,448	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:26 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
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
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	6,884	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	0	90.01
90.02	09002 SLEEP LAB	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	0	6,884	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	6,884	202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part I Date/Time Prepared: 5/29/2024 2:26 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,542,520	0	5,542,520	39,642	139.81	30.00
31.00	INTENSIVE CARE UNIT	999,035		999,035	3,891	256.76	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	174,195		174,195	827	210.63	35.00
43.00	NURSERY	135,451		135,451	1,827	74.14	43.00
200.00	Total (lines 30 through 199)	6,851,201		6,851,201	46,187		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,096	153,232				
31.00	INTENSIVE CARE UNIT	104	26,703				
35.00	NEONATAL INTENSIVE CARE UNIT	110	23,169				
43.00	NURSERY	1,070	79,330				
200.00	Total (lines 30 through 199)	2,380	282,434				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/29/2024 2:26 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,028,231	226,395,368	0.022210	549,993	12,215	50.00
51.00	05100	RECOVERY ROOM	1,002,342	41,045,638	0.024420	81,760	1,997	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	892,873	24,501,652	0.036441	269,942	9,837	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,832,892	143,118,588	0.019794	523,604	10,364	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,236,337	68,583,505	0.018027	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	911,305	74,951,340	0.012159	391,301	4,758	59.00
60.00	06000	LABORATORY	246,617	82,972,898	0.002972	810,398	2,409	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,721	3,466,384	0.001362	70,416	96	63.00
65.00	06500	RESPIRATORY THERAPY	386,030	18,424,016	0.020953	206,423	4,325	65.00
66.00	06600	PHYSICAL THERAPY	68,284	12,014,567	0.005683	56,315	320	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,419	4,461,406	0.009508	53,244	506	67.00
68.00	06800	SPEECH PATHOLOGY	33,805	1,848,727	0.018286	33,539	613	68.00
69.00	06900	ELECTROCARDIOLOGY	256,203	51,074,517	0.005016	440,086	2,207	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	111,786	50,294,281	0.002223	237,222	527	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	213,019	127,228,391	0.001674	185,610	311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	626,353	145,217,806	0.004313	1,057,492	4,561	73.00
74.00	07400	RENAL DIALYSIS	103,030	3,045,268	0.033833	68,356	2,313	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	76,250	4,578,495	0.016654	744	12	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	22,937	1,559,852	0.014705	0	0	90.01
90.02	09002	SLEEP LAB	50,988	9,943,807	0.005128	0	0	90.02
91.00	09100	EMERGENCY	1,418,842	211,823,285	0.006698	788,398	5,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	526,958	24,341,814	0.021648	3,948	85	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	243,790	5,745,419	0.042432	0	0	92.01
200.00		Total (lines 50 through 199)	16,336,012	1,336,637,024		5,828,791	62,737	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part III Date/Time Prepared: 5/29/2024 2:26 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	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	39,642	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,891	0.00	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	827	0.00	35.00	
43.00	04300	NURSERY	0	0	1,827	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	46,187	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0					35.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2024 2:26 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		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
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	
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0	90.01	
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:26 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	226,395,368	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	41,045,638	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	24,501,652	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	143,118,588	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	68,583,505	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	74,951,340	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	82,972,898	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	3,466,384	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	18,424,016	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,014,567	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,461,406	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,848,727	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	51,074,517	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,294,281	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	127,228,391	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	145,217,806	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,045,268	0.000000	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,578,495	0.000000	76.97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 BEHAVIORAL HEALTH	0	0	0	1,559,852	0.000000	90.01
90.02 09002 SLEEP LAB	0	0	0	9,943,807	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	211,823,285	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,341,814	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,745,419	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	1,336,637,024		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/29/2024 2:26 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	549,993	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	81,760	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	269,942	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	523,604	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	391,301	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	810,398	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	70,416	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	206,423	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	56,315	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	53,244	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	33,539	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	440,086	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	237,222	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	185,610	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,057,492	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	68,356	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	744	0	0	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	788,398	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,948	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		5,828,791	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:26 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.116186	0	1,479,686	0	50.00
51.00	05100 RECOVERY ROOM	0.228138	0	267,680	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297032	0	198,345	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118278	0	927,746	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.066762	0	1,037,025	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.080721	0	385,359	0	59.00
60.00	06000 LABORATORY	0.191625	0	591,877	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.313657	0	11,857	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.267831	0	106,139	0	65.00
66.00	06600 PHYSICAL THERAPY	0.329808	0	72,104	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283377	0	9,694	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.300412	0	12,138	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.063368	0	162,233	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210567	0	362,143	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.158586	0	649,951	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210674	0	1,523,333	0	73.00
74.00	07400 RENAL DIALYSIS	0.371788	0	18,464	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.129450	0	35,637	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.444842	0	18,937	0	90.01
90.02	09002 SLEEP LAB	0.100645	0	150,249	0	90.02
91.00	09100 EMERGENCY	0.068832	0	2,839,179	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.211384	0	617,580	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.298141	0	49,628	0	92.01
200.00	Subtotal (see instructions)		0	11,526,984	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	11,526,984	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/29/2024 2:26 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	171,919	0	50.00
51.00	05100 RECOVERY ROOM	61,068	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	58,915	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	109,732	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	69,234	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	31,107	0	59.00
60.00	06000 LABORATORY	113,418	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,719	0	63.00
65.00	06500 RESPIRATORY THERAPY	28,427	0	65.00
66.00	06600 PHYSICAL THERAPY	23,780	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,747	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,646	0	68.00
69.00	06900 ELECTROCARDIOLOGY	10,280	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,255	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	103,073	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	320,927	0	73.00
74.00	07400 RENAL DIALYSIS	6,865	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	4,613	0	76.97
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	8,424	0	90.01
90.02	09002 SLEEP LAB	15,122	0	90.02
91.00	09100 EMERGENCY	195,426	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	130,547	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	14,796	0	92.01
