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: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet S Parts I-III Date/Time Prepared: 5/22/2024 3:00 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 5/22/2024 Time: 3:00 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KINGS DAUGHTERS HOSPITAL (15-0069) 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	John Price		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	John Price			2
3	Signatory Title	CFO			3
4	Date	(Dated when report is electronica			4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-284,603	-4,417	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	-284,603	-4,417	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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1373 EAST SR 62	PO Box:			1.00
2.00	City: MADISON	State: IN	Zip Code: 47250-	County: JEFFERSON	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	KINGS DAUGHTERS HOSPITAL	150069	99915	1	06/17/1966	N	P	O	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	KINGS DAUGHTERS HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	KINGS DAUGHTERS	151535	99915		09/01/1995				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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	354	794	214	50	898	63	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1		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.	01/01/2023	12/31/2023	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)	Y	Y	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	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

		V	XVIII	XIX	
		1.00	2.00	3.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

				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 Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

				1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)				
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00		
	Long Term Care Hospital PPS			
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
	TEFRA Providers			
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00

		Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
		1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.	N	0	88.00

		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)			107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,258,099	0	0	118.01

		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.	Y	Y	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	5.00	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.	Y		123.00
	Certified Transplant Center Information			
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	189928	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: NORTON HEALTHCARE INC	Contractor's Name: CGS	Contractor's Number: 15101	141.00
142.00	Street: 234 E GRAY ST SUITE 225	PO Box:		142.00
143.00	City: LOUISVILLE	State: KY	Zip Code: 40202	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.			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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
						1.00	
	Multicampus						
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	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)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part II | Date/Time Prepared: 5/22/2024 3:00 pm

		Y/N	Date	
		1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE			
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N	01/01/2022	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)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2024	Y	04/04/2024	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-2 Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				Y	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
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/22/2024 3:00 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2024 3:00 pm

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	64	23,360	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)		64	23,360	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6	2,190	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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		70	25,550	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	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	1	365			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)		71				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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,032	1,241	8,068			1.00
2.00	HMO and other (see instructions)	2,839	251				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)	3,032	1,241	8,068			7.00
8.00	INTENSIVE CARE UNIT	495	323	1,603			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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		495	809			13.00
14.00	Total (see instructions)	3,527	2,059	10,480	0.00	720.33	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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	1,917	199	5,352	0.00	12.30	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	84	0	89	0.00	2.97	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	735.60	27.00
28.00	Observation Bed Days		517	2,822			28.00
29.00	Ambulance Trips	1,543					29.00
30.00	Employee discount days (see instruction)			83			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	63	104			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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	846	362	2,284	1.00
2.00	HMO and other (see instructions)			510	58		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	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	846	362	2,284	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	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	64,589,154	523,709	65,112,863	1,530,053.00	42.56	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		335,407	0	335,407	2,686.00	124.87	3.00
4.00	Physician-Part A - Administrative		31,816	0	31,816	218.00	145.94	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,935,484	0	3,935,484	13,979.00	281.53	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		23,012,403	91,614	23,104,017	464,921.00	49.69	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,088,617	0	7,088,617	60,537.00	117.10	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		4,741,618	0	4,741,618	24,941.00	190.11	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		2,501,898	0	2,501,898	45,286.00	55.25	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,699,126	0	9,699,126			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		5,738,623	0	5,738,623			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		78,195	0	78,195			21.00
22.00	Physician Part A - Administrative		7,365	0	7,365			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		887,760	0	887,760			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		502,555	0	502,555			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,113,132	-1,113,132	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	7,281,920	1,636,841	8,918,761	243,841.94	36.58	27.00
28.00	Administrative & General under contract (see inst.)		338,898	0	338,898	1,544.00	219.49	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	716,627	0	716,627	22,715.77	31.55	30.00
31.00	Laundry & Linen Service	8.00	32,458	0	32,458	2,100.85	15.45	31.00
32.00	Housekeeping	9.00	855,725	0	855,725	48,068.54	17.80	32.00
33.00	Housekeeping under contract (see instructions)		219,714	0	219,714	10,433.68	21.06	33.00
34.00	Dietary	10.00	895,864	-573,032	322,832	16,309.04	19.79	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	573,032	573,032	28,948.00	19.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	653,719	0	653,719	13,098.43	49.91	38.00
39.00	Central Services and Supply	14.00	78,524	0	78,524	4,860.40	16.16	39.00
40.00	Pharmacy	15.00	1,062,054	0	1,062,054	24,944.46	42.58	40.00
41.00	Medical Records & Medical Records Library	16.00	802,514	0	802,514	29,769.97	26.96	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part III Date/Time Prepared: 5/22/2024 3:00 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		60,876,875	523,709	61,400,584	1,525,365.68	40.25	1.00
2.00	Excluded area salaries (see instructions)		23,012,403	91,614	23,104,017	464,921.00	49.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)		37,864,472	432,095	38,296,567	1,060,444.68	36.11	3.00
4.00	Subtotal other wages & related costs (see inst.)		14,332,133	0	14,332,133	130,764.00	109.60	4.00
5.00	Subtotal wage-related costs (see inst.)		10,209,046	0	10,209,046	0.00	26.66	5.00
6.00	Total (sum of lines 3 thru 5)		62,405,651	432,095	62,837,746	1,191,208.68	52.75	6.00
7.00	Total overhead cost (see instructions)		14,051,149	523,709	14,574,858	446,635.08	32.63	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part IV Date/Time Prepared: 5/22/2024 3:00 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,862,166	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,063,958	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,100,618	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	179,344	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	288,895	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	4,907,436	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	8,653	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,411,070	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-3 Part V Date/Time Prepared: 5/22/2024 3:00 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	7,088,617	16,411,070	1.00
2.00	Hospital	7,088,617	16,411,070	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-0069 | Component CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-4 | Date/Time Prepared: 5/22/2024 3:00 pm

Home Health Agency I | PPS

		1.00	
0.00	County	JEFFERSON	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	255	0	416	671	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	177.00	0.00	289.00	466.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		5.03	0.00	5.03	5.00
6.00	Direct Nursing Service		4.57	0.00	4.57	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		2.80	0.00	2.80	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.69	0.00	0.69	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.32	0.00	0.32	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00

		CBSA Data	
		1.00	
	HOME HEALTH AGENCY CBSA CODES		
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.	1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99915	20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	778	24	14	0	816	21.00
22.00	Skilled Nursing Visit Charges	217,120	6,720	3,920	0	227,760	22.00
23.00	Physical Therapy Visits	794	41	4	0	839	23.00
24.00	Physical Therapy Visit Charges	199,465	10,338	1,004	0	210,807	24.00
25.00	Occupational Therapy Visits	191	25	0	0	216	25.00
26.00	Occupational Therapy Visit Charges	53,034	6,950	0	0	59,984	26.00
27.00	Speech Pathology Visits	9	7	0	0	16	27.00
28.00	Speech Pathology Visit Charges	2,574	2,002	0	0	4,576	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	23	7	0	0	30	31.00
32.00	Home Health Aide Visit Charges	3,795	1,155	0	0	4,950	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,795	104	18	0	1,917	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	475,988	27,165	4,924	0	508,077	35.00
36.00	Total Number of Episodes (standard/non outlier)	203		14	0	217	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA | Provider CCN: 15-0069 | Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	2,372	16	64	2,452	11.00
12.00	Hospice Inpatient Respite Care	13	0	0	13	12.00
13.00	Hospice General Inpatient Care	71	0	0	71	13.00
14.00	Total Hospice Days	2,456	16	64	2,536	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-10 Parts I & II Date/Time Prepared: 5/22/2024 3:00 pm

		1.00	
	PART I - HOSPITAL AND HOSPITAL COMPLEX DATA		
	Uncompensated and Indigent Care Cost-to-Charge Ratio		
1.00	Cost to charge ratio (see instructions)	0.273489	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	22,575,057	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	69,331,874	6.00
7.00	Medicaid cost (line 1 times line 6)	18,961,505	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	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)	4,321,321	854,422	5,175,743	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,181,834	377,223	1,559,057	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	1,181,834	377,223	1,559,057	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)	656,836	25.01
26.00	Bad debt amount (see instructions)	7,605,080	26.00
27.00	Medicare reimbursable bad debts (see instructions)	155,857	27.00
27.01	Medicare allowable bad debts (see instructions)	239,780	27.01
28.00	Non-Medicare bad debt amount (see instructions)	7,365,300	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	2,098,252	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	3,657,309	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,657,309	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet S-10 Parts I & II Date/Time Prepared: 5/22/2024 3:00 pm

		1.00	
	PART II - HOSPITAL DATA		
	Uncompensated and Indigent Care Cost-to-Charge Ratio		
1.00	Cost to charge ratio (see instructions)	0.269231	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)	4,321,321	854,422	5,175,743	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,163,434	374,427	1,537,861	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	1,163,434	374,427	1,537,861	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)	656,836	25.01
26.00	Bad debt amount (see instructions)	7,605,080	26.00
27.00	Medicare reimbursable bad debts (see instructions)	155,857	27.00
27.01	Medicare allowable bad debts (see instructions)	239,780	27.01
28.00	Non-Medicare bad debt amount (see instructions)	7,365,300	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	2,066,890	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	3,604,751	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,604,751	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,598,773	12,598,773	388,747	12,987,520	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	0	1,435	1,435	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,113,132	14,964,684	16,077,816	-1,503,314	14,574,502	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,281,920	17,719,253	25,001,173	702,726	25,703,899	5.00
7.00	00700	OPERATION OF PLANT	716,627	3,247,093	3,963,720	-73	3,963,647	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,458	320,079	352,537	0	352,537	8.00
9.00	00900	HOUSEKEEPING	855,725	436,949	1,292,674	0	1,292,674	9.00
10.00	01000	DIETARY	895,864	390,460	1,286,324	-822,787	463,537	10.00
11.00	01100	CAFETERIA	0	0	0	822,787	822,787	11.00
13.00	01300	NURSING ADMINISTRATION	653,719	909	654,628	0	654,628	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	78,524	478	79,002	0	79,002	14.00
15.00	01500	PHARMACY	1,062,054	12,019,705	13,081,759	-11,690,902	1,390,857	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	802,514	157,758	960,272	0	960,272	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	335,407	335,407	19.00
23.00	02300	RADIOLOGY SCHOOL	159,157	6,110	165,267	1,067	166,334	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,706,498	3,071,554	10,778,052	-2,248,922	8,529,130	30.00
31.00	03100	INTENSIVE CARE UNIT	1,077,772	1,292,977	2,370,749	-8,882	2,361,867	31.00
43.00	04300	NURSERY	0	0	0	744,594	744,594	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,205,841	10,987,107	14,192,948	-7,399,688	6,793,260	50.00
51.00	05100	RECOVERY ROOM	512,505	373,432	885,937	-25,919	860,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	985,468	985,468	52.00
53.00	05300	ANESTHESIOLOGY	1,845,142	2,626,672	4,471,814	-466,729	4,005,085	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,483,423	1,036,706	4,520,129	-28,692	4,491,437	54.00
54.01	03630	ULTRA SOUND	133,818	44,423	178,241	-2,296	175,945	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	86,200	222,612	308,812	-121,007	187,805	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	1,201,645	1,539,198	2,740,843	-102,444	2,638,399	55.01
57.00	05700	CT SCAN	300,444	403,005	703,449	-16,679	686,770	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	242,034	130,445	372,479	-1,200	371,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,620,934	3,863,565	5,484,499	-2,014,552	3,469,947	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	308,961	308,961	0	308,961	62.00
65.00	06500	RESPIRATORY THERAPY	899,639	224,411	1,124,050	-141,478	982,572	65.00
66.00	06600	PHYSICAL THERAPY	1,477,001	128,178	1,605,179	-85,453	1,519,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	282,176	7,997	290,173	-2,397	287,776	67.00
68.00	06800	SPEECH PATHOLOGY	186,533	3,862	190,395	-2,114	188,281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	208,792	144,331	353,123	-17,833	335,290	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,884,333	3,884,333	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,057,108	5,057,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,768,877	13,768,877	73.00
76.00	03140	CARDIOLOGY	568,376	141,524	709,900	-26,425	683,475	76.00
76.97	07697	CARDIAC REHABILITATION	85,503	5,881	91,384	-1,166	90,218	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	82,419	1,801	84,220	0	84,220	90.00
90.01	09001	WOUND CARE CLINIC	395,233	126,740	521,973	-69,406	452,567	90.01
91.00	09100	EMERGENCY	2,482,286	5,957,433	8,439,719	-334,198	8,105,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,994,382	215,773	2,210,155	-64,291	2,145,864	95.00
101.00	10100	HOME HEALTH AGENCY	1,089,916	90,981	1,180,897	-38,677	1,142,220	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	114,463	76,703	191,166	111,743	302,909	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,934,669	94,888,523	139,823,192	-433,232	139,389,960	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	2,749,871	373,702	3,123,573	0	3,123,573	194.01
194.02	07952	PHYSICIAN CLINICS	5,893,679	1,420,361	7,314,040	7,004	7,321,044	194.02
194.03	07953	PHYS PRAC BUS OFC	888,611	6,441	895,052	656,228	1,551,280	194.03
194.04	07954	MOB - MAIN CAMPUS	350,465	5,250	355,715	0	355,715	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.06	07956	KDH - MC FAMILY PRACTICE	3,107,794	180,769	3,288,563	-140,000	3,148,563	194.06
194.07	07957	KDH - MC ORTHOPEDICS	2,859,325	516,768	3,376,093	0	3,376,093	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,499,086	113,059	1,612,145	0	1,612,145	194.08
194.09	07959	KDH - MC ENT	717,538	31,709	749,247	-75,000	674,247	194.09
194.10	07960	KDH - MC UROLOGY	107,479	407,355	514,834	0	514,834	194.10
194.11	07961	KDH - MC OB/GYN	1,480,637	878,926	2,359,563	-15,000	2,344,563	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	64,589,154	98,822,863	163,412,017	0	163,412,017	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	715,754	13,703,274		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	1,435		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,438,432	13,136,070		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,179,441	26,883,340		5.00
7.00	00700	OPERATION OF PLANT	0	3,963,647		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	352,537		8.00
9.00	00900	HOUSEKEEPING	0	1,292,674		9.00
10.00	01000	DIETARY	0	463,537		10.00
11.00	01100	CAFETERIA	-327,104	495,683		11.00
13.00	01300	NURSING ADMINISTRATION	0	654,628		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	79,002		14.00
15.00	01500	PHARMACY	0	1,390,857		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,206	958,066		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-335,407	0		19.00
23.00	02300	RADIOLOGY SCHOOL	-39,425	126,909		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,362,476	7,166,654		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,361,867		31.00
43.00	04300	NURSERY	0	744,594		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	6,793,260		50.00
51.00	05100	RECOVERY ROOM	0	860,018		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	985,468		52.00
53.00	05300	ANESTHESIOLOGY	-4,005,085	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,258,761	2,232,676		54.00
54.01	03630	ULTRA SOUND	0	175,945		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	187,805		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	-754,504	1,883,895		55.01
57.00	05700	CT SCAN	0	686,770		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	371,279		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	-221,497	3,248,450		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	308,961		62.00
65.00	06500	RESPIRATORY THERAPY	0	982,572		65.00
66.00	06600	PHYSICAL THERAPY	0	1,519,726		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	287,776		67.00
68.00	06800	SPEECH PATHOLOGY	0	188,281		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03610	SLEEP LAB	0	335,290		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,884,333		71.00
71.01	07101	IV SOLUTIONS	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,057,108		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,768,877		73.00
76.00	03140	CARDIOLOGY	0	683,475		76.00
76.97	07697	CARDIAC REHABILITATION	0	90,218		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	84,220		90.00
90.01	09001	WOUND CARE CLINIC	0	452,567		90.01
91.00	09100	EMERGENCY	-2,144,671	5,960,850		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-250,355	1,895,509		95.00
101.00	10100	HOME HEALTH AGENCY	0	1,142,220		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	0	302,909		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,244,728	128,145,232		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0		194.00
194.01	07951	MOB	0	3,123,573		194.01
194.02	07952	PHYSICIAN CLINICS	0	7,321,044		194.02
194.03	07953	PHYS PRAC BUS OFC	0	1,551,280		194.03
194.04	07954	MOB - MAIN CAMPUS	0	355,715		194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0		194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	3,148,563		194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.07	07957	KDH - MC ORTHOPEDICS	0	3,376,093		194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	1,612,145		194.08
194.09	07959	KDH - MC ENT	0	674,247		194.09
194.10	07960	KDH - MC UROLOGY	0	514,834		194.10
194.11	07961	KDH - MC OB/GYN	0	2,344,563		194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,244,728	152,167,289		200.00

RECLASSIFICATIONS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-6 | Date/Time Prepared: 5/22/2024 3:00 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	573,032	249,755		1.00
	0		573,032	249,755		
	B - MEDICAL IMAGING TIME					
1.00	RADIOLOGY SCHOOL	23.00	1,544	0		1.00
2.00	PHYSICIAN CLINICS	194.02	17,004	0		2.00
	0		18,548	0		
	C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	1,435		1.00
	0		0	1,435		
	D - NURSERY- L&D					
1.00	NURSERY	43.00	503,614	240,980		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	666,531	318,937		2.00
	0		1,170,145	559,917		
	E - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	335,407	0		1.00
	0		335,407	0		
	F - EMPLOYEE BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	240,000	0		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		240,000	0		
	G - PHYSICIAN BILLING AND COLLECTIONS					
1.00	PHYS PRAC BUS OFC	194.03	0	656,228		1.00
	0		0	656,228		
	I - MED/SURG SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,884,333		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	37,441		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	0		0	3,921,774		
	J - IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	80,849		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
	0		0	80,849		
	K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,057,108		1.00
	0		0	5,057,108		
	L - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,688,028		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-6 | Date/Time Prepared: 5/22/2024 3:00 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	13,688,028		
	M - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	390,182		1.00
	0		0	390,182		
	N - HOME HEALTH DIRECTOR					
1.00	HOME HEALTH AGENCY	101.00	73,066	0		1.00
	0		73,066	0		
	O - HOSPICE					
1.00	HOSPICE	116.00	111,743	0		1.00
	0		111,743	0		
	P - VACATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,113,132	0		1.00
	0		1,113,132	0		
	Q - NORTON INTERCOMPANY SALARY					
1.00	ADMINISTRATIVE & GENERAL	5.00	283,709	0		1.00
	0		283,709	0		
500.00	Grand Total: Increases		3,918,782	24,605,276		500.00

RECLASSIFICATIONS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-6 | Date/Time Prepared: 5/22/2024 3:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	573,032	249,755	0		1.00
	0		573,032	249,755			
	B - MEDICAL IMAGING TIME						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	18,548	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		18,548	0			
	C - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,435	9		1.00
	0		0	1,435			
	D - NURSERY- L&D						
1.00	ADULTS & PEDIATRICS	30.00	1,170,145	559,917	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,170,145	559,917			
	E - CRNA EXPENSE						
1.00	ANESTHESIOLOGY	53.00	335,407	0	0		1.00
	0		335,407	0			
	F - EMPLOYEE BENEFITS						
1.00	PHYSICIAN CLINICS	194.02	0	10,000	0		1.00
2.00	KDH - MC FAMILY PRACTICE	194.06	0	140,000	0		2.00
3.00	KDH - MC ENT	194.09	0	75,000	0		3.00
4.00	KDH - MC OB/GYN	194.11	0	15,000	0		4.00
	0		0	240,000			
	G - PHYSICIAN BILLING AND COLLECTIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	656,228	0		1.00
	0		0	656,228			
	I - MED/SURG SUPPLIES						
1.00	OPERATION OF PLANT	7.00	0	73	0		1.00
2.00	PHARMACY	15.00	0	31,853	0		2.00
3.00	RADIOLOGY SCHOOL	23.00	0	477	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	499,414	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	8,882	0		5.00
6.00	OPERATING ROOM	50.00	0	2,306,267	0		6.00
7.00	RECOVERY ROOM	51.00	0	25,110	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	98,068	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,311	0		9.00
10.00	ULTRA SOUND	54.01	0	2,032	0		10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	120,872	0		11.00
12.00	ONCOLOGY	55.01	0	99,386	0		12.00
13.00	CT SCAN	57.00	0	16,679	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,200	0		14.00
15.00	LABORATORY	60.00	0	130,776	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	84,842	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	7,395	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	2,397	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	2,114	0		19.00
20.00	SLEEP LAB	69.01	0	17,833	0		20.00
21.00	CARDIOLOGY	76.00	0	26,425	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	1,166	0		22.00
23.00	WOUND CARE CLINIC	90.01	0	64,555	0		23.00
24.00	EMERGENCY	91.00	0	317,861	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	48,786	0		25.00
	0		0	3,921,774			
	J - IV SOLUTIONS						
1.00	PHARMACY	15.00	0	3,235	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	19,446	0		2.00
3.00	OPERATING ROOM	50.00	0	36,313	0		3.00
4.00	RECOVERY ROOM	51.00	0	809	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138	0		5.00
6.00	ONCOLOGY	55.01	0	3,058	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	668	0		7.00
8.00	EMERGENCY	91.00	0	16,337	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	845	0		9.00
	0		0	80,849			
	K - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	5,057,108	0		1.00
	0		0	5,057,108			
	L - DRUGS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,619	0		1.00
2.00	PHARMACY	15.00	0	11,655,814	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	33,254	0		3.00