200.00	Subtotal (see instructions)	1,564,040	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,564,040	0	202.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2024 2:26 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,642	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,642	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)		35,873	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		11,202	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		54,119,653	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)		54,119,653	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		54,119,653	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,365.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,293,082	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)		15,293,082	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 2:26 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,078,765	3,891	2,333.27	1,069	2,494,266	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,366,281	827	2,861.28	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				16,062,908		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)				33,850,256		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)				1,840,628		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,045,388		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,886,016		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				30,964,240		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)				3,769		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,365.21		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				5,145,476		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 2:26 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,542,520	54,119,653	0.102412	5,145,476	526,958	90.00
91.00	Nursing Program cost	0	54,119,653	0.000000	5,145,476	0	91.00
92.00	Allied health cost	0	54,119,653	0.000000	5,145,476	0	92.00
93.00	All other Medical Education	0	54,119,653	0.000000	5,145,476	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2024 2:26 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,642	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,642	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)		35,873	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,096	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,827	15.00
16.00	Nursery days (title V or XIX only)		1,070	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		54,119,653	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)		54,119,653	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		54,119,653	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,365.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,496,270	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)		1,496,270	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/29/2024 2:26 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,104,933	1,827	604.78	1,070	647,115	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,078,765	3,891	2,333.27	104	242,660	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,366,281	827	2,861.28	110	314,741	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					943,325	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)					3,644,111	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)					282,434	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					62,737	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					345,171	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,298,940	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)					3,769	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,365.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,145,476	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/29/2024 2:26 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,542,520	54,119,653	0.102412	5,145,476	526,958	90.00
91.00	Nursing Program cost	0	54,119,653	0.000000	5,145,476	0	91.00
92.00	Allied health cost	0	54,119,653	0.000000	5,145,476	0	92.00
93.00	All other Medical Education	0	54,119,653	0.000000	5,145,476	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 2:26 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		34,016,880	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		8,113,057	35.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116186	12,166,302	50.00
51.00	05100	RECOVERY ROOM	0.228138	1,543,104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297032	26,443	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118278	9,733,949	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.066762	259,169	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.080721	10,662,583	59.00
60.00	06000	LABORATORY	0.191625	11,042,048	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.313657	812,053	63.00
65.00	06500	RESPIRATORY THERAPY	0.267831	3,232,789	65.00
66.00	06600	PHYSICAL THERAPY	0.329808	1,654,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283377	1,167,013	67.00
68.00	06800	SPEECH PATHOLOGY	0.300412	559,201	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063368	8,127,066	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210567	4,329,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.158586	10,135,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210674	16,656,935	73.00
74.00	07400	RENAL DIALYSIS	0.371788	998,422	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.129450	13,249	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.444842	0	90.01
90.02	09002	SLEEP LAB	0.100645	0	90.02
91.00	09100	EMERGENCY	0.068832	15,193,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.211384	33,990	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.298141	34,147	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		108,381,776	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)		108,381,776	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/29/2024 2:26 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				30.00
31.00	03100		2,141,467		31.00
35.00	02080		420,422		35.00
43.00	04300		401,578		43.00
			197,368		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.116186	549,993	63,901	50.00
51.00	05100	0.228138	81,760	18,653	51.00
52.00	05200	0.297032	269,942	80,181	52.00
54.00	05400	0.118278	523,604	61,931	54.00
55.00	05500	0.066762	0	0	55.00
59.00	05900	0.080721	391,301	31,586	59.00
60.00	06000	0.191625	810,398	155,293	60.00
63.00	06300	0.313657	70,416	22,086	63.00
65.00	06500	0.267831	206,423	55,286	65.00
66.00	06600	0.329808	56,315	18,573	66.00
67.00	06700	0.283377	53,244	15,088	67.00
68.00	06800	0.300412	33,539	10,076	68.00
69.00	06900	0.063368	440,086	27,887	69.00
71.00	07100	0.210567	237,222	49,951	71.00
72.00	07200	0.158586	185,610	29,435	72.00
73.00	07300	0.210674	1,057,492	222,786	73.00
74.00	07400	0.371788	68,356	25,414	74.00
76.00	03950	0.000000	0	0	76.00
76.97	07697	0.129450	744	96	76.97
77.00	07700	0.000000	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0.000000	0	0	90.00
90.01	09001	0.444842	0	0	90.01
90.02	09002	0.100645	0	0	90.02
91.00	09100	0.068832	788,398	54,267	91.00
92.00	09200	0.211384	3,948	835	92.00
92.01	09201	0.298141	0	0	92.01
200.00			5,828,791	943,325	200.00
201.00			0	0	201.00
202.00			5,828,791	0	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 2:26 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,320,263	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,333,003	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)		480,212	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		286,361	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)		161.15	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.49	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.99	31.00
32.00	Sum of lines 30 and 31		21.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.94	33.00
34.00	Disproportionate share adjustment (see instructions)		393,035	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 2:26 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000205272	0.000202579	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	1,411,124	1,202,915	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,055,443	302,372	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,357,815		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	25,170,689		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		25,170,689	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,872,917	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		39,500	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)		27,083,106	59.00
60.00	Primary payer payments		300	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,082,806	61.00
62.00	Deductibles billed to program beneficiaries		2,490,188	62.00
63.00	Coinurance billed to program beneficiaries		155,961	63.00
64.00	Allowable bad debts (see instructions)		92,357	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		60,032	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		16,750	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,496,689	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)		-13,026	70.93
70.94	HRR adjustment amount (see instructions)		-124,016	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/29/2024 2:26 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)			24,359,647	71.00
71.01	Sequestration adjustment (see instructions)			487,193	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			23,860,111	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			12,343	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			558,828	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2024 2:26 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	17,320,263	0	17,320,263		17,320,263	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,333,003	0		5,333,003	5,333,003	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	480,212	0	480,212		480,212	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	286,361	0		286,361	286,361	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
<b>Indirect Medical Education Adjustment</b>								
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0694	0.0694	0.0694	0.0694		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	393,035	0	300,507	92,528	393,035	11.00
11.01	Uncompensated care payments	36.00	1,357,815	0	1,055,443	302,372	1,357,815	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,170,689	0	19,156,425	6,014,264	25,170,689	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	25,170,689	0	19,156,425	6,014,264	25,170,689	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,872,917	0	1,416,856	456,061	1,872,917	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2024 2:26 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	39,500	0	39,500	0	39,500	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	20,612,781	6,470,325	27,083,106	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	1,714,313	0	1,302,679	411,634	1,714,313	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	82,317	0	56,208	26,109	82,317	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	0.0445	0.0445	0.0445	0.0445		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	76,287	0	57,969	18,318	76,287	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,872,917	0	1,416,856	456,061	1,872,917	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: 15-0158