RECLASSIFICATIONS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-6 | Date/Time Prepared: 5/22/2024 3:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,695	0		4.00
5.00	ULTRA SOUND	54.01	0	264	0		5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	135	0		6.00
7.00	LABORATORY	60.00	0	1,883,776	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	55,968	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	4,992	0		9.00
10.00	WOUND CARE CLINIC	90.01	0	4,851	0		10.00
11.00	AMBULANCE SERVICES	95.00	0	14,660	0		11.00
	0		0	13,688,028			
	M - INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	390,182	12		1.00
	0		0	390,182			
	N - HOME HEALTH DIRECTOR						
1.00	PHYSICAL THERAPY	66.00	73,066	0	0		1.00
	0		73,066	0			
	O - HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	111,743	0	0		1.00
	0		111,743	0			
	P - VACATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,113,132	0	0		1.00
	0		1,113,132	0			
	Q - NORTON INTERCOMPANY SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	283,709	0		1.00
	0		0	283,709			
500.00	Grand Total: Decreases		3,395,073	25,128,985			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-7 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,309,781	0	0	0	17,906	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	84,433,611	491,475	0	491,475	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	10,607,814	7,241,277	0	7,241,277	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	100,351,206	7,732,752	0	7,732,752	17,906	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	100,351,206	7,732,752	0	7,732,752	17,906	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,291,875	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	84,925,086	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	17,849,091	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	108,066,052	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	108,066,052	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-7 Part II | Date/Time Prepared: 5/22/2024 3:00 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,900,470	9,104	1,677,855	0	11,344	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,900,470	9,104	1,677,855	0	11,344	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	12,598,773	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	12,598,773	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-7 Part III | Date/Time Prepared: 5/22/2024 3:00 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	90,216,961	0	90,216,961	0.834832	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	17,849,091	0	17,849,091	0.165168	0	2.00
3.00	Total (sum of lines 1-2)	108,066,052	0	108,066,052	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	10,899,035	-16,372	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	1,435	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,900,470	-16,372	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	1,311,585	390,182	11,344	1,107,500	13,703,274	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	1,435	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,311,585	390,182	11,344	1,107,500	13,704,709	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-8 | Date/Time Prepared: 5/22/2024 3:00 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-366,270	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW 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	-25,476	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-4,078	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-18,740	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,977,309			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	9,971,158			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-327,104	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-2,206	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-335,407	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant	A	-612,576	ADULTS & PEDIATRICS	30.00	0	29.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-8 | Date/Time Prepared: 5/22/2024 3:00 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RADIOLOGY TUITION	B	-39,425	RADIOLOGY SCHOOL	23.00	0	33.00
33.01	AMBULANCE REVENUE	B	-250,290	AMBULANCE SERVICES	95.00	0	33.01
33.02	ADVERTISING	A	-147,960	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	SELF-INSURANCE	A	-1,267,901	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	HOSPITAL ASSOCIATION FEES	A	-14,021	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	HAF MEDICAID	A	-7,775,438	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	PHYSICIAN RECRUITMENT	A	-249,376	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	PHYSICIAN LAB SALARY OFFSET	A	-167,483	LABORATORY	60.00	0	33.07
33.08	PHYSICIAN LAB BENEFIT OFFSET	A	-25,457	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	CRNA BENEFIT OFFSET	A	-50,982	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.10	PA BENEFIT OFFSET	A	-94,092	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	DONATIONS	A	-18,288	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	MISC REVENUE MGMT FEES	B	553,993	ADMINISTRATIVE & GENERAL	5.00	0	33.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,244,728				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: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet A-8-1 Date/Time Prepared: 5/22/2024 3:00 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CAPITAL RELATED COSTS - BLDG	296,146	0	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CAPITAL RELATED COSTS - MME	811,354	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE AND GENERAL	8,863,658	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,971,158	0	5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-8-1 | Date/Time Prepared: 5/22/2024 3:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	296,146	14		1.00
2.00	811,354	14		2.00
3.00	8,863,658	0		3.00
4.00	0	0		4.00
5.00	9,971,158			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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet A-8-2 | Date/Time Prepared: 5/22/2024 3:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	12,953	0	12,953	211,500	26	1.00
2.00	30.00	ADULTS & PEDIATRICS	749,900	749,900	0	211,500	0	2.00
3.00	53.00	ANESTHESIOLOGY	4,013,947	4,000,579	13,368	239,400	77	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,258,761	2,258,761	0	271,900	0	4.00
5.00	55.01	ONCOLOGY	754,504	754,504	0	211,500	0	5.00
6.00	60.00	LABORATORY	150,000	0	150,000	260,300	767	6.00
7.00	69.01	SLEEP LAB	10,383	0	10,383	211,500	111	7.00
8.00	91.00	EMERGENCY	4,602,748	11,130	4,591,618	211,500	24,174	8.00
9.00	95.00	AMBULANCE SERVICES	980	0	980	211,500	9	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			12,554,176	7,774,874	4,779,302		25,164	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	5.00	ADMINISTRATIVE & GENERAL	2,644	132	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	8,862	443	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.01	ONCOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	95,986	4,799	0	0	0	6.00
7.00	69.01	SLEEP LAB	11,287	564	0	0	0	7.00
8.00	91.00	EMERGENCY	2,458,077	122,904	0	0	0	8.00
9.00	95.00	AMBULANCE SERVICES	915	46	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,577,771	128,888	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	5.00	ADMINISTRATIVE & GENERAL	0	2,644	10,309	10,309		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	749,900		2.00
3.00	53.00	ANESTHESIOLOGY	0	8,862	4,506	4,005,085		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,258,761		4.00
5.00	55.01	ONCOLOGY	0	0	0	754,504		5.00
6.00	60.00	LABORATORY	0	95,986	54,014	54,014		6.00
7.00	69.01	SLEEP LAB	0	11,287	0	0		7.00
8.00	91.00	EMERGENCY	0	2,458,077	2,133,541	2,144,671		8.00
9.00	95.00	AMBULANCE SERVICES	0	915	65	65		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	2,577,771	2,202,435	9,977,309		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	13,703,274	13,703,274				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1,435	0	1,435			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,136,070	0	0	0	13,136,070	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,883,340	1,623,274	0	0	1,630,529	5.00
7.00	00700	OPERATION OF PLANT	3,963,647	1,514,189	0	0	149,698	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	352,537	70,576	0	0	6,780	8.00
9.00	00900	HOUSEKEEPING	1,292,674	123,711	0	0	178,755	9.00
10.00	01000	DIETARY	463,537	233,018	0	0	67,437	10.00
11.00	01100	CAFETERIA	495,683	94,236	0	0	119,702	11.00
13.00	01300	NURSING ADMINISTRATION	654,628	75,463	0	0	136,557	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,002	114,639	0	0	16,403	14.00
15.00	01500	PHARMACY	1,390,857	85,202	0	0	221,856	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	958,066	6,998	0	0	167,640	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	126,909	24,476	0	0	33,569	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,166,654	1,473,791	0	0	1,237,435	30.00
31.00	03100	INTENSIVE CARE UNIT	2,361,867	61,985	0	0	225,139	31.00
43.00	04300	NURSERY	744,594	72,390	0	0	105,201	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,793,260	682,649	0	0	669,678	50.00
51.00	05100	RECOVERY ROOM	860,018	50,914	0	0	107,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	985,468	0	0	0	139,234	52.00
53.00	05300	ANESTHESIOLOGY	0	4,814	0	0	315,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,232,676	401,421	0	0	723,788	54.00
54.01	03630	ULTRA SOUND	175,945	0	0	0	27,954	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	187,805	17,885	0	0	18,007	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	1,883,895	453,483	0	0	251,015	55.01
57.00	05700	CT SCAN	686,770	33,140	0	0	62,761	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	371,279	39,990	0	0	50,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,248,450	231,018	0	0	303,616	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	308,961	10,331	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	982,572	44,323	0	0	187,928	65.00
66.00	06600	PHYSICAL THERAPY	1,519,726	459,185	0	0	293,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	287,776	52,580	0	0	58,945	67.00
68.00	06800	SPEECH PATHOLOGY	188,281	12,441	0	0	38,965	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	335,290	31,067	0	0	43,615	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,884,333	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,057,108	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,768,877	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	683,475	223,909	0	0	118,730	76.00
76.97	07697	CARDIAC REHABILITATION	90,218	26,031	0	0	17,861	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	84,220	28,141	0	0	17,217	90.00
90.01	09001	WOUND CARE CLINIC	452,567	4,073	0	0	82,561	90.01
91.00	09100	EMERGENCY	5,960,850	513,913	0	0	518,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,895,509	175,217	0	0	416,612	95.00
101.00	10100	HOME HEALTH AGENCY	1,142,220	0	1,129	0	219,596	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	302,909	0	306	0	47,253	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,145,232	9,070,473	1,435	0	9,026,832	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	27,845	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	3,123,573	1,948,969	0	0	574,429	194.01
194.02	07952	PHYSICIAN CLINICS	7,321,044	1,021,753	0	0	1,234,700	194.02
194.03	07953	PHYS PRAC BUS OFC	1,551,280	36,621	0	0	185,625	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
194.04	07954	MOB - MAIN CAMPUS	355,715	0	0	0	73,210	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	3,148,563	1,597,613	0	0	649,196	194.06
194.07	07957	KDH - MC ORTHOPEDICS	3,376,093	0	0	0	597,293	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,612,145	0	0	0	313,149	194.08
194.09	07959	KDH - MC ENT	674,247	0	0	0	149,889	194.09
194.10	07960	KDH - MC UROLOGY	514,834	0	0	0	22,452	194.10
194.11	07961	KDH - MC OB/GYN	2,344,563	0	0	0	309,295	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	152,167,289	13,703,274	1,435	0	13,136,070	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,137,143	30,137,143				5.00
7.00	00700	OPERATION OF PLANT	5,627,534	1,389,804	7,017,338			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	429,893	106,169	46,290	582,352		8.00
9.00	00900	HOUSEKEEPING	1,595,140	393,944	81,141	33,332	2,103,557	9.00
10.00	01000	DIETARY	763,992	188,679	152,834	0	3,578	10.00
11.00	01100	CAFETERIA	709,621	175,252	61,809	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	866,648	214,032	49,496	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,044	51,874	75,191	0	14,314	14.00
15.00	01500	PHARMACY	1,697,915	419,326	55,883	0	17,296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,132,704	279,738	7,092	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	184,954	45,677	16,053	0	7,753	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,877,880	2,439,491	929,878	111,110	654,268	30.00
31.00	03100	INTENSIVE CARE UNIT	2,648,991	654,208	40,655	74,207	115,705	31.00
43.00	04300	NURSERY	922,185	227,747	47,480	12,201	7,157	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,145,587	2,011,675	447,744	88,356	232,602	50.00
51.00	05100	RECOVERY ROOM	1,017,991	251,408	33,394	18,396	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,124,702	277,762	0	16,149	32,803	52.00
53.00	05300	ANESTHESIOLOGY	320,187	79,075	3,157	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,357,885	829,280	263,289	23,336	27,435	54.00
54.01	03630	ULTRA SOUND	203,899	50,356	0	2,390	10,735	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	223,697	55,245	11,730	1,605	4,771	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	2,588,393	639,242	297,436	19,950	76,938	55.01
57.00	05700	CT SCAN	782,671	193,292	21,736	13,873	54,274	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	461,828	114,055	26,229	2,538	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,783,084	934,289	151,523	0	39,363	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	319,292	78,854	6,776	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,214,823	300,019	29,071	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,272,183	561,150	301,176	29,411	52,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	399,301	98,613	34,487	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	239,687	59,194	8,160	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	409,972	101,249	20,376	2,190	17,296	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,884,333	959,294	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,057,108	1,248,929	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,768,877	3,400,400	0	0	0	73.00
76.00	03140	CARDIOLOGY	1,026,114	253,414	146,860	20,415	47,117	76.00
76.97	07697	CARDIAC REHABILITATION	134,110	33,120	17,073	0	7,753	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	129,578	32,001	18,458	0	0	90.00
90.01	09001	WOUND CARE CLINIC	539,201	133,164	39,441	2,183	20,875	90.01
91.00	09100	EMERGENCY	6,993,295	1,727,099	337,071	57,697	282,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,487,338	614,285	114,923	14,635	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,362,945	336,600	66,739	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	350,468	86,553	18,069	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,403,193	22,045,558	3,978,720	543,974	1,727,219	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	27,845	6,877	18,263	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	5,646,971	1,394,604	1,278,316	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	9,577,497	2,365,307	670,159	22,556	99,005	194.02
194.03	07953	PHYS PRAC BUS OFC	1,773,526	437,999	24,019	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	428,925	105,929	0	0	6,561	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	5,395,372	1,332,468	1,047,861	336	85,287	194.06
194.07	07957	KDH - MC ORTHOPEDICS	3,973,386	981,287	0	1,865	39,363	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,925,294	475,480	0	1,967	54,870	194.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
194.09	07959	KDH - MC ENT	824,136	203,533	0	0	21,471	194.09
194.10	07960	KDH - MC UROLOGY	537,286	132,691	0	1,782	25,646	194.10
194.11	07961	KDH - MC OB/GYN	2,653,858	655,410	0	9,872	44,135	194.11
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	152,167,289	30,137,143	7,017,338	582,352	2,103,557	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,109,083					10.00
11.00	01100	CAFETERIA	0	946,682				11.00
13.00	01300	NURSING ADMINISTRATION	0	16,101	1,146,277			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,974	0	357,397		14.00
15.00	01500	PHARMACY	0	30,663	0	439	2,221,522	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,595	0	196	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	5,224	0	20	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,025,961	167,353	462,971	480	0	30.00
31.00	03100	INTENSIVE CARE UNIT	83,122	24,207	66,967	6	0	31.00
43.00	04300	NURSERY	0	14,402	39,843	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,462	283,458	37,691	0	50.00
51.00	05100	RECOVERY ROOM	0	10,168	28,131	29	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,062	52,735	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,154	0	34	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,991	0	313	0	54.00
54.01	03630	ULTRA SOUND	0	3,497	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,323	0	0	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	37,404	0	238	0	55.01
57.00	05700	CT SCAN	0	11,061	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,938	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	76,823	0	484	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	27,747	0	56	0	65.00
66.00	06600	PHYSICAL THERAPY	0	49,715	0	257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,716	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,351	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	7,711	0	8	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	156,522	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	144,612	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,518	2,221,522	73.00
76.00	03140	CARDIOLOGY	0	21,174	0	103	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4,551	0	10	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,565	0	4	0	90.00
90.01	09001	WOUND CARE CLINIC	0	11,935	0	20	0	90.01
91.00	09100	EMERGENCY	0	76,694	212,172	357	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	85,121	0	140	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,142	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	1,020	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,109,083	946,682	1,146,277	348,699	2,221,522	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	878	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	2,864	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	150	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	127	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	851	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	1,497	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	735	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	312	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	529	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	0	755	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,109,083	946,682	1,146,277	357,397	2,221,522	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,456,325					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	RADIOLOGY SCHOOL	0		259,681			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,945	0	0	15,705,337	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,042	0	0	3,722,110	0	31.00
43.00	04300	NURSERY	4,440	0	0	1,275,455	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	140,906	0	0	11,490,481	0	50.00
51.00	05100	RECOVERY ROOM	23,809	0	0	1,383,326	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,691	0	0	1,528,904	0	52.00
53.00	05300	ANESTHESIOLOGY	29,158	0	0	440,765	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,476	0	259,681	4,857,686	0	54.00
54.01	03630	ULTRA SOUND	7,734	0	0	278,611	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	20,270	0	0	319,641	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	38,134	0	0	3,697,735	0	55.01
57.00	05700	CT SCAN	86,766	0	0	1,163,673	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,260	0	0	629,848	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	149,845	0	0	5,135,411	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,222	0	0	413,144	0	62.00
65.00	06500	RESPIRATORY THERAPY	26,986	0	0	1,598,702	0	65.00
66.00	06600	PHYSICAL THERAPY	31,557	0	0	3,297,934	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,823	0	0	545,940	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,198	0	0	316,590	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	9,395	0	0	568,197	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,934	0	0	5,061,083	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	90,536	0	0	6,541,185	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,001	0	0	19,840,318	0	73.00
76.00	03140	CARDIOLOGY	46,355	0	0	1,561,552	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,498	0	0	200,115	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	200	0	0	182,806	0	90.00
90.01	09001	WOUND CARE CLINIC	11,294	0	0	758,113	0	90.01
91.00	09100	EMERGENCY	84,834	0	0	9,771,920	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	23,016	0	0	3,339,458	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,767,426	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0	456,110	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,456,325	0	259,681	107,849,576	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	52,985	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	8,320,769	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	12,737,388	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	2,235,694	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	541,542	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	7,862,175	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	4,997,398	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	2,458,346	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	1,049,452	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	697,934	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	0	3,364,030	0	194.11
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,456,325	0	259,681	152,167,289	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	RADIOLOGY SCHOOL			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	15,705,337		30.00
31.00	03100	INTENSIVE CARE UNIT	3,722,110		31.00
43.00	04300	NURSERY	1,275,455		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	11,490,481		50.00
51.00	05100	RECOVERY ROOM	1,383,326		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,528,904		52.00
53.00	05300	ANESTHESIOLOGY	440,765		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,857,686		54.00
54.01	03630	ULTRA SOUND	278,611		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	319,641		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		55.00
55.01	03480	ONCOLOGY	3,697,735		55.01
57.00	05700	CT SCAN	1,163,673		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	629,848		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	5,135,411		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	413,144		62.00
65.00	06500	RESPIRATORY THERAPY	1,598,702		65.00
66.00	06600	PHYSICAL THERAPY	3,297,934		66.00
67.00	06700	OCCUPATIONAL THERAPY	545,940		67.00
68.00	06800	SPEECH PATHOLOGY	316,590		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
69.01	03610	SLEEP LAB	568,197		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,061,083		71.00
71.01	07101	IV SOLUTIONS	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,541,185		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,840,318		73.00
76.00	03140	CARDIOLOGY	1,561,552		76.00
76.97	07697	CARDIAC REHABILITATION	200,115		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		78.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	182,806		90.00
90.01	09001	WOUND CARE CLINIC	758,113		90.01
91.00	09100	EMERGENCY	9,771,920		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	3,339,458		95.00
101.00	10100	HOME HEALTH AGENCY	1,767,426		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	456,110		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,849,576		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	52,985		190.00
194.00	07950	OTHER NON-REIMBURSABLE	0		194.00
194.01	07951	MOB	8,320,769		194.01
194.02	07952	PHYSICIAN CLINICS	12,737,388		194.02
194.03	07953	PHYS PRAC BUS OFC	2,235,694		194.03
194.04	07954	MOB - MAIN CAMPUS	541,542		194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0		194.05
194.06	07956	KDH - MC FAMILY PRACTICE	7,862,175		194.06
194.07	07957	KDH - MC ORTHOPEDICS	4,997,398		194.07
194.08	07958	KDH - MC GENERAL SURGERY	2,458,346		194.08
194.09	07959	KDH - MC ENT	1,049,452		194.09

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part I Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Total		
			26.00		
194.10	07960	KDH - MC UROLOGY	697,934		194.10
194.11	07961	KDH - MC OB/GYN	3,364,030		194.11
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	152,167,289		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	811,354	1,623,274	0	0	2,434,628	5.00
7.00	00700	OPERATION OF PLANT	0	1,514,189	0	0	1,514,189	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	70,576	0	0	70,576	8.00
9.00	00900	HOUSEKEEPING	0	123,711	0	0	123,711	9.00
10.00	01000	DIETARY	0	233,018	0	0	233,018	10.00
11.00	01100	CAFETERIA	0	94,236	0	0	94,236	11.00
13.00	01300	NURSING ADMINISTRATION	0	75,463	0	0	75,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	114,639	0	0	114,639	14.00
15.00	01500	PHARMACY	0	85,202	0	0	85,202	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,998	0	0	6,998	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	24,476	0	0	24,476	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,473,791	0	0	1,473,791	30.00
31.00	03100	INTENSIVE CARE UNIT	0	61,985	0	0	61,985	31.00
43.00	04300	NURSERY	0	72,390	0	0	72,390	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	682,649	0	0	682,649	50.00
51.00	05100	RECOVERY ROOM	0	50,914	0	0	50,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,814	0	0	4,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	401,421	0	0	401,421	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	17,885	0	0	17,885	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	453,483	0	0	453,483	55.01
57.00	05700	CT SCAN	0	33,140	0	0	33,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,990	0	0	39,990	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	231,018	0	0	231,018	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	10,331	0	0	10,331	62.00
65.00	06500	RESPIRATORY THERAPY	0	44,323	0	0	44,323	65.00
66.00	06600	PHYSICAL THERAPY	0	459,185	0	0	459,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	52,580	0	0	52,580	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,441	0	0	12,441	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	31,067	0	0	31,067	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	223,909	0	0	223,909	76.00
76.97	07697	CARDIAC REHABILITATION	0	26,031	0	0	26,031	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	28,141	0	0	28,141	90.00
90.01	09001	WOUND CARE CLINIC	0	4,073	0	0	4,073	90.01
91.00	09100	EMERGENCY	0	513,913	0	0	513,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	175,217	0	0	175,217	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,129	0	1,129	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	306	0	306	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	811,354	9,070,473	1,435	0	9,883,262	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	27,845	0	0	27,845	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	1,948,969	0	0	1,948,969	194.01
194.02	07952	PHYSICIAN CLINICS	0	1,021,753	0	0	1,021,753	194.02
194.03	07953	PHYS PRAC BUS OFC	0	36,621	0	0	36,621	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	1,597,613	0	0	1,597,613	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	0	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	0	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	811,354	13,703,274	1,435	0	14,516,063	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	2,434,628				5.00
7.00	00700	OPERATION OF PLANT	0	112,275	1,626,464			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,577	10,729	89,882		8.00
9.00	00900	HOUSEKEEPING	0	31,825	18,807	5,145	179,488	9.00
10.00	01000	DIETARY	0	15,242	35,424	0	305	10.00
11.00	01100	CAFETERIA	0	14,158	14,326	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	17,290	11,472	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,191	17,428	0	1,221	14.00
15.00	01500	PHARMACY	0	33,875	12,952	0	1,476	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,599	1,644	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	3,690	3,721	0	662	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	197,074	215,525	17,148	55,824	30.00
31.00	03100	INTENSIVE CARE UNIT	0	52,850	9,423	11,453	9,873	31.00
43.00	04300	NURSERY	0	18,399	11,005	1,883	611	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	162,513	103,777	13,637	19,847	50.00
51.00	05100	RECOVERY ROOM	0	20,310	7,740	2,839	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,439	0	2,493	2,799	52.00
53.00	05300	ANESTHESIOLOGY	0	6,388	732	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,993	61,025	3,602	2,341	54.00
54.01	03630	ULTRA SOUND	0	4,068	0	369	916	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,463	2,719	248	407	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	51,641	68,939	3,079	6,565	55.01
57.00	05700	CT SCAN	0	15,615	5,038	2,141	4,631	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,214	6,079	392	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	75,476	35,120	0	3,359	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,370	1,571	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	24,237	6,738	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,332	69,806	4,539	4,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,966	7,993	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,782	1,891	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	8,179	4,723	338	1,476	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,496	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	100,894	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	274,707	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	20,472	34,039	3,151	4,020	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,676	3,957	0	662	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,585	4,278	0	0	90.00
90.01	09001	WOUND CARE CLINIC	0	10,758	9,142	337	1,781	90.01
91.00	09100	EMERGENCY	0	139,523	78,126	8,905	24,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	49,625	26,637	2,259	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	27,192	15,469	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,992	4,188	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,780,951	922,183	83,958	147,376	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	556	4,233	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	112,663	296,282	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	191,081	155,328	3,481	8,448	194.02
194.03	07953	PHYS PRAC BUS OFC	0	35,384	5,567	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	8,557	0	0	560	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	107,643	242,871	52	7,277	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	79,273	0	288	3,359	194.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
194.08	07958	KDH - MC GENERAL SURGERY	0	38,412	0	304	4,682	194.08
194.09	07959	KDH - MC ENT	0	16,442	0	0	1,832	194.09
194.10	07960	KDH - MC UROLOGY	0	10,719	0	275	2,188	194.10
194.11	07961	KDH - MC OB/GYN	0	52,947	0	1,524	3,766	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,434,628	1,626,464	89,882	179,488	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	283,989					10.00
11.00	01100	CAFETERIA	0	122,720				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,087	106,312			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	774	0	138,253		14.00
15.00	01500	PHARMACY	0	3,975	0	170	137,650	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,744	0	76	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	677	0	8	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	262,705	21,694	42,939	186	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,284	3,138	6,211	2	0	31.00
43.00	04300	NURSERY	0	1,867	3,695	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,282	26,289	14,579	0	50.00
51.00	05100	RECOVERY ROOM	0	1,318	2,609	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,471	4,891	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,187	0	13	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,684	0	121	0	54.00
54.01	03630	ULTRA SOUND	0	453	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	301	0	0	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	4,849	0	92	0	55.01
57.00	05700	CT SCAN	0	1,434	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	899	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,959	0	187	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,597	0	22	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,445	0	100	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	694	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	1,000	0	3	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	60,550	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,938	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,748	137,650	73.00
76.00	03140	CARDIOLOGY	0	2,745	0	40	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	590	0	4	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	333	0	2	0	90.00
90.01	09001	WOUND CARE CLINIC	0	1,547	0	8	0	90.01
91.00	09100	EMERGENCY	0	9,942	19,678	138	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	11,034	0	54	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	442	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	395	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	283,989	122,720	106,312	134,889	137,650	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	340	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	1,108	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	58	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	49	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	329	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	579	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	284	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	121	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	204	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	0	292	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	283,989	122,720	106,312	138,253	137,650	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,061					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	RADIOLOGY SCHOOL	0		33,234			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	891			2,287,777	0	30.00
31.00	03100	INTENSIVE CARE UNIT	348			176,567	0	31.00
43.00	04300	NURSERY	110			109,960	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,493			1,040,066	0	50.00
51.00	05100	RECOVERY ROOM	590			86,331	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	141			35,234	0	52.00
53.00	05300	ANESTHESIOLOGY	723			13,857	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	731			544,918	0	54.00
54.01	03630	ULTRA SOUND	192			5,998	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	502			26,525	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0			0	0	55.00
55.01	03480	ONCOLOGY	945			589,593	0	55.01
57.00	05700	CT SCAN	2,151			64,150	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	453			57,027	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	0	59.00
60.00	06000	LABORATORY	3,714			358,833	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	204			18,476	0	62.00
65.00	06500	RESPIRATORY THERAPY	669			79,586	0	65.00
66.00	06600	PHYSICAL THERAPY	782			590,667	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	144			69,683	0	67.00
68.00	06800	SPEECH PATHOLOGY	104			19,912	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0			0	0	69.00
69.01	03610	SLEEP LAB	233			47,019	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,510			139,556	0	71.00
71.01	07101	IV SOLUTIONS	0			0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,244			159,076	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,993			425,098	0	73.00
76.00	03140	CARDIOLOGY	1,149			289,525	0	76.00
76.97	07697	CARDIAC REHABILITATION	87			34,007	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0			0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0			0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5			35,344	0	90.00
90.01	09001	WOUND CARE CLINIC	280			27,926	0	90.01
91.00	09100	EMERGENCY	2,103			796,450	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	570			265,396	0	95.00
101.00	10100	HOME HEALTH AGENCY	0			44,232	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0			0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			11,881	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,061	0	0	8,450,670	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0			32,634	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0			0	0	194.00
194.01	07951	MOB	0			2,358,254	0	194.01
194.02	07952	PHYSICIAN CLINICS	0			1,381,199	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0			77,630	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0			9,166	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0			0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
194.06	07956	KDH - MC FAMILY PRACTICE	0			1,955,785	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0			83,499	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0			43,682	0	194.08
194.09	07959	KDH - MC ENT	0			18,395	0	194.09
194.10	07960	KDH - MC UROLOGY	0			13,386	0	194.10
194.11	07961	KDH - MC OB/GYN	0			58,529	0	194.11
200.00		Cross Foot Adjustments		0	33,234	33,234	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,061	0	33,234	14,516,063	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	RADIOLOGY SCHOOL			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,287,777		30.00
31.00	03100	INTENSIVE CARE UNIT	176,567		31.00
43.00	04300	NURSERY	109,960		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,040,066		50.00
51.00	05100	RECOVERY ROOM	86,331		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,234		52.00
53.00	05300	ANESTHESIOLOGY	13,857		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	544,918		54.00
54.01	03630	ULTRA SOUND	5,998		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	26,525		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		55.00
55.01	03480	ONCOLOGY	589,593		55.01
57.00	05700	CT SCAN	64,150		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,027		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	358,833		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,476		62.00
65.00	06500	RESPIRATORY THERAPY	79,586		65.00
66.00	06600	PHYSICAL THERAPY	590,667		66.00
67.00	06700	OCCUPATIONAL THERAPY	69,683		67.00
68.00	06800	SPEECH PATHOLOGY	19,912		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
69.01	03610	SLEEP LAB	47,019		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	139,556		71.00
71.01	07101	IV SOLUTIONS	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	159,076		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	425,098		73.00
76.00	03140	CARDIOLOGY	289,525		76.00
76.97	07697	CARDIAC REHABILITATION	34,007		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		78.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	35,344		90.00
90.01	09001	WOUND CARE CLINIC	27,926		90.01
91.00	09100	EMERGENCY	796,450		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	265,396		95.00
101.00	10100	HOME HEALTH AGENCY	44,232		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	11,881		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,450,670		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	32,634		190.00
194.00	07950	OTHER NON-REIMBURSABLE	0		194.00
194.01	07951	MOB	2,358,254		194.01
194.02	07952	PHYSICIAN CLINICS	1,381,199		194.02
194.03	07953	PHYS PRAC BUS OFC	77,630		194.03
194.04	07954	MOB - MAIN CAMPUS	9,166		194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0		194.05
194.06	07956	KDH - MC FAMILY PRACTICE	1,955,785		194.06
194.07	07957	KDH - MC ORTHOPEDICS	83,499		194.07
194.08	07958	KDH - MC GENERAL SURGERY	43,682		194.08
194.09	07959	KDH - MC ENT	18,395		194.09

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B Part II Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	Total		
			26.00		
194.10	07960	KDH - MC UROLOGY	13,386		194.10
194.11	07961	KDH - MC OB/GYN	58,529		194.11
200.00		Cross Foot Adjustments	33,234		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	14,516,063		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			1.00	1.01	2.00	4.00	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	370,078					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	62,884,264		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,839	0	0	7,805,629	-30,137,143	5.00
7.00	00700	OPERATION OF PLANT	40,893	0	0	716,627	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,906	0	0	32,458	0	8.00
9.00	00900	HOUSEKEEPING	3,341	0	0	855,725	0	9.00
10.00	01000	DIETARY	6,293	0	0	322,832	0	10.00
11.00	01100	CAFETERIA	2,545	0	0	573,032	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,038	0	0	653,719	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,096	0	0	78,524	0	14.00
15.00	01500	PHARMACY	2,301	0	0	1,062,054	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	189	0	0	802,514	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	661	0	0	160,701	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,802	0	0	5,923,776	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,674	0	0	1,077,772	0	31.00
43.00	04300	NURSERY	1,955	0	0	503,614	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,436	0	0	3,205,841	0	50.00
51.00	05100	RECOVERY ROOM	1,375	0	0	512,505	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	666,531	0	52.00
53.00	05300	ANESTHESIOLOGY	130	0	0	1,509,735	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,841	0	0	3,464,875	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	133,818	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	0	86,200	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	12,247	0	0	1,201,645	0	55.01
57.00	05700	CT SCAN	895	0	0	300,444	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	0	242,034	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,239	0	0	1,453,451	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,197	0	0	899,639	0	65.00
66.00	06600	PHYSICAL THERAPY	12,401	0	0	1,403,935	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,420	0	0	282,176	0	67.00
68.00	06800	SPEECH PATHOLOGY	336	0	0	186,533	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	839	0	0	208,792	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	6,047	0	0	568,376	0	76.00
76.97	07697	CARDIAC REHABILITATION	703	0	0	85,503	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	760	0	0	82,419	0	90.00
90.01	09001	WOUND CARE CLINIC	110	0	0	395,233	0	90.01
91.00	09100	EMERGENCY	13,879	0	0	2,482,286	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	4,732	0	0	1,994,382	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,748	0	1,051,239	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	744	0	226,206	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	244,962	3,492	0	43,212,775	-30,137,143	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	752	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	52,635	0	0	2,749,871	0	194.01
194.02	07952	PHYSICIAN CLINICS	27,594	0	0	5,910,683	0	194.02
194.03	07953	PHYS PRAC BUS OFC	989	0	0	888,611	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			1.00	1.01	2.00	4.00	5A	
194.04	07954	MOB - MAIN CAMPUS	0	0	0	350,465	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	43,146	0	0	3,107,794	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	2,859,325	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	1,499,086	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	717,538	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	107,479	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	0	1,480,637	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,703,274	1,435	0	13,136,070		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.028070	0.410939	0.000000	0.208893		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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	122,030,146					5.00
7.00	00700	OPERATION OF PLANT	5,627,534	288,941				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	429,893	1,906	641,522			8.00
9.00	00900	HOUSEKEEPING	1,595,140	3,341	36,719	3,527		9.00
10.00	01000	DIETARY	763,992	6,293	0	6	49,115	10.00
11.00	01100	CAFETERIA	709,621	2,545	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	866,648	2,038	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,044	3,096	0	24	0	14.00
15.00	01500	PHARMACY	1,697,915	2,301	0	29	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,132,704	292	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	184,954	661	0	13	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,877,880	38,288	122,397	1,097	45,434	30.00
31.00	03100	INTENSIVE CARE UNIT	2,648,991	1,674	81,747	194	3,681	31.00
43.00	04300	NURSERY	922,185	1,955	13,441	12	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,145,587	18,436	97,334	390	0	50.00
51.00	05100	RECOVERY ROOM	1,017,991	1,375	20,265	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,124,702	0	17,790	55	0	52.00
53.00	05300	ANESTHESIOLOGY	320,187	130	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,357,885	10,841	25,707	46	0	54.00
54.01	03630	ULTRA SOUND	203,899	0	2,633	18	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	223,697	483	1,768	8	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	2,588,393	12,247	21,977	129	0	55.01
57.00	05700	CT SCAN	782,671	895	15,283	91	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	461,828	1,080	2,796	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,783,084	6,239	0	66	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	319,292	279	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,214,823	1,197	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,272,183	12,401	32,399	88	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	399,301	1,420	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	239,687	336	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	409,972	839	2,413	29	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,884,333	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,057,108	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,768,877	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	1,026,114	6,047	22,489	79	0	76.00
76.97	07697	CARDIAC REHABILITATION	134,110	703	0	13	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	129,578	760	0	0	0	90.00
90.01	09001	WOUND CARE CLINIC	539,201	1,624	2,405	35	0	90.01
91.00	09100	EMERGENCY	6,993,295	13,879	63,559	474	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,487,338	4,732	16,122	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,362,945	2,748	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	350,468	744	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,266,050	163,825	599,244	2,896	49,115	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	27,845	752	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	5,646,971	52,635	0	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	9,577,497	27,594	24,848	166	0	194.02
194.03	07953	PHYS PRAC BUS OFC	1,773,526	989	0	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	428,925	0	0	11	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	5,395,372	43,146	370	143	0	194.06