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2024 2:26 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	17,320,263	17,320,263		17,320,263	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,333,003		5,333,003	5,333,003	
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	480,212	480,212		480,212	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	286,361		286,361	286,361	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
<b>Indirect Medical Education Adjustment</b>							
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	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
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	
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0694	0.0694	0.0694		
11.00	Disproportionate share adjustment (see instructions)	34.00	393,035	300,507	92,528	393,035	
11.01	Uncompensated care payments	36.00	1,357,815	1,055,443	302,372	1,357,815	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	25,170,689	19,156,425	6,014,264	25,170,689	
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	25,170,689	19,156,425	6,014,264	25,170,689	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,872,917	1,416,856	456,061	1,872,917	
17.00	Special add-on payments for new technologies	54.00	39,500	39,500	0	39,500	
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			20,612,781	6,470,325	27,083,106	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0158

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2024 2:26 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	1,714,313	1,302,679	411,634	1,714,313	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	82,317	56,208	26,109	82,317	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	0.0445	0.0445	0.0445		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	76,287	57,969	18,318	76,287	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,872,917	1,416,856	456,061	1,872,917	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	-13,026	0	-13,026	-13,026	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	-124,016	-98,951	-25,065	-124,016	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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 2:26 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		6,884	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,567,448	2.00
3.00	OPPS or REH payments		17,623,321	3.00
4.00	Outlier payment (see instructions)		30,780	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)		6,884	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		32,675	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)		32,675	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		32,675	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,791	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)		6,884	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)		17,654,101	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,081,596	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)		14,579,389	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)		14,579,389	30.00
31.00	Primary payer payments		3,094	31.00
32.00	Subtotal (line 30 minus line 31)		14,576,295	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		195,038	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		126,775	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		124,861	36.00
37.00	Subtotal (see instructions)		14,703,070	37.00
38.00	MSP-LCC reconciliation amount from PS&R		71	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)		2,930	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,702,999	40.00
40.01	Sequestration adjustment (see instructions)		294,060	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		14,433,076	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)		-24,137	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		29,910	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/29/2024 2:26 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: 15-0158