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
194.07	07957	KDH - MC ORTHOPEDICS	3,973,386	0	2,055	66	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,925,294	0	2,167	92	0	194.08
194.09	07959	KDH - MC ENT	824,136	0	0	36	0	194.09
194.10	07960	KDH - MC UROLOGY	537,286	0	1,963	43	0	194.10
194.11	07961	KDH - MC OB/GYN	2,653,858	0	10,875	74	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	30,137,143	7,017,338	582,352	2,103,557	1,109,083	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.246965	24.286404	0.907766	596.415367	22.581350	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,434,628	1,626,464	89,882	179,488	283,989	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019951	5.629052	0.140107	50.889708	5.782124	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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	770,119					11.00
13.00	01300	NURSING ADMINISTRATION	13,098	337,067				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,860	0	11,004,405			14.00
15.00	01500	PHARMACY	24,944	0	13,524	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,770	0	6,036	0	388,141,008	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	4,250	0	620	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	136,138	136,138	14,771	0	9,580,327	30.00
31.00	03100	INTENSIVE CARE UNIT	19,692	19,692	190	0	3,742,454	31.00
43.00	04300	NURSERY	11,716	11,716	0	0	1,183,282	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,352	83,352	1,160,500	0	37,554,849	50.00
51.00	05100	RECOVERY ROOM	8,272	8,272	882	0	6,345,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,507	15,507	0	0	1,516,744	52.00
53.00	05300	ANESTHESIOLOGY	7,447	0	1,046	0	7,771,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,497	0	9,639	0	7,856,091	54.00
54.01	03630	ULTRA SOUND	2,845	0	0	0	2,061,313	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,890	0	0	0	5,402,489	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	30,428	0	7,320	0	10,163,718	55.01
57.00	05700	CT SCAN	8,998	0	8	0	23,125,393	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,644	0	0	0	4,866,839	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	62,495	0	14,917	0	39,937,235	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,191,284	62.00
65.00	06500	RESPIRATORY THERAPY	22,572	0	1,716	0	7,192,511	65.00
66.00	06600	PHYSICAL THERAPY	40,443	0	7,921	0	8,410,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,277	0	1	0	1,551,861	67.00
68.00	06800	SPEECH PATHOLOGY	4,353	0	0	0	1,118,879	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	6,273	0	236	0	2,504,053	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,819,550	0	16,240,373	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,452,618	0	24,130,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	139,115	100	118,598,045	73.00
76.00	03140	CARDIOLOGY	17,225	0	3,158	0	12,354,685	76.00
76.97	07697	CARDIAC REHABILITATION	3,702	0	299	0	932,393	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,087	0	135	0	53,291	90.00
90.01	09001	WOUND CARE CLINIC	9,709	0	623	0	3,010,249	90.01
91.00	09100	EMERGENCY	62,390	62,390	10,987	0	22,610,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	69,245	0	4,300	0	6,134,343	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	35,147	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	31,408	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	770,119	337,067	10,736,667	100	388,141,008	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	27,032	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	88,168	0	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	4,608	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	3,910	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	26,208	0	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	46,085	0	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	22,624	0	0	194.08
194.09	07959	KDH - MC ENT	0	0	9,598	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	16,273	0	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	23,232	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	946,682	1,146,277	357,397	2,221,522	1,456,325	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.229267	3.400739	0.032478	22,215.220000	0.003752	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	122,720	106,312	138,253	137,650	36,061	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.159352	0.315403	0.012563	1,376.500000	0.000093	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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
			19.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			19.00
23.00	02300	RADIOLOGY SCHOOL		100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	0		55.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.01	03610	SLEEP LAB	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.01	07101	IV SOLUTIONS	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOUND CARE CLINIC	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE		0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0		194.00
194.01	07951	MOB	0	0		194.01
194.02	07952	PHYSICIAN CLINICS	0	0		194.02
194.03	07953	PHYS PRAC BUS OFC	0	0		194.03
194.04	07954	MOB - MAIN CAMPUS	0	0		194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0		194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0		194.06

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet B-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
			19.00	23.00		
194.07	07957	KDH - MC ORTHOPEDICS	0	0		194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0		194.08
194.09	07959	KDH - MC ENT	0	0		194.09
194.10	07960	KDH - MC UROLOGY	0	0		194.10
194.11	07961	KDH - MC OB/GYN	0	0		194.11
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	259,681		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,596.810000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	33,234		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	332.340000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C Part I Date/Time Prepared: 5/22/2024 3:00 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,705,337		15,705,337	0	15,705,337	30.00
31.00	03100	INTENSIVE CARE UNIT	3,722,110		3,722,110	0	3,722,110	31.00
43.00	04300	NURSERY	1,275,455		1,275,455	0	1,275,455	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,490,481		11,490,481	0	11,490,481	50.00
51.00	05100	RECOVERY ROOM	1,383,326		1,383,326	0	1,383,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,528,904		1,528,904	0	1,528,904	52.00
53.00	05300	ANESTHESIOLOGY	440,765		440,765	4,506	445,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,857,686		4,857,686	0	4,857,686	54.00
54.01	03630	ULTRA SOUND	278,611		278,611	0	278,611	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	319,641		319,641	0	319,641	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
55.01	03480	ONCOLOGY	3,697,735		3,697,735	0	3,697,735	55.01
57.00	05700	CT SCAN	1,163,673		1,163,673	0	1,163,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	629,848		629,848	0	629,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,135,411		5,135,411	54,014	5,189,425	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	413,144		413,144	0	413,144	62.00
65.00	06500	RESPIRATORY THERAPY	1,598,702	0	1,598,702	0	1,598,702	65.00
66.00	06600	PHYSICAL THERAPY	3,297,934	0	3,297,934	0	3,297,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	545,940	0	545,940	0	545,940	67.00
68.00	06800	SPEECH PATHOLOGY	316,590	0	316,590	0	316,590	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03610	SLEEP LAB	568,197		568,197	0	568,197	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,061,083		5,061,083	0	5,061,083	71.00
71.01	07101	IV SOLUTIONS	0		0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,541,185		6,541,185	0	6,541,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,840,318		19,840,318	0	19,840,318	73.00
76.00	03140	CARDIOLOGY	1,561,552		1,561,552	0	1,561,552	76.00
76.97	07697	CARDIAC REHABILITATION	200,115		200,115	0	200,115	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	182,806		182,806	0	182,806	90.00
90.01	09001	WOUND CARE CLINIC	758,113		758,113	0	758,113	90.01
91.00	09100	EMERGENCY	9,771,920		9,771,920	2,133,541	11,905,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,069,832		4,069,832		4,069,832	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,339,458		3,339,458	65	3,339,523	95.00
101.00	10100	HOME HEALTH AGENCY	1,767,426		1,767,426		1,767,426	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	456,110		456,110		456,110	116.00
200.00		Subtotal (see instructions)	111,919,408	0	111,919,408	2,192,126	114,111,534	200.00
201.00		Less Observation Beds	4,069,832		4,069,832		4,069,832	201.00
202.00		Total (see instructions)	107,849,576	0	107,849,576	2,192,126	110,041,702	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C Part I | Date/Time Prepared: 5/22/2024 3:00 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,702,672		9,702,672			30.00
31.00	03100	INTENSIVE CARE UNIT	3,742,454		3,742,454			31.00
43.00	04300	NURSERY	1,183,282		1,183,282			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,297,461	28,257,388	37,554,849	0.305965	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,675,537	4,670,239	6,345,776	0.217992	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,512,288	4,456	1,516,744	1.008017	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,694,643	5,076,565	7,771,208	0.056718	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,452,568	6,403,523	7,856,091	0.618334	0.000000	54.00
54.01	03630	ULTRA SOUND	192,261	1,869,052	2,061,313	0.135162	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	200,312	5,202,177	5,402,489	0.059166	0.000000	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	51,259	10,112,459	10,163,718	0.363817	0.000000	55.01
57.00	05700	CT SCAN	3,205,534	19,920,302	23,125,836	0.050319	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	382,311	4,484,528	4,866,839	0.129416	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	5,582,676	34,354,558	39,937,234	0.128587	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,135,448	1,055,836	2,191,284	0.188540	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	4,406,828	2,662,895	7,069,723	0.226134	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	904,012	7,506,814	8,410,826	0.392106	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	430,877	1,120,985	1,551,862	0.351797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	234,667	884,212	1,118,879	0.282953	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03610	SLEEP LAB	0	2,504,053	2,504,053	0.226911	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,613,682	8,626,691	16,240,373	0.311636	0.000000	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0.000000	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,968,198	14,161,862	24,130,060	0.271080	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,540,551	88,057,494	118,598,045	0.167290	0.000000	73.00
76.00	03140	CARDIOLOGY	1,749,586	10,605,099	12,354,685	0.126394	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	907	931,486	932,393	0.214625	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,144	52,147	53,291	3.430335	0.000000	90.00
90.01	09001	WOUND CARE CLINIC	20,180	2,990,069	3,010,249	0.251844	0.000000	90.01
91.00	09100	EMERGENCY	3,801,931	18,808,508	22,610,439	0.432186	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	756,674	3,427,324	4,183,998	0.972714	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6,134,343	6,134,343	0.544387	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,489,816	1,489,816			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	532,274	532,274			116.00
200.00		Subtotal (see instructions)	102,439,943	291,907,155	394,347,098			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	102,439,943	291,907,155	394,347,098			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.305965		50.00
51.00	05100	RECOVERY ROOM	0.217992		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.008017		52.00
53.00	05300	ANESTHESIOLOGY	0.057298		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.618334		54.00
54.01	03630	ULTRA SOUND	0.135162		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.059166		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.363817		55.01
57.00	05700	CT SCAN	0.050319		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.129416		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.129940		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.188540		62.00
65.00	06500	RESPIRATORY THERAPY	0.226134		65.00
66.00	06600	PHYSICAL THERAPY	0.392106		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351797		67.00
68.00	06800	SPEECH PATHOLOGY	0.282953		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03610	SLEEP LAB	0.226911		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.311636		71.00
71.01	07101	IV SOLUTIONS	0.000000		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271080		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167290		73.00
76.00	03140	CARDIOLOGY	0.126394		76.00
76.97	07697	CARDIAC REHABILITATION	0.214625		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	3.430335		90.00
90.01	09001	WOUND CARE CLINIC	0.251844		90.01
91.00	09100	EMERGENCY	0.526547		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.972714		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.544398		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,705,337		15,705,337	0	15,705,337	30.00
31.00	03100	INTENSIVE CARE UNIT	3,722,110		3,722,110	0	3,722,110	31.00
43.00	04300	NURSERY	1,275,455		1,275,455	0	1,275,455	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,490,481		11,490,481	0	11,490,481	50.00
51.00	05100	RECOVERY ROOM	1,383,326		1,383,326	0	1,383,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,528,904		1,528,904	0	1,528,904	52.00
53.00	05300	ANESTHESIOLOGY	440,765		440,765	4,506	445,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,857,686		4,857,686	0	4,857,686	54.00
54.01	03630	ULTRA SOUND	278,611		278,611	0	278,611	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	319,641		319,641	0	319,641	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
55.01	03480	ONCOLOGY	3,697,735		3,697,735	0	3,697,735	55.01
57.00	05700	CT SCAN	1,163,673		1,163,673	0	1,163,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	629,848		629,848	0	629,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,135,411		5,135,411	54,014	5,189,425	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	413,144		413,144	0	413,144	62.00
65.00	06500	RESPIRATORY THERAPY	1,598,702	0	1,598,702	0	1,598,702	65.00
66.00	06600	PHYSICAL THERAPY	3,297,934	0	3,297,934	0	3,297,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	545,940	0	545,940	0	545,940	67.00
68.00	06800	SPEECH PATHOLOGY	316,590	0	316,590	0	316,590	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03610	SLEEP LAB	568,197		568,197	0	568,197	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,061,083		5,061,083	0	5,061,083	71.00
71.01	07101	IV SOLUTIONS	0		0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,541,185		6,541,185	0	6,541,185	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,840,318		19,840,318	0	19,840,318	73.00
76.00	03140	CARDIOLOGY	1,561,552		1,561,552	0	1,561,552	76.00
76.97	07697	CARDIAC REHABILITATION	200,115		200,115	0	200,115	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	182,806		182,806	0	182,806	90.00
90.01	09001	WOUND CARE CLINIC	758,113		758,113	0	758,113	90.01
91.00	09100	EMERGENCY	9,771,920		9,771,920	2,133,541	11,905,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,069,832		4,069,832		4,069,832	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,339,458		3,339,458	65	3,339,523	95.00
101.00	10100	HOME HEALTH AGENCY	1,767,426		1,767,426		1,767,426	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	456,110		456,110		456,110	116.00
200.00		Subtotal (see instructions)	111,919,408	0	111,919,408	2,192,126	114,111,534	200.00
201.00		Less Observation Beds	4,069,832		4,069,832		4,069,832	201.00
202.00		Total (see instructions)	107,849,576	0	107,849,576	2,192,126	110,041,702	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,702,672		9,702,672			30.00
31.00	03100	INTENSIVE CARE UNIT	3,742,454		3,742,454			31.00
43.00	04300	NURSERY	1,183,282		1,183,282			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,297,461	28,257,388	37,554,849	0.305965	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,675,537	4,670,239	6,345,776	0.217992	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,512,288	4,456	1,516,744	1.008017	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,694,643	5,076,565	7,771,208	0.056718	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,452,568	6,403,523	7,856,091	0.618334	0.000000	54.00
54.01	03630	ULTRA SOUND	192,261	1,869,052	2,061,313	0.135162	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	200,312	5,202,177	5,402,489	0.059166	0.000000	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	51,259	10,112,459	10,163,718	0.363817	0.000000	55.01
57.00	05700	CT SCAN	3,205,534	19,920,302	23,125,836	0.050319	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	382,311	4,484,528	4,866,839	0.129416	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	5,582,676	34,354,558	39,937,234	0.128587	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,135,448	1,055,836	2,191,284	0.188540	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	4,406,828	2,662,895	7,069,723	0.226134	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	904,012	7,506,814	8,410,826	0.392106	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	430,877	1,120,985	1,551,862	0.351797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	234,667	884,212	1,118,879	0.282953	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03610	SLEEP LAB	0	2,504,053	2,504,053	0.226911	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,613,682	8,626,691	16,240,373	0.311636	0.000000	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0.000000	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,968,198	14,161,862	24,130,060	0.271080	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,540,551	88,057,494	118,598,045	0.167290	0.000000	73.00
76.00	03140	CARDIOLOGY	1,749,586	10,605,099	12,354,685	0.126394	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	907	931,486	932,393	0.214625	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,144	52,147	53,291	3.430335	0.000000	90.00
90.01	09001	WOUND CARE CLINIC	20,180	2,990,069	3,010,249	0.251844	0.000000	90.01
91.00	09100	EMERGENCY	3,801,931	18,808,508	22,610,439	0.432186	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	756,674	3,427,324	4,183,998	0.972714	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6,134,343	6,134,343	0.544387	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,489,816	1,489,816			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	532,274	532,274			116.00
200.00		Subtotal (see instructions)	102,439,943	291,907,155	394,347,098			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	102,439,943	291,907,155	394,347,098			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet C Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03610	SLEEP LAB	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.01	07101	IV SOLUTIONS	0.000000		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000		78.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND CARE CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