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2024 2:26 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		23,860,111		14,433,076	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23,860,111		14,433,076	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		12,343		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		24,137	6.02	
7.00	Total Medicare program liability (see instructions)		23,872,454		14,408,939	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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/29/2024 2:26 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: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/29/2024 2:26 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0158

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

Worksheet G

Date/Time Prepared:  
5/29/2024 2:26 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	522,650,843	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	40,090,392	0	0	0	4.00
5.00	Other receivable	2,892,988	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,783,612	0	0	0	7.00
8.00	Prepaid expenses	748,189	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	574,166,024	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-6,362,501	0	0	0	14.00
15.00	Buildings	185,536,343	0	0	0	15.00
16.00	Accumulated depreciation	-64,599,590	0	0	0	16.00
17.00	Leasehold improvements	1,261,768	0	0	0	17.00
18.00	Accumulated depreciation	-1,247,136	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	101,218	0	0	0	21.00
22.00	Accumulated depreciation	-101,218	0	0	0	22.00
23.00	Major movable equipment	104,489,511	0	0	0	23.00
24.00	Accumulated depreciation	-79,761,511	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)	146,117,587	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	3,345,345	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,345,345	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	723,628,956	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	21,302,315	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,604,961	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	1,985,848	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,893,124	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	283,911	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	283,911	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	28,177,035	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	695,451,921	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	695,451,921	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	723,628,956	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:  
5/29/2024 2:26 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		613,088,486			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		82,362,778				2.00
3.00	Total (sum of line 1 and line 2)		695,451,264			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RETAINED EARNINGS	658		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		658			0	10.00
11.00	Subtotal (line 3 plus line 10)		695,451,922			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	1		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		695,451,921			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	RETAINED EARNINGS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	ROUNDING		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: 15-0158

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2024 2:26 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	113,714,561		113,714,561	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)	113,714,561		113,714,561	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,884,926		26,884,926	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	3,777,207		3,777,207	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,662,133		30,662,133	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	144,376,694		144,376,694	17.00
18.00	Ancillary services	320,485,499	762,737,348	1,083,222,847	18.00
19.00	Outpatient services	48,113,019	205,301,158	253,414,177	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	NON-ALLOWABLE REVENUE	430,719	0	430,719	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	513,405,931	968,038,506	1,481,444,437	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		277,671,635		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)		277,671,635		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0158

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

Worksheet G-3

Date/Time Prepared:  
5/29/2024 2:26 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,481,444,437	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,149,091,970	2.00
3.00	Net patient revenues (line 1 minus line 2)	332,352,467	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	277,671,635	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,680,832	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	27,681,946	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	27,681,946	25.00
26.00	Total (line 5 plus line 25)	82,362,778	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)	82,362,778	29.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/29/2024 2:26 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,714,313	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		82,317	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)		112.40	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)		3.49	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.99	8.00
9.00	Sum of lines 7 and 8		21.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.45	10.00
11.00	Disproportionate share adjustment (see instructions)		76,287	11.00
12.00	Total prospective capital payments (see instructions)		1,872,917	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00