	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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,287,777	0	2,287,777	10,890	210.08	30.00
31.00	INTENSIVE CARE UNIT	176,567		176,567	1,603	110.15	31.00
43.00	NURSERY	109,960		109,960	809	135.92	43.00
200.00	Total (lines 30 through 199)	2,574,304		2,574,304	13,302		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	3,032	636,963				30.00
31.00	INTENSIVE CARE UNIT	495	54,524				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	3,527	691,487				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part II Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,040,066	37,554,849	0.027695	2,782,320	77,056	50.00
51.00	05100	RECOVERY ROOM	86,331	6,345,776	0.013604	491,711	6,689	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,234	1,516,744	0.023230	5,483	127	52.00
53.00	05300	ANESTHESIOLOGY	13,857	7,771,208	0.001783	614,215	1,095	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	544,918	7,856,091	0.069362	621,337	43,097	54.00
54.01	03630	ULTRA SOUND	5,998	2,061,313	0.002910	76,503	223	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	26,525	5,402,489	0.004910	100,172	492	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	589,593	10,163,718	0.058010	51,259	2,974	55.01
57.00	05700	CT SCAN	64,150	23,125,836	0.002774	1,660,200	4,605	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,027	4,866,839	0.011717	174,244	2,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	358,833	39,937,234	0.008985	2,526,750	22,703	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,476	2,191,284	0.008432	468,115	3,947	62.00
65.00	06500	RESPIRATORY THERAPY	79,586	7,069,723	0.011257	1,793,217	20,186	65.00
66.00	06600	PHYSICAL THERAPY	590,667	8,410,826	0.070227	393,011	27,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,683	1,551,862	0.044903	176,165	7,910	67.00
68.00	06800	SPEECH PATHOLOGY	19,912	1,118,879	0.017796	90,119	1,604	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03610	SLEEP LAB	47,019	2,504,053	0.018777	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	139,556	16,240,373	0.008593	2,112,106	18,149	71.00
71.01	07101	IV SOLUTIONS	0	0	0.000000	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	159,076	24,130,060	0.006592	3,773,370	24,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	425,098	118,598,045	0.003584	11,015,292	39,479	73.00
76.00	03140	CARDIOLOGY	289,525	12,354,685	0.023434	833,347	19,529	76.00
76.97	07697	CARDIAC REHABILITATION	34,007	932,393	0.036473	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	35,344	53,291	0.663226	1,144	759	90.00
90.01	09001	WOUND CARE CLINIC	27,926	3,010,249	0.009277	7,391	69	90.01
91.00	09100	EMERGENCY	796,450	22,610,439	0.035225	1,654,818	58,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	592,848	4,183,998	0.141694	395,041	55,975	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,147,705	371,562,257		31,817,330	439,475	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part III Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	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	10,890	0.00	3,032	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,603	0.00	495	31.00
43.00	04300	NURSERY		0	809	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	13,302		3,527	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
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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part IV Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	259,681	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
69.01	03610	SLEEP LAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	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
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	259,681	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part IV Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	37,554,849	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,345,776	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,516,744	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,771,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,681	259,681	7,856,091	0.033055	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,061,313	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	5,402,489	0.000000	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	10,163,718	0.000000	55.01
57.00	05700	CT SCAN	0	0	0	23,125,836	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,866,839	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	39,937,234	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,191,284	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,069,723	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,410,826	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,551,862	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,118,879	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	0	0	2,504,053	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,240,373	0.000000	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,130,060	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	118,598,045	0.000000	73.00
76.00	03140	CARDIOLOGY	0	0	0	12,354,685	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	932,393	0.000000	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	53,291	0.000000	90.00
90.01	09001	WOUND CARE CLINIC	0	0	0	3,010,249	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	22,610,439	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,183,998	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	259,681	259,681	371,562,257		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part IV Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	2,782,320	0	5,968,580	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	491,711	0	896,460	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,483	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	614,215	0	829,295	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.033055	621,337	20,538	1,129,918	37,349	54.00
54.01	03630	ULTRA SOUND	0.000000	76,503	0	311,871	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	100,172	0	1,650,558	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	51,259	0	3,305,519	0	55.01
57.00	05700	CT SCAN	0.000000	1,660,200	0	4,480,077	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	174,244	0	1,129,191	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	2,526,750	0	2,265,616	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	468,115	0	330,111	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,793,217	0	463,543	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	393,011	0	40,856	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	176,165	0	22,054	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	90,119	0	1,020	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,112,106	0	1,508,625	0	71.00
71.01	07101	IV SOLUTIONS	0.000000	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,773,370	0	3,836,303	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,015,292	0	25,364,591	0	73.00
76.00	03140	CARDIOLOGY	0.000000	833,347	0	3,610,657	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	421,807	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	1,144	0	0	0	90.00
90.01	09001	WOUND CARE CLINIC	0.000000	7,391	0	557,305	0	90.01
91.00	09100	EMERGENCY	0.000000	1,654,818	0	3,067,322	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	395,041	0	469,070	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		31,817,330	20,538	61,660,349	37,349	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part V Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.305965	5,968,580	691	0	1,826,177	50.00
51.00	05100	RECOVERY ROOM	0.217992	896,460	177	0	195,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.008017	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056718	829,295	0	0	47,036	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.618334	1,129,918	27	0	698,667	54.00
54.01	03630	ULTRA SOUND	0.135162	311,871	15	0	42,153	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.059166	1,650,558	2	0	97,657	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.363817	3,305,519	0	0	1,202,604	55.01
57.00	05700	CT SCAN	0.050319	4,480,077	8	0	225,433	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.129416	1,129,191	0	0	146,135	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.128587	2,265,616	0	0	291,329	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.188540	330,111	0	0	62,239	62.00
65.00	06500	RESPIRATORY THERAPY	0.226134	463,543	2	0	104,823	65.00
66.00	06600	PHYSICAL THERAPY	0.392106	40,856	0	0	16,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351797	22,054	0	0	7,759	67.00
68.00	06800	SPEECH PATHOLOGY	0.282953	1,020	0	0	289	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0.226911	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.311636	1,508,625	0	0	470,142	71.00
71.01	07101	IV SOLUTIONS	0.000000	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271080	3,836,303	0	0	1,039,945	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167290	25,364,591	341	2,818	4,243,242	73.00
76.00	03140	CARDIOLOGY	0.126394	3,610,657	0	0	456,365	76.00
76.97	07697	CARDIAC REHABILITATION	0.214625	421,807	0	0	90,530	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.430335	0	0	0	0	90.00
90.01	09001	WOUND CARE CLINIC	0.251844	557,305	185	0	140,354	90.01
91.00	09100	EMERGENCY	0.432186	3,067,322	0	0	1,325,654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.972714	469,070	0	0	456,271	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.544387		0			95.00
200.00		Subtotal (see instructions)		61,660,349	1,448	2,818	13,186,245	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		61,660,349	1,448	2,818	13,186,245	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part V Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	211	0		50.00
51.00	05100	RECOVERY ROOM	39	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17	0		54.00
54.01	03630	ULTRA SOUND	2	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	0		55.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.01	03610	SLEEP LAB	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.01	07101	IV SOLUTIONS	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57	471		73.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOUND CARE CLINIC	47	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	373	471		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	373	471		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part V Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.305965	0	0	7,543,054	0	50.00
51.00	05100	RECOVERY ROOM	0.217992	0	0	1,006,110	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.008017	0	0	4,456	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056718	0	0	1,080,394	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.618334	0	0	1,349,806	0	54.00
54.01	03630	ULTRA SOUND	0.135162	0	0	477,756	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.059166	0	0	511,026	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.363817	0	0	1,137,133	0	55.01
57.00	05700	CT SCAN	0.050319	0	0	3,682,904	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.129416	0	0	778,689	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.128587	0	0	6,892,340	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.188540	0	0	115,813	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.226134	0	0	415,895	0	65.00
66.00	06600	PHYSICAL THERAPY	0.392106	0	0	910,352	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351797	0	0	243,149	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.282953	0	0	383,655	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0.226911	0	0	463,057	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.311636	0	0	84,276	0	71.00
71.01	07101	IV SOLUTIONS	0.000000	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271080	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167290	0	0	14,567,742	0	73.00
76.00	03140	CARDIOLOGY	0.126394	0	0	1,360,695	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.214625	0	0	34,944	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.430335	0	0	4,430	0	90.00
90.01	09001	WOUND CARE CLINIC	0.251844	0	0	270,731	0	90.01
91.00	09100	EMERGENCY	0.432186	0	0	5,233,148	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.972714	0	0	1,237,528	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.544387	0	0			95.00
200.00		Subtotal (see instructions)		0	0	49,789,083	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	0	49,789,083	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D Part V | Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,307,911		50.00
51.00	05100	RECOVERY ROOM	0	219,324		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,492		52.00
53.00	05300	ANESTHESIOLOGY	0	61,278		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	834,631		54.00
54.01	03630	ULTRA SOUND	0	64,574		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	30,235		54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	413,708		55.01
57.00	05700	CT SCAN	0	185,320		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	100,775		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	886,265		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,835		62.00
65.00	06500	RESPIRATORY THERAPY	0	94,048		65.00
66.00	06600	PHYSICAL THERAPY	0	356,954		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	85,539		67.00
68.00	06800	SPEECH PATHOLOGY	0	108,556		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03610	SLEEP LAB	0	105,073		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,263		71.00
71.01	07101	IV SOLUTIONS	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,437,038		73.00
76.00	03140	CARDIOLOGY	0	171,984		76.00
76.97	07697	CARDIAC REHABILITATION	0	7,500		76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0		78.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	15,196		90.00
90.01	09001	WOUND CARE CLINIC	0	68,182		90.01
91.00	09100	EMERGENCY	0	2,261,693		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,203,761		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	12,072,135		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	12,072,135		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D-1 | Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,890	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,890	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)	8,068	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)	3,032	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	15,705,337	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)	15,705,337	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	15,705,337	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,442.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,372,690	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)	4,372,690	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D-1 | Date/Time Prepared: 5/22/2024 3:00 pm

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	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,722,110	1,603	2,321.97	495	1,149,375	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	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	7,478,625	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)	13,000,690	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)	691,487	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	460,013	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,151,500	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	11,849,190	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,822	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,442.18	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/22/2024 3:00 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,069,832	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,287,777	15,705,337	0.145669	4,069,832	592,848	90.00
91.00	Nursing Program cost	0	15,705,337	0.000000	4,069,832	0	91.00
92.00	Allied health cost	0	15,705,337	0.000000	4,069,832	0	92.00
93.00	All other Medical Education	0	15,705,337	0.000000	4,069,832	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D-1 | Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,890	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,890	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)	8,068	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)	1,241	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)	809	15.00
16.00	Nursery days (title V or XIX only)	495	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	15,705,337	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)	15,705,337	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	15,705,337	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,442.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,789,745	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)	1,789,745	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D-1 | Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,275,455	809	1,576.58	495	780,407	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,722,110	1,603	2,321.97	323	749,996	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	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,699,235	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)	7,019,383	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,822	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,442.18	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1 Date/Time Prepared: 5/22/2024 3:00 pm
	Title XIX	Hospital	Cost

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,069,832	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,287,777	15,705,337	0.145669	4,069,832	592,848	90.00
91.00	Nursing Program cost	0	15,705,337	0.000000	4,069,832	0	91.00
92.00	Allied health cost	0	15,705,337	0.000000	4,069,832	0	92.00
93.00	All other Medical Education	0	15,705,337	0.000000	4,069,832	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D-3 | Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		3,601,931		30.00
31.00	03100	INTENSIVE CARE UNIT		1,148,269		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.305965	2,782,320	851,293	50.00
51.00	05100	RECOVERY ROOM	0.217992	491,711	107,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.008017	5,483	5,527	52.00
53.00	05300	ANESTHESIOLOGY	0.057298	614,215	35,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.618334	621,337	384,194	54.00
54.01	03630	ULTRA SOUND	0.135162	76,503	10,340	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.059166	100,172	5,927	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0.363817	51,259	18,649	55.01
57.00	05700	CT SCAN	0.050319	1,660,200	83,540	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.129416	174,244	22,550	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.129940	2,526,750	328,326	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.188540	468,115	88,258	62.00
65.00	06500	RESPIRATORY THERAPY	0.226134	1,793,217	405,507	65.00
66.00	06600	PHYSICAL THERAPY	0.392106	393,011	154,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351797	176,165	61,974	67.00
68.00	06800	SPEECH PATHOLOGY	0.282953	90,119	25,499	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03610	SLEEP LAB	0.226911	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.311636	2,112,106	658,208	71.00
71.01	07101	IV SOLUTIONS	0.000000	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271080	3,773,370	1,022,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167290	11,015,292	1,842,748	73.00
76.00	03140	CARDIOLOGY	0.126394	833,347	105,330	76.00
76.97	07697	CARDIAC REHABILITATION	0.214625	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	3.430335	1,144	3,924	90.00
90.01	09001	WOUND CARE CLINIC	0.251844	7,391	1,861	90.01
91.00	09100	EMERGENCY	0.526547	1,654,818	871,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.972714	395,041	384,262	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		31,817,330	7,478,625	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)		31,817,330		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet D-3 | Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,175,097		30.00
31.00	03100	INTENSIVE CARE UNIT		743,438		31.00
43.00	04300	NURSERY		719,320		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.305965	3,112,094	952,192	50.00
51.00	05100	RECOVERY ROOM	0.217992	351,584	76,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.008017	840,202	846,938	52.00
53.00	05300	ANESTHESIOLOGY	0.056718	379,937	21,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.618334	198,642	122,827	54.00
54.01	03630	ULTRA SOUND	0.135162	32,607	4,407	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.059166	25,035	1,481	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0.363817	0	0	55.01
57.00	05700	CT SCAN	0.050319	551,421	27,747	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.129416	54,499	7,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.128587	1,104,537	142,029	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.188540	143,256	27,009	62.00
65.00	06500	RESPIRATORY THERAPY	0.226134	804,307	181,881	65.00
66.00	06600	PHYSICAL THERAPY	0.392106	83,589	32,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351797	36,045	12,681	67.00
68.00	06800	SPEECH PATHOLOGY	0.282953	36,799	10,412	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03610	SLEEP LAB	0.226911	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.311636	96,227	29,988	71.00
71.01	07101	IV SOLUTIONS	0.000000	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271080	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167290	5,778,684	966,716	73.00
76.00	03140	CARDIOLOGY	0.126394	220,879	27,918	76.00
76.97	07697	CARDIAC REHABILITATION	0.214625	0	0	76.97
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	78.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	3.430335	0	0	90.00
90.01	09001	WOUND CARE CLINIC	0.251844	0	0	90.01
91.00	09100	EMERGENCY	0.432186	478,936	206,989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.972714	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,329,280	3,699,235	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)		14,329,280		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part A Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	5,443,259	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,030,899	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)	188,799	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	265,769	2.04
3.00	Managed Care Simulated Payments	5,281,958	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	62.27	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
5.01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.65	30.00
31.00	Percentage of Medicaid patient days (see instructions)	22.25	31.00
32.00	Sum of lines 30 and 31	26.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)	11.41	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/22/2024 3:00 pm
	Title XVIII	Hospital	PPS

			1.00	
34.00	Disproportionate share adjustment (see instructions)		213,201	34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	5,938,006,757	35.00
35.01	Factor 3 (see instructions)	0.000097909	0.000093319	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	673,066	554,129	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	503,416	139,289	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	642,705		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	8,784,632		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	8,523,367		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	8,784,632	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	637,225	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	4,321	53.00
54.00	Special add-on payments for new technologies	70,535	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 intructions)	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)	20,538	58.00
59.00	Total (sum of amounts on lines 49 through 58)	9,517,251	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	9,517,251	61.00
62.00	Deductibles billed to program beneficiaries	967,384	62.00
63.00	Coinsurance billed to program beneficiaries	5,600	63.00
64.00	Allowable bad debts (see instructions)	75,736	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	49,228	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	12,664	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	8,593,495	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)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	0	70.93
70.94	HRR adjustment amount (see instructions)	-85,959	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part A Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2023	604,114	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)	2024	357,594	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		30,402	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,438,842	71.00
71.01	Sequestration adjustment (see instructions)		188,777	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		9,534,668	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-284,603	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,225,090	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/22/2024 3:00 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	5,443,259	0	5,443,259		5,443,259	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,030,899	0		2,030,899	2,030,899	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	188,799	0	188,799		188,799	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	265,769	0		265,769	265,769	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,281,958	0	3,811,897	1,470,061	5,281,958	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1141	0.1141	0.1141	0.1141		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	213,201	0	155,269	57,932	213,201	11.00
11.01	Uncompensated care payments	36.00	642,705	0	503,416	139,289	642,705	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,784,632	0	6,290,743	2,493,889	8,784,632	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	8,784,632	0	6,290,743	2,493,889	8,784,632	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/22/2024 3:00 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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	637,225	0	443,694	193,531	637,225	16.00
17.00	Special add-on payments for new technologies	54.00	70,535	0	63,746	6,789	70,535	17.00
17.01	Net organ aquisition 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	6,798,183	2,694,209	9,492,392	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	564,631	0	408,170	156,461	564,631	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	72,594	0	35,524	37,070	72,594	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	637,225	0	443,694	193,531	637,225	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				0.088864	0.132727		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			604,114		604,114	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				357,594	357,594	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: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2024 3:00 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,443,259	5,443,259		5,443,259	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,030,899		2,030,899	2,030,899	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	188,799	188,799		188,799	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	265,769		265,769	265,769	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,281,958	3,811,897	1,470,061	5,281,958	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1141	0.1141	0.1141		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	213,201	155,269	57,932	213,201	11.00
11.01	Uncompensated care payments	36.00	642,705	503,416	139,289	642,705	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,784,632	6,290,743	2,493,889	8,784,632	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	8,784,632	6,290,743	2,493,889	8,784,632	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	637,225	443,694	193,531	637,225	16.00
17.00	Special add-on payments for new technologies	54.00	70,535	63,746	6,789	70,535	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			6,798,183	2,694,209	9,492,392	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2024 3:00 pm

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		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	564,631	408,170	156,461	564,631	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	72,594	35,524	37,070	72,594	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	637,225	443,694	193,531	637,225	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	604,114	604,114		604,114	28.00
29.00	Low volume adjustment on or after October 1	70.97	357,594		357,594	357,594	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-85,959	-74,345	-11,614	-85,959	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	30,402	30,402	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E Part B Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	844	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	13,148,896	2.00
3.00	OPPS or REH payments	11,073,152	3.00
4.00	Outlier payment (see instructions)	98,928	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	37,349	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	844	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	4,266	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)	4,266	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	4,266	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	3,422	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)	844	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)	11,209,429	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	2,032,014	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)	9,178,259	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)	9,178,259	30.00
31.00	Primary payer payments	1,874	31.00
32.00	Subtotal (line 30 minus line 31)	9,176,385	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	164,044	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	106,629	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	66,780	36.00
37.00	Subtotal (see instructions)	9,283,014	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-68	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.75	N95 respirator payment adjustment amount (see instructions)	0	39.75
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	9,283,082	40.00
40.01	Sequestration adjustment (see instructions)	185,662	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03
41.00	Interim payments	9,101,837	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)	-4,417	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	1,334,166	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/22/2024 3:00 pm
	Title XVIII	Hospital	PPS

		1.00	
94.00	Total (sum of lines 91 and 93)	0	94.00
		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E-1 Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		9,534,668		9,101,837	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)		9,534,668		9,101,837	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		284,603		4,417	6.02
7.00	Total Medicare program liability (see instructions)		9,250,065		9,097,420	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: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet E-1 Part II Date/Time Prepared: 5/22/2024 3:00 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet E-3 Part VII | Date/Time Prepared: 5/22/2024 3:00 pm

Title XIX | Hospital | Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	7,019,383		1.00
2.00	Medical and other services		12,072,135	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,019,383	12,072,135	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	7,019,383	12,072,135	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	14,329,280	49,789,083	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	14,329,280	49,789,083	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	14,329,280	49,789,083	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	7,309,897	37,716,948	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	7,019,383	12,072,135	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	7,019,383	12,072,135	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	7,019,383	12,072,135	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	7,019,383	12,072,135	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	7,019,383	12,072,135	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	7,019,383	12,072,135	40.00
41.00	Interim payments	7,019,383	12,072,135	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/22/2024 3:00 pm
	Title XVIII		PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR		
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2	0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)	0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)	0	4.00
5.00	The rate used to calculate the time value of money (see instructions)	0.00	5.00
6.00	Time value of money for operating expenses (see instructions)	0	6.00
7.00	Time value of money for capital related expenses (see instructions)	0	7.00

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

Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G | Date/Time Prepared: 5/22/2024 3:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	14,398,716	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	6,540,736	0	0	0	3.00
4.00	Accounts receivable	11,445,820	0	0	0	4.00
5.00	Other receivable	-364,066,770	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,963,074	0	0	0	7.00
8.00	Prepaid expenses	498,027	0	0	0	8.00
9.00	Other current assets	48,600	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)	-328,171,797	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,291,875	0	0	0	12.00
13.00	Land improvements	486,345	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	84,438,741	0	0	0	15.00
16.00	Accumulated depreciation	-11,924,014	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	17,849,091	0	0	0	23.00
24.00	Accumulated depreciation	-5,255,474	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)	90,886,564	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	208,977,206	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	208,977,206	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	-28,308,027	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,140,109	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	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				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,643,780	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,783,889	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,103,551	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,103,551	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	19,887,440	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-48,195,467				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-48,195,467	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-28,308,027	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G-1 | Date/Time Prepared: 5/22/2024 3:00 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-42,806,901		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-5,388,566				2.00
3.00	Total (sum of line 1 and line 2)		-48,195,467		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-48,195,467		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-48,195,467		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/22/2024 3:00 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	12,779,302		12,779,302	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)	12,779,302		12,779,302	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	3,895,348		3,895,348	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	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,895,348		3,895,348	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,674,650		16,674,650	17.00
18.00	Ancillary services	84,036,614	275,269,869	359,306,483	18.00
19.00	Outpatient services	3,509,924	21,060,726	24,570,650	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		1,489,816	1,489,816	22.00
23.00	AMBULANCE SERVICES	0	6,145,701	6,145,701	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	532,274	532,274	26.00
27.00	OTHER OUTPATIENT	0	87,532,347	87,532,347	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	104,221,188	392,030,733	496,251,921	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		163,412,017		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)		163,412,017		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0069 | Period: From 01/01/2023 To 12/31/2023 | Worksheet G-3 | Date/Time Prepared: 5/22/2024 3:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	496,251,921	1.00
2.00	Less contractual allowances and discounts on patients' accounts	358,691,633	2.00
3.00	Net patient revenues (line 1 minus line 2)	137,560,288	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	163,412,017	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-25,851,729	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	376,404	6.00
7.00	Income from investments	3,015,081	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	327,104	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	2,206	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	16,742,368	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	20,463,163	25.00
26.00	Total (line 5 plus line 25)	-5,388,566	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)	-5,388,566	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0069 | HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H | Date/Time Prepared: 5/22/2024 3:00 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	450	450	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,089,916	0	51,040	0	10,009	1,150,965	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	28,815	28,815	12.00
13.00	Drugs	0	0	0	0	667	667	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,089,916	0	51,040	0	39,941	1,180,897	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	450	0	450			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-784,946	366,019	0	366,019			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	400,529	400,529	0	400,529			6.00
7.00	Physical Therapy	263,530	263,530	0	263,530			7.00
8.00	Occupational Therapy	67,608	67,608	0	67,608			8.00
9.00	Speech Pathology	3,164	3,164	0	3,164			9.00
10.00	Medical Social Services	0	0	0	0			10.00
11.00	Home Health Aide	11,438	11,438	0	11,438			11.00
12.00	Supplies (see instructions)	0	28,815	0	28,815			12.00
13.00	Drugs	0	667	0	667			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-38,677	1,142,220	0	1,142,220			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 15-0069 | HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H-1 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	450	0	0	450		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	366,019	0	0	450	0	366,469	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	400,529	0	0	0	0	400,529	6.00
7.00	Physical Therapy	263,530	0	0	0	0	263,530	7.00
8.00	Occupational Therapy	67,608	0	0	0	0	67,608	8.00
9.00	Speech Pathology	3,164	0	0	0	0	3,164	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	11,438	0	0	0	0	11,438	11.00
12.00	Supplies (see instructions)	28,815	0	0	0	0	28,815	12.00
13.00	Drugs	667	0	0	0		667	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,142,220	0	0	450	0	1,142,220	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	366,469		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	189,213	589,742	6.00
7.00	Physical Therapy	124,493	388,023	7.00
8.00	Occupational Therapy	31,938	99,546	8.00
9.00	Speech Pathology	1,495	4,659	9.00
10.00	Medical Social Services	0	0	10.00
11.00	Home Health Aide	5,403	16,841	11.00
12.00	Supplies (see instructions)	13,612	42,427	12.00
13.00	Drugs	315	982	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		1,142,220	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0069 | HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H-1 Part II | Date/Time Prepared: 5/22/2024 3:00 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	2,748		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	2,748	0	-366,469	775,751	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	400,529	6.00
7.00	Physical Therapy	0	0	0	0	0	263,530	7.00
8.00	Occupational Therapy	0	0	0	0	0	67,608	8.00
9.00	Speech Pathology	0	0	0	0	0	3,164	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11,438	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	28,815	12.00
13.00	Drugs	0	0	0		0	667	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	2,748	0	-366,469	775,751	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	450	0		366,469	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.163755	0.000000		0.472405	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0069 HHA CCN: 15-7141

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

Worksheet H-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		0	1.00	1.01	2.00	4.00	4A	
1.00	Administrative and General	0	0	1,129	0	219,596	220,725	1.00
2.00	Skilled Nursing Care	589,742	0	0	0	0	589,742	2.00
3.00	Physical Therapy	388,023	0	0	0	0	388,023	3.00
4.00	Occupational Therapy	99,546	0	0	0	0	99,546	4.00
5.00	Speech Pathology	4,659	0	0	0	0	4,659	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	16,841	0	0	0	0	16,841	7.00
8.00	Supplies (see instructions)	42,427	0	0	0	0	42,427	8.00
9.00	Drugs	982	0	0	0	0	982	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,142,220	0	1,129	0	219,596	1,362,945	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

	Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	54,511	66,739	0	0	0	0	1.00
2.00	Skilled Nursing Care	145,646	0	0	0	0	0	2.00
3.00	Physical Therapy	95,828	0	0	0	0	0	3.00
4.00	Occupational Therapy	24,584	0	0	0	0	0	4.00
5.00	Speech Pathology	1,151	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	4,159	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	10,478	0	0	0	0	0	8.00
9.00	Drugs	243	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	336,600	66,739	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0069 HHA CCN: 15-7141

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

Worksheet H-2 Part I Date/Time Prepared: 5/22/2024 3:00 pm

Home Health Agency I

PPS

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	
		13.00	14.00	15.00	16.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	1,142	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	1,142	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	341,975	0	341,975				1.00
2.00	Skilled Nursing Care	735,388	0	735,388	176,424	911,812		2.00
3.00	Physical Therapy	483,851	0	483,851	116,079	599,930		3.00
4.00	Occupational Therapy	124,130	0	124,130	29,780	153,910		4.00
5.00	Speech Pathology	5,810	0	5,810	1,394	7,204		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	21,000	0	21,000	5,038	26,038		7.00
8.00	Supplies (see instructions)	54,047	0	54,047	12,966	67,013		8.00
9.00	Drugs	1,225	0	1,225	294	1,519		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	1,767,426	0	1,767,426	341,975	1,767,426		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.239907			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0069 HHA CCN: 15-7141

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

Worksheet H-2 Part II Date/Time Prepared: 5/22/2024 3:00 pm

Home Health Agency I

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	Cost Center Description	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	1.01	2.00	4.00	5A	5.00	
1.00	Administrative and General	0	2,748	0	1,051,239	0	220,725	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	589,742	2.00
3.00	Physical Therapy	0	0	0	0	0	388,023	3.00
4.00	Occupational Therapy	0	0	0	0	0	99,546	4.00
5.00	Speech Pathology	0	0	0	0	0	4,659	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	16,841	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	42,427	8.00
9.00	Drugs	0	0	0	0	0	982	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,748	0	1,051,239		1,362,945	20.00
21.00	Total cost to be allocated	0	1,129	0	219,596		336,600	21.00
22.00	Unit cost multiplier	0.000000	0.410844	0.000000	0.208893		0.246965	22.00

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	2,748	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	2,748	0	0	0	0	0	20.00
21.00	Total cost to be allocated	66,739	0	0	0	0	0	21.00
22.00	Unit cost multiplier	24.286390	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0069
HHA CCN: 15-7141

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2024 3:00 pm

Home Health Agency I

PPS

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
		14.00	15.00	16.00	19.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	35,147	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	35,147	0	0	0	0		20.00
21.00	Total cost to be allocated	1,142	0	0	0	0		21.00
22.00	Unit cost multiplier	0.032492	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-0069 | HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H-3 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	911,812		911,812	2,489	366.34	1.00
2.00	Physical Therapy	3.00	599,930	0	599,930	2,205	272.08	2.00
3.00	Occupational Therapy	4.00	153,910	0	153,910	575	267.67	3.00
4.00	Speech Pathology	5.00	7,204	0	7,204	42	171.52	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	26,038		26,038	41	635.07	6.00
7.00	Total (sum of lines 1-6)		1,698,894	0	1,698,894	5,352		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		99915	0	816			8.00
9.00	Physical Therapy		99915	0	839			9.00
10.00	Occupational Therapy		99915	0	216			10.00
11.00	Speech Pathology		99915	0	16			11.00
12.00	Medical Social Services		99915	0	0			12.00
13.00	Home Health Aide		99915	0	30			13.00
14.00	Total (sum of lines 8-13)			0	1,917			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	67,013	0	67,013	89,855	0.745790	15.00
16.00	Cost of Drugs	9.00	1,519	0	1,519	521	2.915547	16.00

	Cost Center Description	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance	Cost of Services: Part A	Cost of Services: Part B Not Subject to Deductibles & Coinsurance	Cost of Services: Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	816		0	298,933		1.00
2.00	Physical Therapy	0	839		0	228,275		2.00
3.00	Occupational Therapy	0	216		0	57,817		3.00
4.00	Speech Pathology	0	16		0	2,744		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	30		0	19,052		6.00
7.00	Total (sum of lines 1-6)	0	1,917		0	606,821		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0069 HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H-3 Part I Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	298,933						1.00
2.00	Physical Therapy	228,275						2.00
3.00	Occupational Therapy	57,817						3.00
4.00	Speech Pathology	2,744						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	19,052						6.00
7.00	Total (sum of lines 1-6)	606,821						7.00

	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0069
HHA CCN: 15-7141

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

Worksheet H-3
Part II
Date/Time Prepared:
5/22/2024 3:00 pm

Home Health Agency I

PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.392106	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.351797	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.282953	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.311636	0	0	col. 2, line 15.00		4.00
4.01	Cost of Medical Supplies 1	71.01	0.000000	0	0	col. 2, line 15.01		4.01
5.00	Cost of Drugs	73.00	0.167290	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0069 | HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/22/2024 3:00 pm

Title XVIII | Home Health Agency I | PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	421,923	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	11,770	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	3,066	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	1,752	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	438,511	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	438,511	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	438,511	26.00
27.00	Allowable bad debts (from your records)		0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)		0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)		0	28.00
29.00	Total costs - current cost reporting period (see instructions)	0	438,511	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	438,511	31.00
31.01	Sequestration adjustment (see instructions)	0	8,770	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	429,741	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0069 | HHA CCN: 15-7141 | Period: From 01/01/2023 To 12/31/2023 | Worksheet H-5 | Date/Time Prepared: 5/22/2024 3:00 pm

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		429,741	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			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			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. H-4, Part II, column as appropriate, line 32)		0		429,741	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		429,741	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0069 | Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	114,462	1,550	116,012	69,849	185,861	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	18,525	18,525	0	18,525	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	1,891	1,891	13.00
14.00	PHARMACY*	0	25,220	25,220	0	25,220	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	0	0	0	5,834	5,834	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	649	649	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	373	373	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	16,290	16,290	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	0	0	16,858	16,858	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	31,408	31,408	0	31,408	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	114,462	76,703	191,165	111,744	302,909	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0069 | Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	185,861		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	18,525		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1,891		13.00
14.00	PHARMACY*	0	25,220		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	5,834		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	649		30.00
31.00	OCCUPATIONAL THERAPY**	0	373		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	16,290		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	16,858		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	31,408		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	302,909		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 15-0069 Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O-2 | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	5,634	5,634	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	627	627	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	360	360	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	15,733	15,733	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	16,282	16,282	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	31,408	31,408	0	31,408	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	31,408	31,408	38,636	70,044	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	5,634		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	627		30.00
31.00	OCCUPATIONAL THERAPY	0	360		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	15,733		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	16,282		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	31,408		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	70,044		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPITE CARE

Provider CCN: 15-0069 Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O-3 | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	31	31	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	3	3	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	2	2	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	86	86	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	89	89	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	211	211	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	31		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	3		30.00
31.00	OCCUPATIONAL THERAPY	0	2		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	86		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	89		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	211		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 15-0069 Hospice CCN: 15-1535

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

Worksheet O-4 Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	169	169	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	19	19	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	11	11	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	471	471	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	487	487	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	1,157	1,157	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	169		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	19		30.00
31.00	OCCUPATIONAL THERAPY	0	11		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	471		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	487		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,157		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0069 Hospice CCN: 15-1535

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

Worksheet O-5

Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	306	306	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	47,253	47,253	3.00
4.00	ADMINISTRATIVE & GENERAL	185,861	86,553	272,414	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	18,069	18,069	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,020	1,020	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	18,525		18,525	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,891		1,891	13.00
14.00	PHARMACY	25,220	0	25,220	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	70,044		70,044	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	211		211	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,157		1,157	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	302,909	153,201	456,110	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O-6 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	306	306				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	47,253	0	0	47,253		3.00
4.00	ADMINISTRATIVE & GENERAL	272,414	306	0	30,275	302,995	4.00
5.00	PLANT OPERATION & MAINTENANCE	18,069	0	0	0	18,069	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,020	0	0	0	1,020	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	18,525	0	0	0	18,525	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,891	0	0	789	2,680	13.00
14.00	PHARMACY	25,220	0	0	0	25,220	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	70,044			15,635	85,679	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	211	0	0	86	297	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,157	0	0	468	1,625	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	456,110	306	0	47,253	456,110	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0069 Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O-6 Part I Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	302,995					4.00
5.00	PLANT OPERATION & MAINTENANCE	35,756	53,825				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,018	0		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	36,659	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	5,303	0		0		13.00
14.00	PHARMACY	49,907	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	169,548					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	588	8,074	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,216	45,751	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	302,995	53,825	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069
Hospice CCN: 15-1535

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

Worksheet O-6 Part I
Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	3,038				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			55,184		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	7,983	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	2,937	0	53,355	7,717	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	16	0	283	42	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	85	0	1,546	224	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	3,038	0	55,184	7,983	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0069 | Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O-6 Part I | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	75,127					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	72,640	0	0		391,876	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	384	0	0	0	9,684	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,103	0	0	0	54,550	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	75,127	0	0	0	456,110	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0069
Hospice CCN: 15-1535

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2024 3:00 pm

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	744					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	113,200			3.00
4.00	ADMINISTRATIVE & GENERAL	744	0	72,527	-302,995	153,115	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	18,069	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	1,020	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	18,525	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	1,891	0	2,680	13.00
14.00	PHARMACY	0	0	0	0	25,220	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			37,456	0	85,679	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	205	0	297	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,121	0	1,625	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	306	0	47,253		302,995	100.00
101.00	UNIT COST MULTIPLIER	0.411290	0.000000	0.417429		1.978872	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0069
Hospice CCN: 15-1535

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2024 3:00 pm

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	15	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	85	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	53,825	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	538.250000	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0069
Hospice CCN: 15-1535

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2024 3:00 pm

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,536					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			18,132			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,891		13.00
14.00	PHARMACY			0	0	25,220	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,452	0	17,531	1,828	24,385	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	13	0	93	10	129	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	71	0	508	53	706	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	3,038	0	55,184	7,983	75,127	100.00
101.00	UNIT COST MULTIPLIER	1.197950	0.000000	3.043459	4.221576	2.978866	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0069
Hospice CCN: 15-1535

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

Worksheet O-6
Part II
Date/Time Prepared:
5/22/2024 3:00 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0069 Hospice CCN: 15-1535

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

Worksheet O-7

Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.392106	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.351797	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.282953	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.167290	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.128587	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.311636	0	0	0	7.00
7.01	IV SOLUTIONS	71.01	0.000000	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.000000	0	0	0	9.00
9.01	ONCOLOGY	55.01	0.363817	0	0	0	9.01
10.00	CARDIOLOGY	76.00	0.126394	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.214625	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
7.01	IV SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
9.01	ONCOLOGY	0	0	0	0	0	9.01
10.00	CARDIOLOGY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0069 | Hospice CCN: 15-1535 | Period: From 01/01/2023 To 12/31/2023 | Worksheet O-8 | Date/Time Prepared: 5/22/2024 3:00 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			391,876	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			2,452	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			159.82	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	2,372	16		9.00
10.00	Program cost (line 8 times line 9)	379,093	2,557		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			9,684	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			13	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			744.92	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	13	0		14.00
15.00	Program cost (line 13 times line 14)	9,684	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			54,550	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			71	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			768.31	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	71	0		19.00
20.00	Program cost (line 18 times line 19)	54,550	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			456,110	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			2,536	22.00
23.00	Average cost per diem (line 21 divided by line 22)			179.85	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0069	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/22/2024 3:00 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	564,631	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	72,594	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)	27.01	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)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	637,225	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00